

**PENAL REFORM INTERNATIONAL
PRISON MENTAL HEALTH – TRAINING WORKSHOP JUNE 2007**

Social skills deficits and social skills training

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Session contents

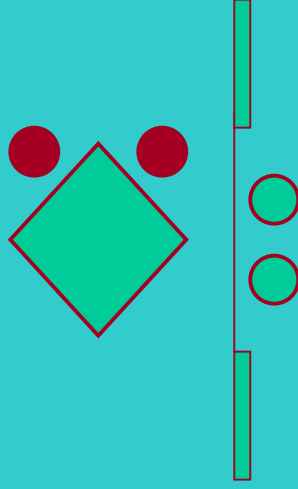
- **History and background**
- **Definition of social skill**
- **Social skill deficits and psychological problems**
- **Assessment**
- **Models of training**
- **Training methods**
- **Evaluation and outcomes**
- **Implementation issues in clinical work**

Origins of SST

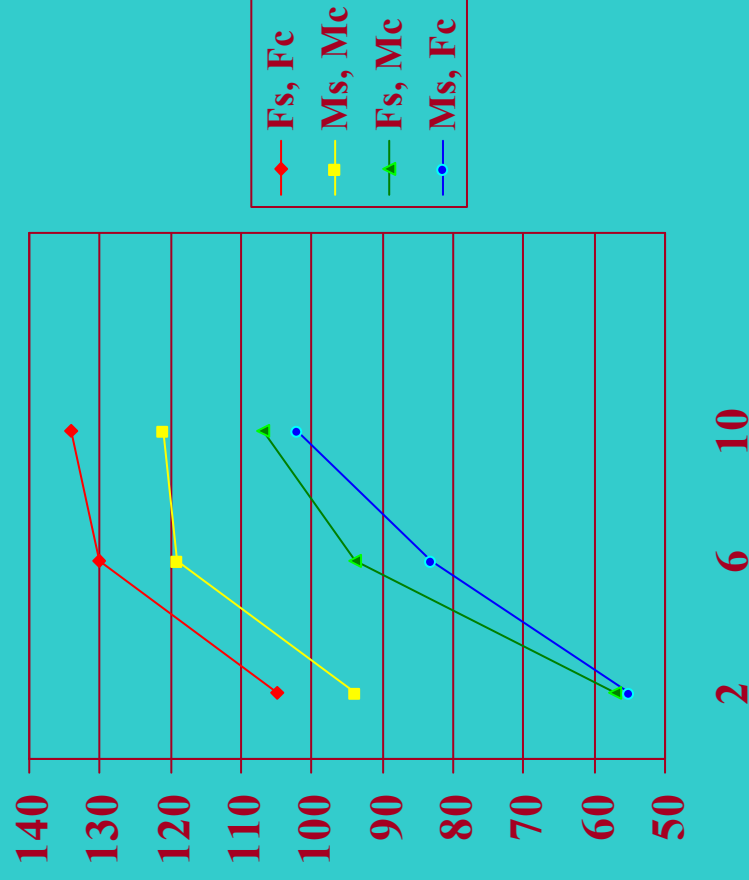
- **Social psychology research**
 - social interaction
 - non-verbal communication
- **Behavioural training**
 - laboratory-based research
 - behaviour modification
- **Clinical observations and research**
 - behaviour and symptoms in mental illness

Research on NVC

This experiment involved measuring amounts of eye contact between two people conversing with each other across a table. Variables manipulated were (a) gender, (b) distance between the speakers.



The vertical axis shows eye contact time in seconds; the horizontal axis shows distance apart. Source: M. Argyle and J. Dean (1965), *Sociometry*, 28, 289-304.



Social interaction and social phobia

- **Relatively rare as a form of mono-symptomatic anxiety; usually seen in combination with other problems**
- **general surveys show high rates of shyness and other forms of interpersonal difficulty. This may contribute to loneliness and social isolation**
- **several models of social phobia: (a) skill deficit; (b) cognitive self-evaluation; (c) classical conditioning; (d) personality trait; (e) cognitive perspective-taking**
- **integrated model combines variables of motivation to impress and low ‘impression-relevant’ outcome expectations**
- **social anxious people are perceived as less socially skilled:**
 - initiate fewer conversations
 - lower frequency and duration of speech
 - longer silences
 - less smiling
 - more limited facial expressions
 - speech dysfluencies
 - more fidgeting movements
- **cognitive factors include negative self-statements and adoption of an ‘observer’ perspective during interaction**

