

Enhancing Social Competence of Adolescents through Life Skills Education: An Intervention Study.



- The project has been funded by the University Grants Commission (UGC), Govt. of India, XI Plan.
- **UGC Major Project Outlay:** Rs. 8.49 Lakhs
- 2013-14





Outline

Introduction



Methodology



Results & Discussion



Implications





Social Competence

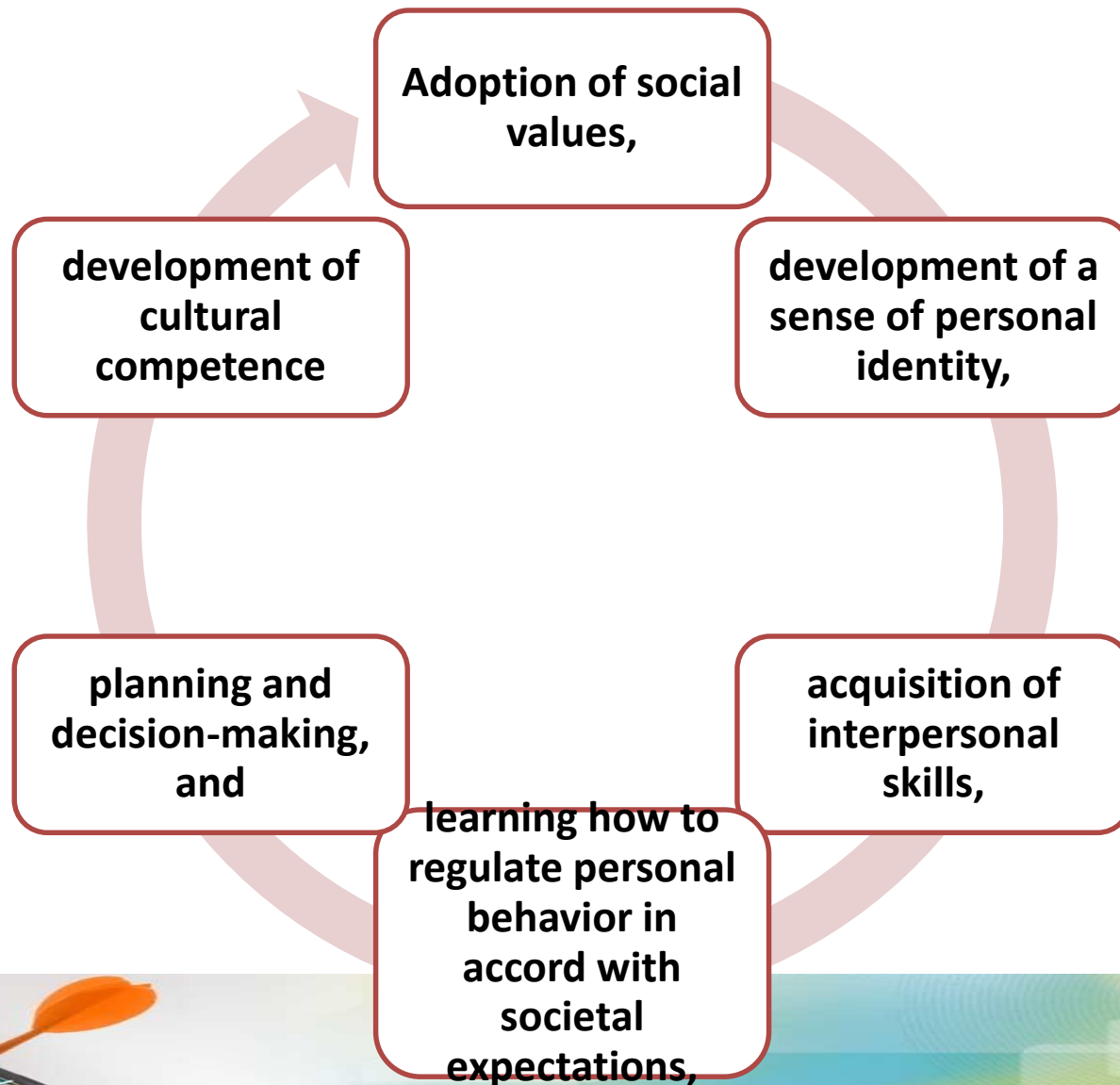
- the personal **knowledge and skills** which persons develop in order to **deal effectively** with life's many **choices, challenges, and opportunities**

(Leffert, Benson,& Roehlkepartan, 1997).

- “capacity to coordinate **adaptive responses** flexibly to various interpersonal demands, and to organize social behavior in different social contexts in a manner beneficial to oneself and consistent with social conventions and morals”- Bierman (2004)
- Related to future mental health



Six categories of competence (Kostelnik et al., 2002).





