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).

- Adoption of social values,
- Development of cultural competence,
- Development of a sense of personal identity,
- Planning and decision-making, and
- Acquisition of interpersonal skills,
- Learning how to regulate personal behavior in accord with societal expectations.
Teachable Competencies


- Self awareness,
- Responsible decision making,
- Social awareness,
- Relationship Skills,
- Self management,
Foundational Social Competencies
Broderick and Blewitt (2010)

- **Affective Processes**
  (including empathy, valuing relationships, and sense of belonging),

- **Cognitive Processes**
  (including cognitive ability, perspective taking, and making moral judgments),

- **Social Skills**
  (including making eye contact, using appropriate language, and asking appropriate questions), and

- **High Social Self-Concept.**
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)

1. Literature review
2. Focus Group Discussion with Adolescents (N=166)
3. Expert Consultation with Psychiatrists, Psychiatric Social Workers, Psychologists, School Counselors and Teachers (N=57)
4. Validation Workshop with Adolescents
Social Competence Model
Anish, K.R., Divya, G.S. (2013)

- Self Esteem
- Goal Orientation
- Resilience
- Rational Thinking
- Pro-social Behaviour

Social Competence

Success
Achievement
Happiness
Mentally Healthy
The Model Expanded
(Anish, Divya & Rakhi, 2015)

Self Esteem
(Foundation Trait)

Goal Orientation
(A purpose in Life)

Resilience

Rational Thinking

Social Competence

Success, Wellbeing

Prosocial Behaviour

(being sensitive societal realities and others needs)

(being sensitive societal realities and others needs)

(Ability to think rationally and taking make mature decisions)
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

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self Esteem</strong></td>
<td>• (RSES, Rosenberg 1965; 10 items, 4 point Lickert scale, maximum score 40)</td>
</tr>
<tr>
<td><strong>Resilience</strong></td>
<td>• Emotional Stability Scale Goldstein (1999; 15 items, 6 point Lickert scale, maximum score 90)</td>
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<tr>
<td><strong>Validated questionnaires for</strong></td>
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<tr>
<td><strong>Rational Thinking</strong></td>
<td>• (10 item, 5 point Lickert scale, maximum score 50)</td>
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<tr>
<td><strong>Goal Orientation</strong></td>
<td>• (4 item, 5 point Lickert scale, maximum score 20),</td>
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<tr>
<td><strong>Prosocial Behaviour</strong></td>
<td>• (16 items, 5 point Lickert Scale, Maximum Score 90)</td>
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<tr>
<td><strong>Wellbeing</strong></td>
<td>• WHO 5 Scale</td>
</tr>
</tbody>
</table>
Data Analysis