Social interaction in depression

- **Main findings most frequently reported:**
 - lower social activity level
 - lower assertiveness
 - lower positive response rates
 - lower positive reaction rates
 - higher rate of self-reference in speech
- **depressed clients report higher rates of interpersonal difficulties and perceive themselves as less socially skilled**
- **there are discrepancies between general interpersonal cues and specific behaviours**
- **inappropriate levels of self-disclosure are a possible factor but cannot explain interpersonal impact**
- **cognitive patterns of self-blame and expressions of hopelessness**
- **alienating effects on listeners: stronger for opposite-sex interactions; mediated by feelings induced in listeners**

Social interaction and schizophrenia

- **‘Positive symptoms’ in behaviour and speech perceived as socially inappropriate**
- **‘Negative symptoms’ entail inappropriate affect, social withdrawal**
- **early research appeared to identify family interaction patterns that were ‘schizophrenogenic’**
- **poor social interaction patterns are not now seen as aetiologically significant**
- **BUT onset of episodes may be associated with significant life events in the interpersonal domain**
- **there is an association between family interaction patterns and long-term progress and outcome (high EE)**
- **some research suggests features including (but results inconsistent):**
 - low rates of eye contact
 - poor turn-taking in conversations
 - low sensitivity to non-verbal cues
 - inappropriate speech volume and tone
- **differences observed depend on the conversational domain**
- **differences appear to exist in complex interactional variables, e.g. ‘rewarding-ness’, ‘meshing’ skills**

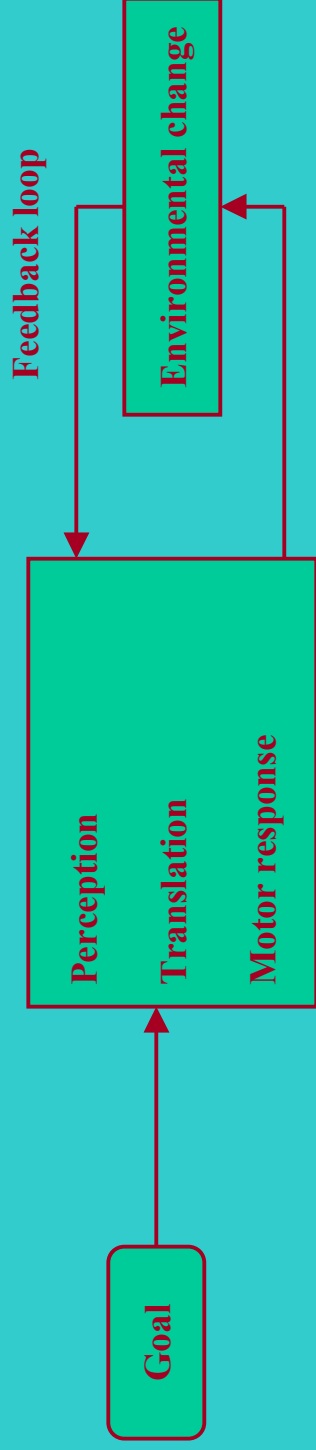
Other clinical populations studied

- **social isolated children and adolescents**
- **individuals with learning disabilities**
- **individuals with substance abuse problems**
- **individuals with physical disabilities**
- **offenders**

Models of social skills training

- Skill deficit / motor skill model
(*Argyle*)
- Assertion training / classical conditioning
(*Wolpe, Liberman*)
- Activity / reinforcement scheduling
(*Lewinsohn*)
- Cognitive-behavioural model
(*Trower*)

Initial motor skill model



Training process

- **Assessment**
- **Setting targets / objectives**
- **Training procedures**
- **Monitoring and evaluation**

Assessment methods

- **Interview**
- **Behavioural assessment:**
 - **Structured self-report scales**
 - problem behaviour checklists
 - situational questionnaires
 - skills inventories
 - self/other perceptions
 - **Direct observation**
 - use of naturalistic settings
 - self monitoring using logs or diaries
 - role-play tests (*brief; extended; replication*)
- **Assessment tasks**
 - photographs / slides
 - perspective-taking tests

Rating scales

MOLECULAR

- 1 speech volume**
- 2 speech latency**
- 3 speech duration**
- 4 speech dysfluencies**
- 5 voice tone (affect)**
- 6 frequency of smiles**
- 7 eye contact**
- 8 facial expressions**
- 9 postural movement**
- 10 gestures**

MOLAR or GLOBAL

Skill Survey (Goldstein)