Teachable Competencies

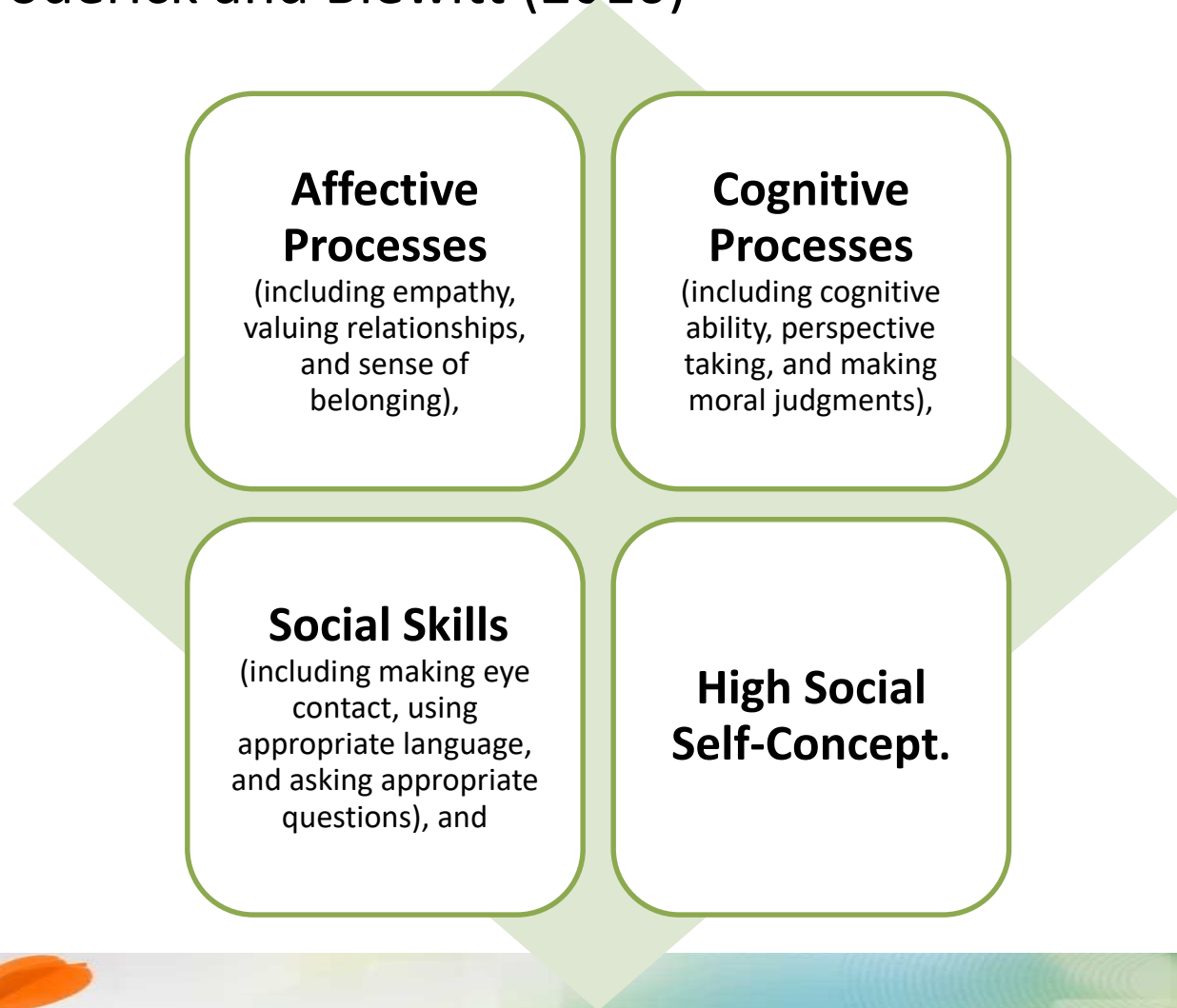
The Collaborative for Academic, Social, and Emotional Learning (CASEL, 2003, 2007)





Foundational Social Competencies

Broderick and Blewitt (2010)





Rationale of the study

- Most life skills programmes were focusing on health promotion
- **The potential of social competence to contribute to the mental health of individuals has been established through research**
- There is growing evidence that preventive life skills programs have a positive impact on the lives of children and adolescents (Albee & Gullotta, 1997; Durlak, 1995; 1998; Durlak & Wells, 1997; Van der Merwe, 1996; Weissberg & Greenberg, 1998)
- A dearth of region specific studies is observed on enhancing the social competence of adolescents.
- Thus, Development of a Social Competence model.

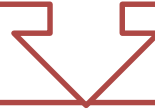


Method of Development of Model

(Anish & Divya, 2013)



Literature review



Focus Group Discussion with Adolescents (N=166)



Expert Consultation with Psychiatrists, Psychiatric Social Workers, Psychologists, School Counselors and Teachers (N=57)