*Social Situation Questionnaire
(Trower)*

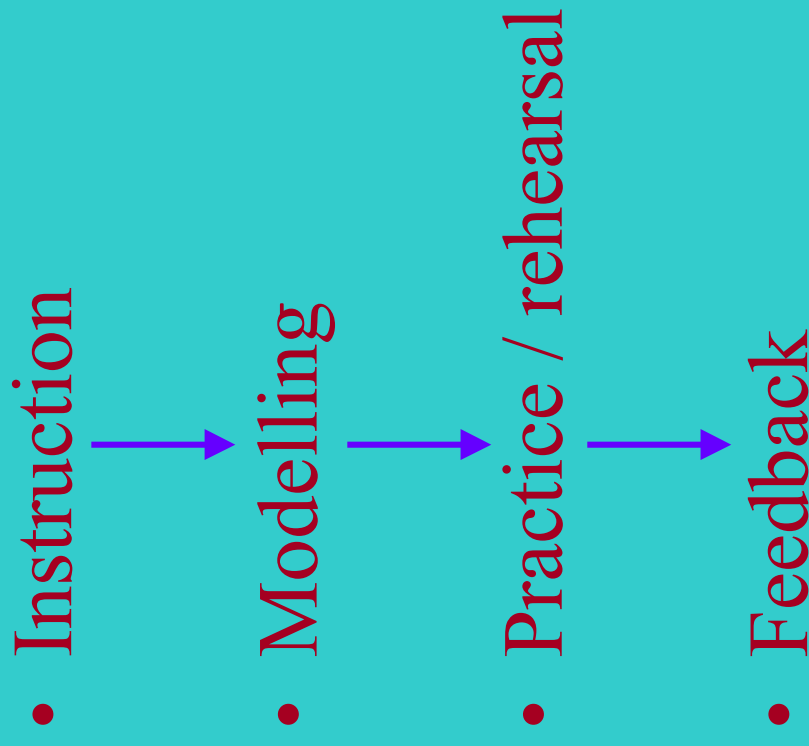
MESSY (Matson)

Assertion Inventory (Rathus)

Issues in assessment

- 1 Social skill deficit or the influence of:**
 - emotional states?
 - cognitive factors?
 - low self-esteem?
- 2 Molar *versus* molecular target behaviours?**
- 3 Response consequences *versus* response quality.**
- 4 Situational influences on the effectiveness of responses.**
- 5 Static *versus* dynamic assessment methods.**
- 6 Availability and rate of occurrence of natural reinforcers.**
- 7 Performance-class independence
(situational specificity *versus* generalizability).**
- 8 Use of frequency / duration measures and/or quality ratings.**
- 9 Ecological validity of role-play tests.**

Basic components of training



Specific training methods

- **INSTRUCTIONS**
 - social rules
 - examples of coping strategies
- **TRAINING EXERCISES**
 - modelling
 - shaping
 - successive approximation
 - coaching
 - behavioural assignments (homework)
- **PRACTICE AND FEEDBACK**
 - roleplay / behavioural rehearsal
 - imaginal rehearsal
 - reinforcement
 - self-monitoring / observer monitoring
 - goal achievement
 - generalization tests

Need to focus on...

(following Hollin, 1987)

- 1. Social perception skills**
- 2. Social cognition skills**
- 3. Social performance**

Social problem-solving training

- **problem awareness**
- **problem identification**
- **identifying feelings**
- **generating ideas (alternative thinking)**
- **means-end thinking**
- **consequential thinking**
- **decision-making**
- **social perspective-taking**

Range of application of SST

- **promoting social interaction**
 - **work with ‘asocial’ clients or groups**
- **basic interactive skills**
 - **identification and remediation of skills deficits of specific types**
- **vocational or professional skills**
 - **enhanced performance of specialised skills for specific contexts**

Principal clinical applications

- **social anxiety and social phobia**
- **schizophrenia / severe and enduring problems**
- **depression**
- **child and adolescent interpersonal problems**
- **clients with learning disabilities**
- **substance abuse and addictions**
- **offenders**

Applications with other groups

- teachers
- social workers
- nursing staff
- other health professionals
- managers
- public relations staff
- inter-cultural communication

Meta-analytic reviews of social skills training and allied methods

REVIEWER (DATE)	NUMBER OF STUDIES	POPULATION	EFFECT SIZE
Benton & Schroeder (1990)	27	Diagnosed schizophrenics	0.76
Corrigan (1991)	73	Adults: (a) developmentally disabled (b) psychotic (c) non-psychotic (d) offenders	2.07 1.31 1.33 1.06
Denham & Almeida (1987)	70	Children (ages 3 – 12) (a) adjustment (b) problem-solving skills (c) behavioural ratings (d) observed behaviour (e) direct mediation	0.58 0.78 0.26 0.75 0.52
Schneider (1992)	79	Children (ages <5 – 17) (a) all outcomes (b) social-behavioural outcomes	0.40 0.46

Major areas of research

- **Inter-group comparisons**
 - issue of validity
 - skill deficits *vs* other problems
- **Components of training**
 - relative efficacy
- **Comparative outcome research**
 - and links to other interventions
- **Single case studies**

Unresolved questions

- **persistence / durability of changes**
- **generalization and transfer of skills**
- **relative effectiveness of components**
- **relationship between behavioural performance and other factors**
- **integration of SST in multi-model treatment plans**