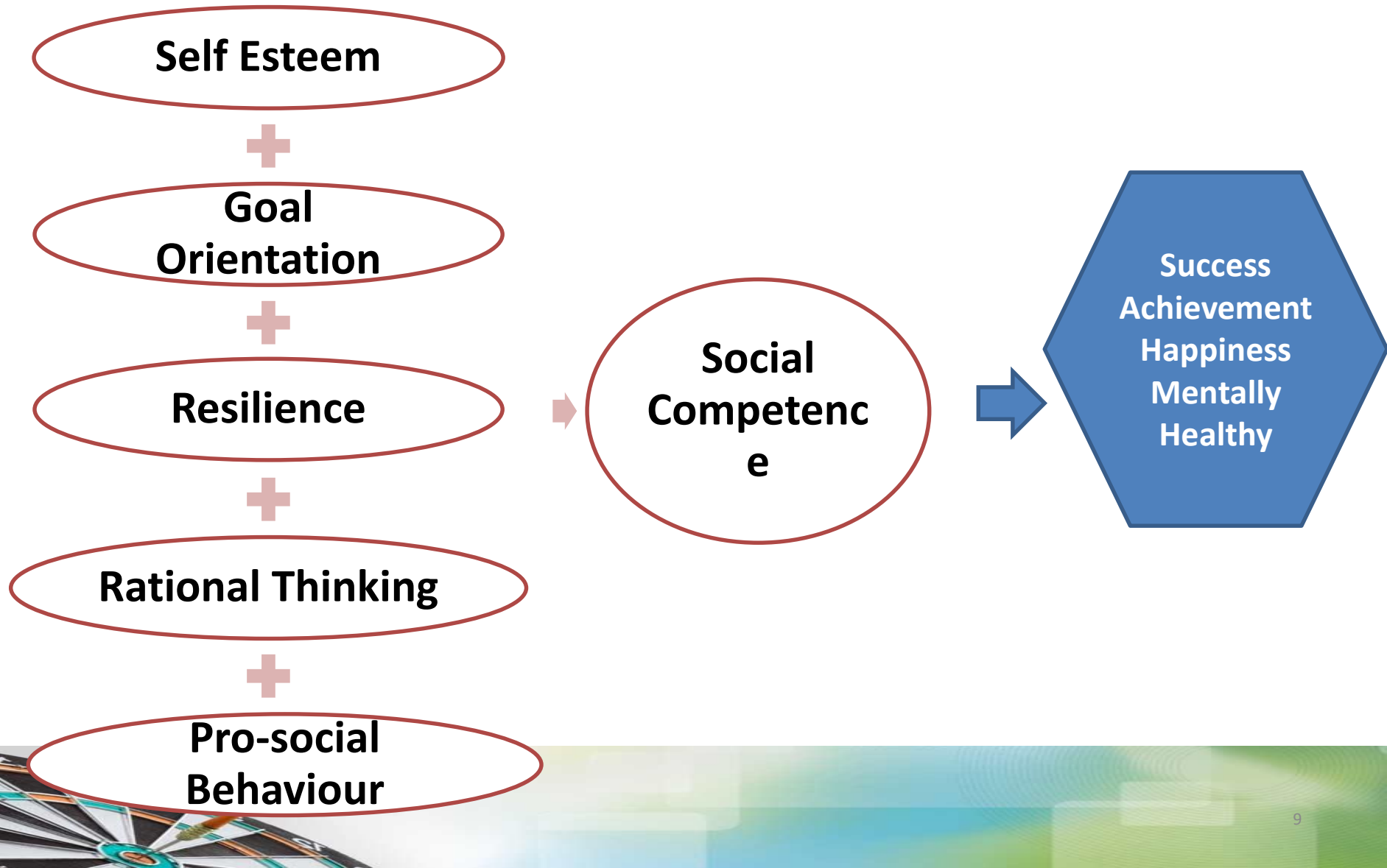
Validation Workshop with Adolescents





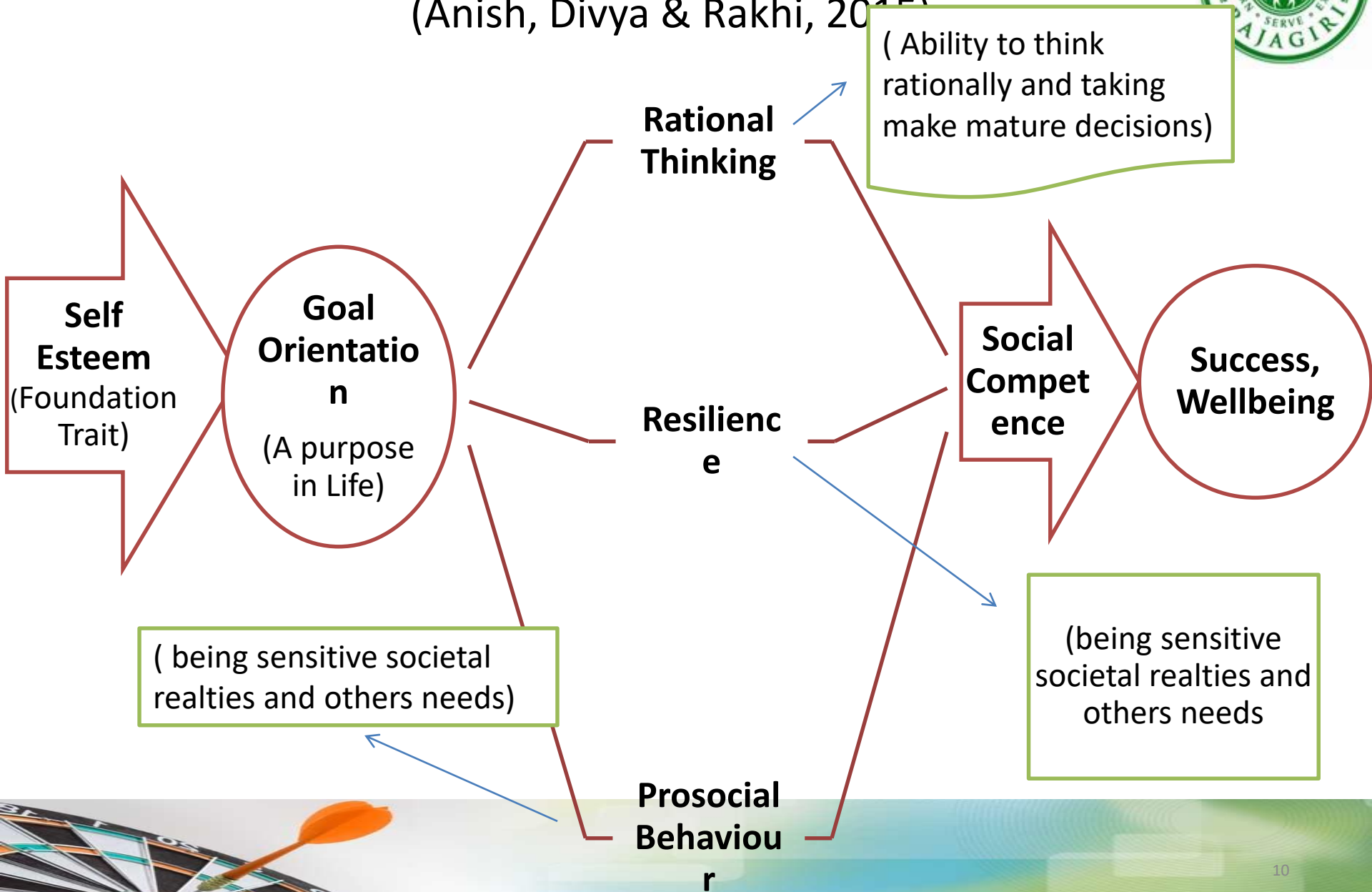
Social Competence Model

Anish,K.R.,Divya, G.S. (2013)



The Model Expanded

(Anish, Divya & Rakhi, 2015)





The Intervention Programme and Field Testing

18 hours duration Intervention module based on the Social Competence model. (5 domains)



Consultation with experts for comments and review of the intervention module.



Further testing of activities of the module in a trainers workshop attended by life skills trainers and school counsellors (n=41) and



modification of the intervention programme (based on expert comments and learnings).



Pre-Test: adolescents (n=34) from Government Higher Secondary School in Kerala state.



Learnings from the pre-test included those on methodology, duration and content of the intervention package.



A 15 hour duration intervention module



ToT for Interventionists (3 Persons) & School Personnel



Used RCT model (Group Randomized Design)



The control group was treated as waitlisted groups



Followed Principles of RCT designs (CONSORT, 2010)



Performed Pre-test



Intervention performed as planned in the intervention module



Fidelity Check Performed



Performed Post & Follow up Assessment





Outcome Measures

Self Esteem

- (RSES, Rosenberg 1965; 10 items, 4 point Lickert scale, maximum score 40);

Resilience

- Emotional Stability Scale Goldstein (1999; 15 items, 6 point Lickert scale, maximum score 90)

Validated questionnaires for

Rational Thinking

- (10 item, 5 point Lickert scale, maximum score 50) ,

Goal Orientation

- (4 item, 5 point Lickert scale, maximum score 20),

Prosocial Behaviour

- (16 items, 5 point Lickert Scale, Maximum Score 90)..

Wellbeing

- WHO 5 Scale





Data Analysis

- SPSS 18
- Repeated Measures ANOVA, paired Sample t and independent sample t test



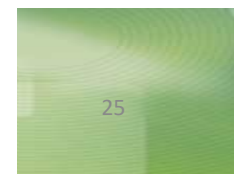
Results



Summary of within Groups Analysis Effectiveness of Intervention (Paired Sample t test)



No	Domains of Social Competence	Levels of Assessment (pair)	Experimental	Waitlisted
1	Self Esteem	Pre-Post	Significant increase $t(240)=-10.850, p=.000$	No Change $p>.05$
		Post-Follow up	Significant reduction $t(240)=6.550, p=.000$	No Change $p>.05$
		Pre-follow up	Significant increase $t(240)=-2.141, p=.033$	No Change $p>.05$
2	Goal Orientation	Pre-Post	Significant increase $t(240)=-13.241, p=.000$	No Change $p>.05$
		Post-Follow up	Significant reduction $t(240)=4.903, p=.000$	No Change $p>.05$
		Pre-follow up	Significant increase $t(240)=-5.965, p=.000$	No Change $p>.05$
3	Rational Thinking	Pre-Post	Significant increase $t(240)=-6.955, p=.000$	No Change $p>.05$
		Post-Follow up	No change $p>.05$	No Change $p>.05$
		Pre-follow up	Significant increase $t(240)=-5.745, p=.000$	No Change $p>.05$
4	Resilience	Pre-Post	Significant increase $t(240)=-12.513, p=.000$	No change $p>.05$
		Post-Follow up	No change $p>.05$	Significant increase $t(240)=-3.674, p=.000$
		Pre-follow up	Significant increase $t(240)=-4.241, p=.000$	Significant increase $t(240)=-3.366, p=.001$
5	Prosocial Behaviour	Pre-Post	Significant increase $t(240)=-10.164, p=.000$	No change $p>.05$
		Post-Follow up	No change $p>.05$	Significant increase $t(240)=-2.195, p=.029$
		Pre-follow up	Significant increase $t(240)=-10.045, p=.000$	Significant increase $t(240)=-3.578, p=.000$

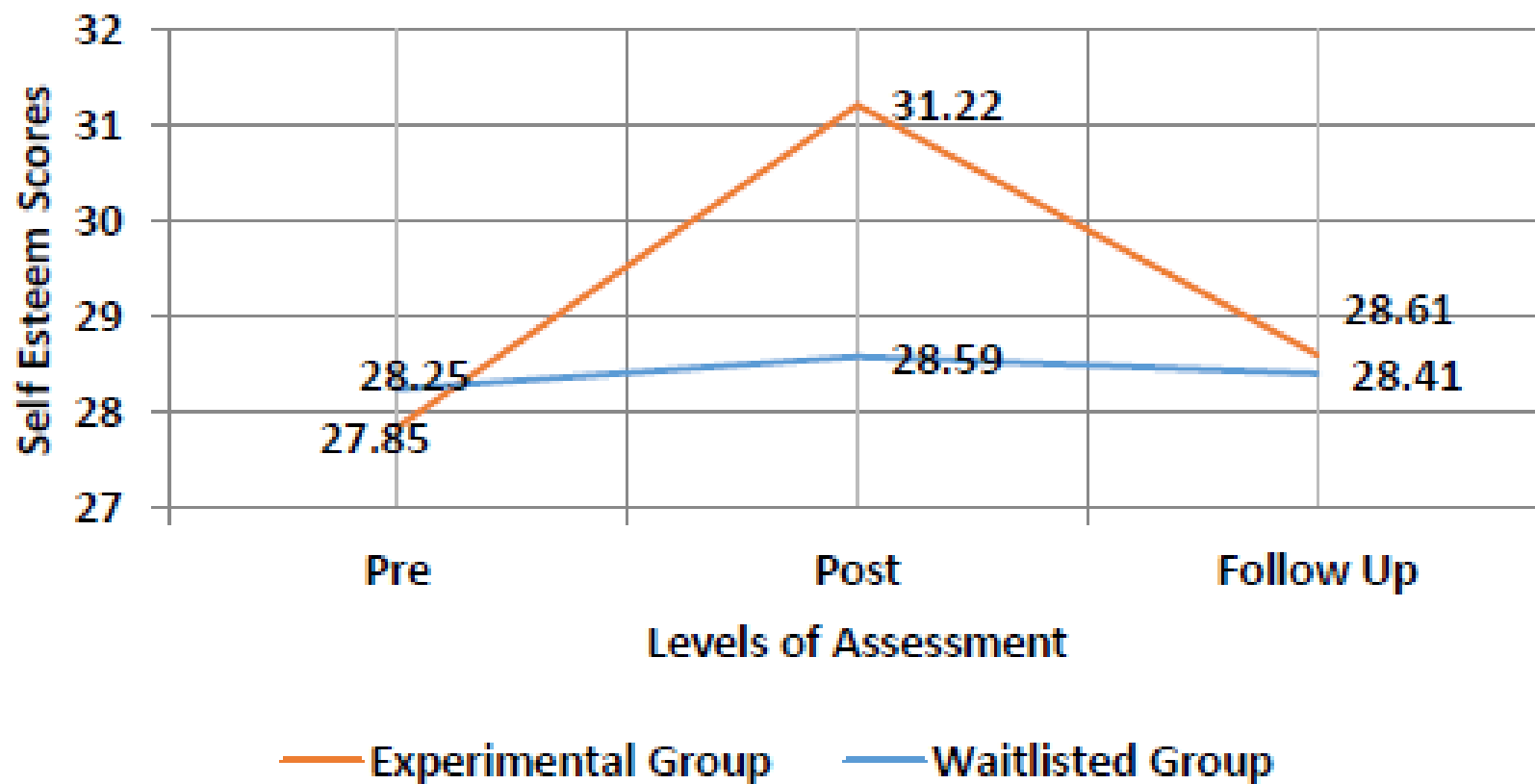


Summary of between Groups Analysis of Effectiveness (Independent Samples t test of Experimental and Waitlisted Groups)

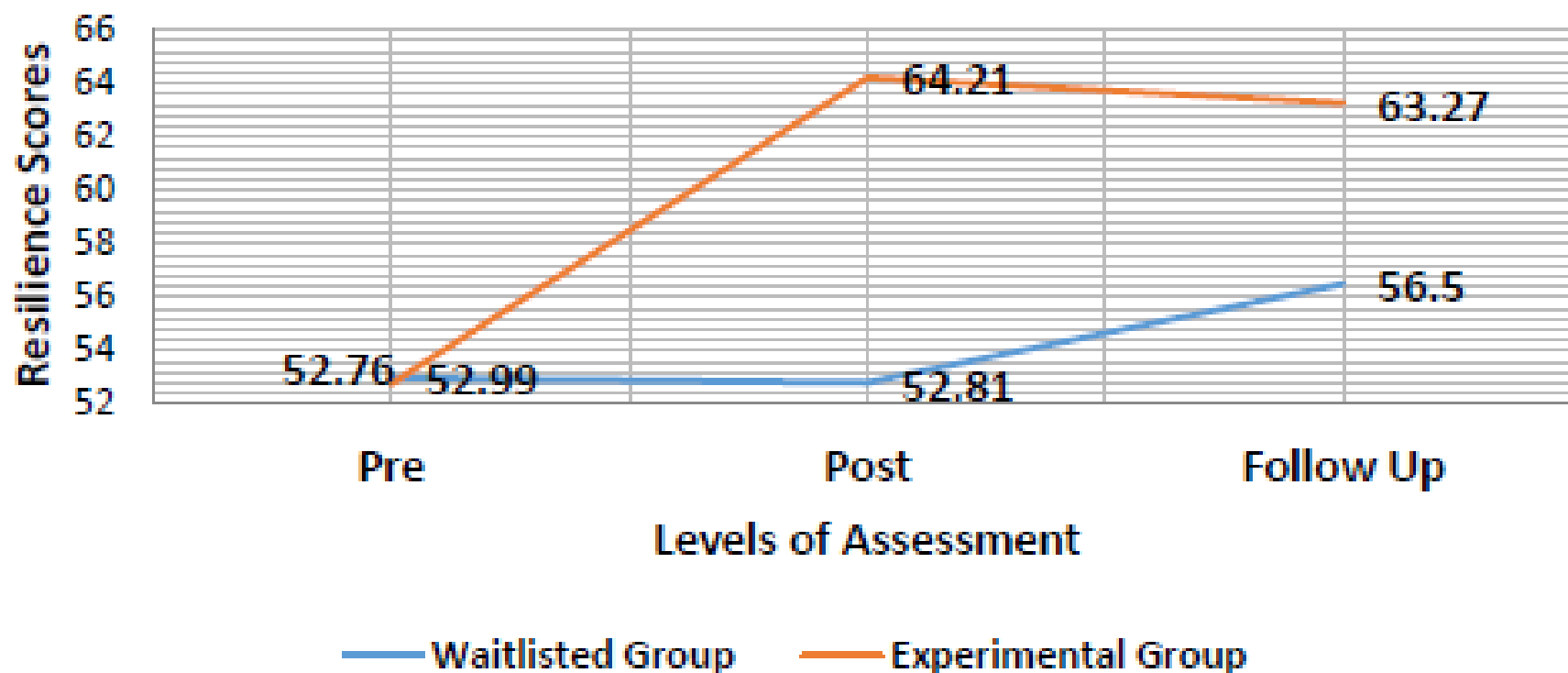


No	Domains of Social Competence	Pre-intervention/Base line	Post-intervention	Follow Up
1	Self Esteem	t(480)=1.59, p=.112	t(480)=-6.86, p=.000	t(480)=-.48, p=.632
		Not Significant	Significant	Not Significant
		No difference in mean values	Higher mean values in experimental group	No difference in mean values
2	Goal Orientation	t(480)=1.32, p=.188	t(480)=-8.89, p=.000	t(480)=-4.77, p=.000
		Not significant	Significant	Significant
		No difference in mean values	Higher mean values in experimental group	Higher mean values in experimental group
3	Rational Thinking	t(480)=1.83, p=.068	t(480)=-4.44, p=.000	t(480)=-5.11, p=.000
		Not Significant	Significant	Significant
		No difference in mean values	Higher mean values in experimental group	Higher mean values in
4	Resilience	t(480)=.23, p=.815	t(480)=-11.25, p=.000	t(480)=-2.65, p=.008
		Not Significant	Significant	Significant
		No difference in mean values	Higher mean values in experimental group	Higher mean values in experimental group
5	Prosocial Behaviour	t (480) =2.04, p=.042	t(480)=-5.29, p=.000	t(480)=-2.89, p=.007
		Significant	Significant	Significant
		Higher mean values in waitlisted group	Higher mean values in experimental group	Higher mean values in experimental group

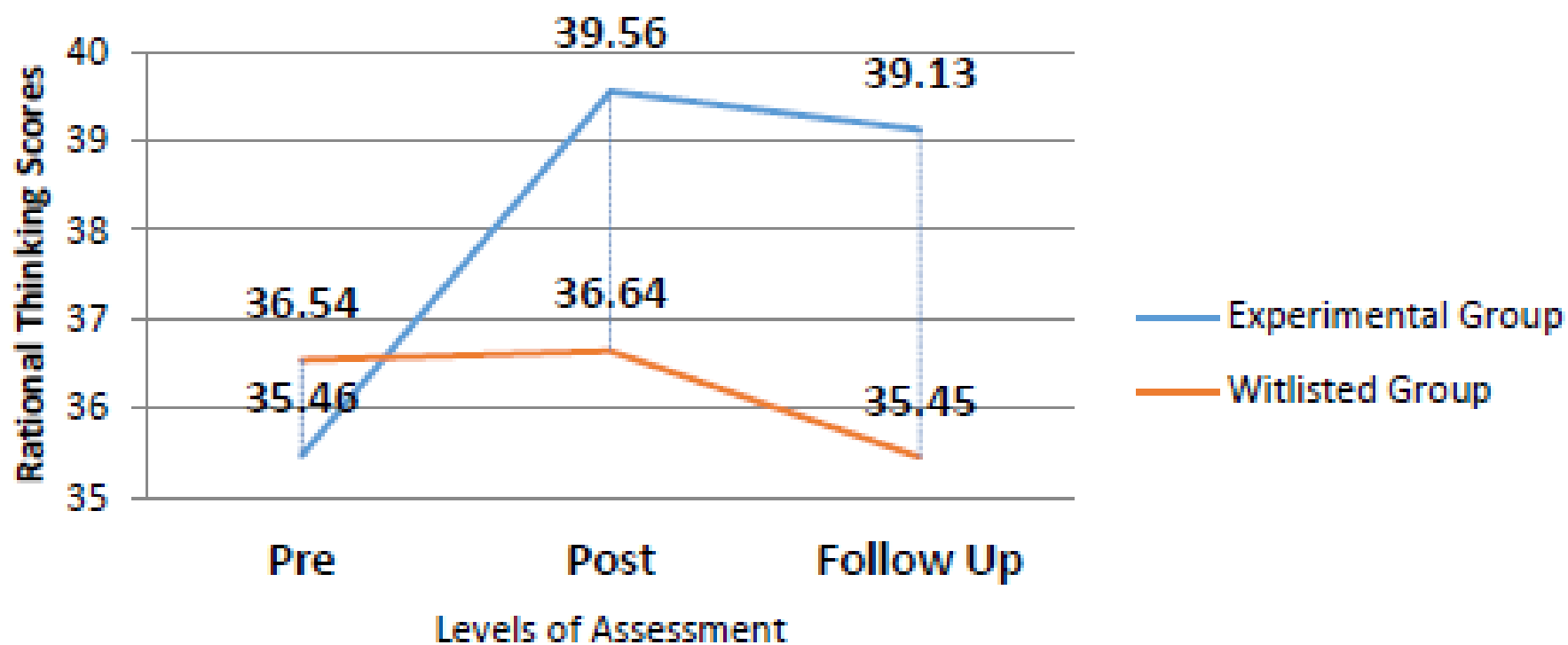
Self Esteem



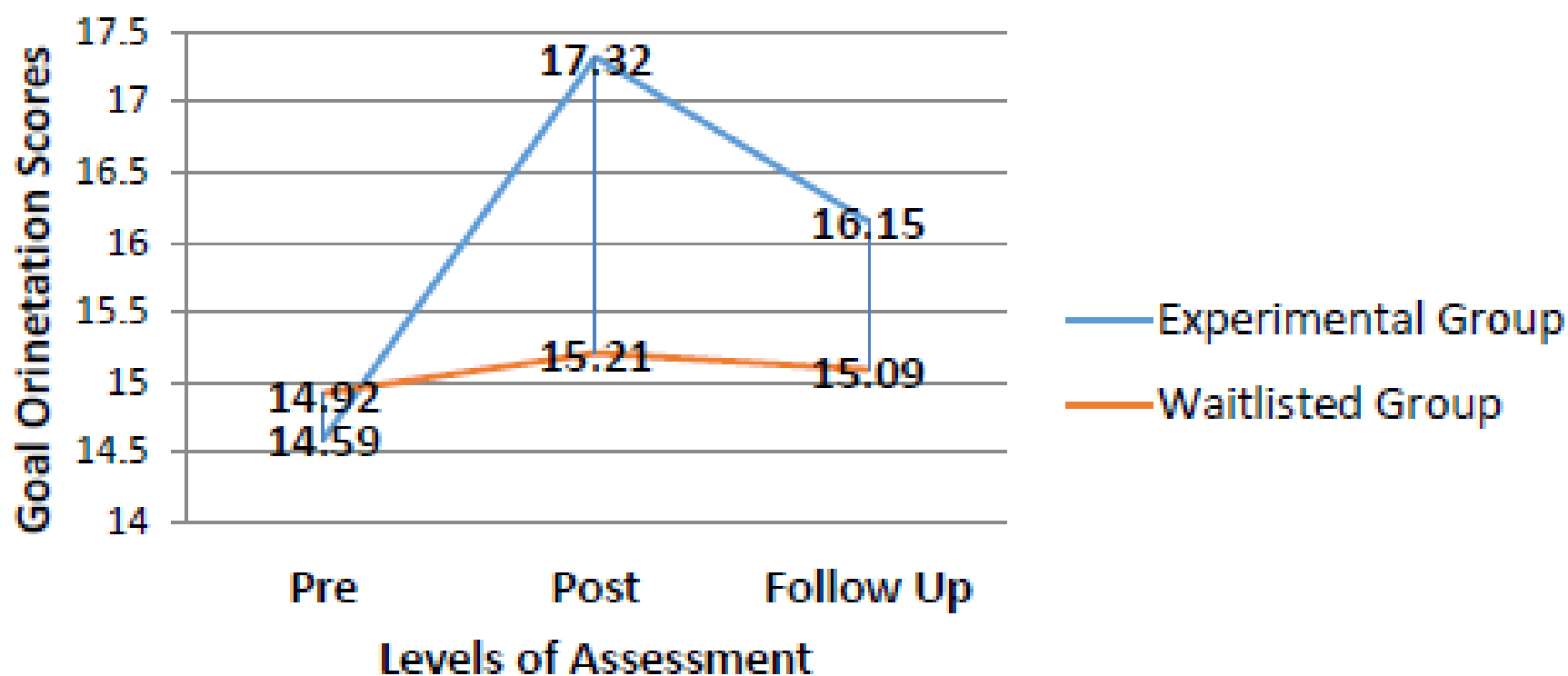
Resilience



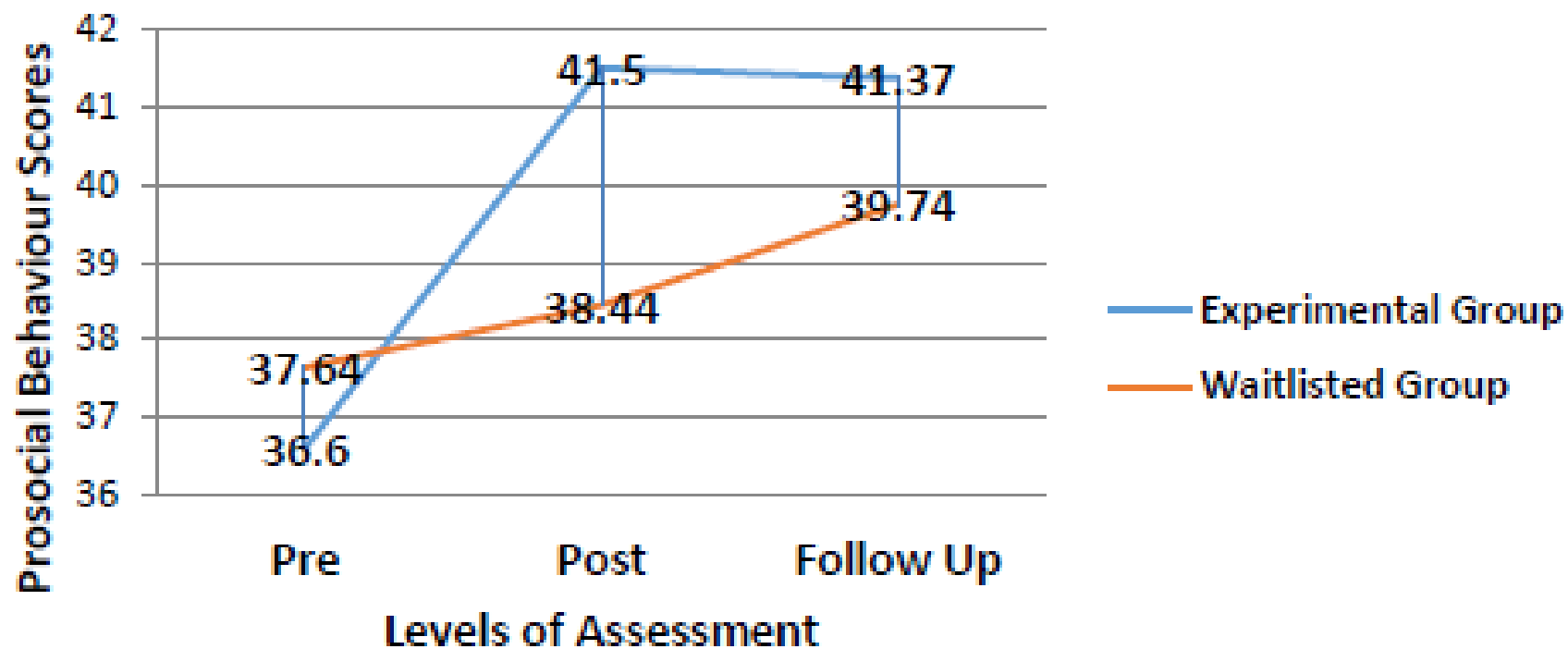
Rational Thinking



Goal Orientation



Prosocial Behaviour





Discussion

- Systematic reviews established positive evidence on favorable impact on mental health, social, emotional and educational outcomes.(Durlak, Weissberg, Dymnicki, Taylor, &Schellinger, 2011; Weare&Nind, 2011; Wells, Barlow, & Stewart-Brown, 2003).
- The need for a multidimensional, comprehensive school based intervention programme for promotion of mental health and social competence was discussed in Weare&Murray (2004).
- A Sequenced, Active, Focused and Explicit, abbreviated as SAFE was reported to be a necessary criteria for fulfilling the outcomes of intervention with children and adolescents (Durlack et al., 2011).



Discussion

- Attempts were made to stick to the principles RCT
 - `Generalizability
 - Waitlist Comparison
 - Participant retention
 - Intervention Fidelity
 - SAFE criteria – Durlack et al. Sequenced, Focused and Explicit (Intervention Manual, (Anish, Divya and Siny, 2014)





Limitations

- **Selection Cluster of groups and randomization**
- **Setting of the intervention**
- **Blinding of groups**
- **Attrition - 12%**
- **Questionnaire method of data collection**
- **Long term outcome not measured**





Implications for Practice & Conclusion

- Generalisable and replicable in school context
- Can be used for wider set of clientele including children in difficult circumstances, children with disability etc.
- More quantifiable outcomes such as academic performance
- Could be supplemented by case studies of positive outcomes
- Need for continuous and reinforcing interventions
- Group work methodologies for intervention





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