- SPSS 18
- Repeated Measures ANOVA, paired Sample t and independent sample t test
Results
<table>
<thead>
<tr>
<th>No</th>
<th>Domains of Social Competence</th>
<th>Levels of Assessment (pair)</th>
<th>Experimental</th>
<th>Waitlisted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Self Esteem</td>
<td>Pre-Post</td>
<td>Significant increase t(240)=-10.850, p=.000</td>
<td>No Change</td>
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<tr>
<td></td>
<td></td>
<td>Post-Follow up</td>
<td>Significant reduction t (240) = 6.550, p=.000</td>
<td>No Change</td>
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<tr>
<td></td>
<td></td>
<td>Pre-follow up</td>
<td>Significant increase t(240)= -2.141, p=.033</td>
<td>No Change</td>
</tr>
<tr>
<td>2</td>
<td>Goal Orientation</td>
<td>Pre-Post</td>
<td>Significant increase t(240)=-13.241, p=.000</td>
<td>No Change</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Post-Follow up</td>
<td>Significant reduction t (240) = 4.903, p=.000</td>
<td>No Change</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pre-follow up</td>
<td>Significant increase t(240)= -5.965, p=.000</td>
<td>No Change</td>
</tr>
<tr>
<td>3</td>
<td>Rational Thinking</td>
<td>Pre-Post</td>
<td>Significant increase t(240)=-6.955, p=.000</td>
<td>No Change</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Post-Follow up</td>
<td>No change p&gt;.05</td>
<td>No Change</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pre-follow up</td>
<td>Significant increase t(240)= -5.745, p=.000</td>
<td>No Change</td>
</tr>
<tr>
<td>4</td>
<td>Resilience</td>
<td>Pre-Post</td>
<td>Significant increase t(240)=-12.513, p=.000</td>
<td>No change</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Post-Follow up</td>
<td>No change p&gt;.05</td>
<td>Significant increase t (240) = -3.674, p=.000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pre-follow up</td>
<td>Significant increase t(240)= -4.241, p=.000</td>
<td>Significant increase t(240)= -3.366, p=.001</td>
</tr>
<tr>
<td>5</td>
<td>Prosocial Behaviour</td>
<td>Pre-Post</td>
<td>Significant increase t(240)=-10.164, p=.000</td>
<td>No change</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Post-Follow up</td>
<td>No change p&gt;.05</td>
<td>Significant increase t(240)= -2.195, p=.029</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pre-follow up</td>
<td>Significant increase t(240)= -10.045, p=.000</td>
<td>Significant increase t(240)= -3.578, p=.000</td>
</tr>
<tr>
<td>No</td>
<td>Domains of Social Competence</td>
<td>Pre-intervention/Base line</td>
<td>Post-intervention</td>
<td>Follow Up</td>
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</tr>
<tr>
<td>1</td>
<td>Self Esteem</td>
<td>$t(480)=1.59, p=.112$</td>
<td>$t(480)=-6.86, p=.000$</td>
<td>$t(480)=-.48, p=.632$</td>
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<tr>
<td></td>
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<td>Not Significant</td>
<td>Significant</td>
<td>Not Significant</td>
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<tr>
<td></td>
<td></td>
<td>No difference in mean values</td>
<td>Higher mean values in experimental group</td>
<td>No difference in mean values</td>
</tr>
<tr>
<td>2</td>
<td>Goal Orientation</td>
<td>$t(480)=1.32, p=.188$</td>
<td>$t(480)=-8.89, p=.000$</td>
<td>$t(480)=-4.77, p=.000$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not significant</td>
<td>Significant</td>
<td>Significant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No difference in mean values</td>
<td>Higher mean values in experimental group</td>
<td>Higher mean values in experimental group</td>
</tr>
<tr>
<td>3</td>
<td>Rational Thinking</td>
<td>$t(480)=1.83, p=.068$</td>
<td>$t(480)=-4.44, p=.000$</td>
<td>$t(480)=-5.11, p=.000$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not Significant</td>
<td>Significant</td>
<td>Significant</td>
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<tr>
<td></td>
<td></td>
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<td>Higher mean values in experimental group</td>
<td>Higher mean values in experimental group</td>
</tr>
<tr>
<td>4</td>
<td>Resilience</td>
<td>$t(480)=-.23, p=.815$</td>
<td>$t(480)=-11.25, p=.000$</td>
<td>$t(480)=-2.65, p=.008$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not Significant</td>
<td>Significant</td>
<td>Significant</td>
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<tr>
<td></td>
<td></td>
<td>No difference in mean values</td>
<td>Higher mean values in experimental group</td>
<td>Higher mean values in experimental group</td>
</tr>
<tr>
<td>5</td>
<td>Prosocial Behaviour</td>
<td>$t(480)=2.04, p=.042$</td>
<td>$t(480)=-5.29, p=.000$</td>
<td>$t(480)=-2.89, p=.007$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Significant</td>
<td>Significant</td>
<td>Significant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Higher mean values in waitlisted group</td>
<td>Higher mean values in experimental group</td>
<td>Higher mean values in experimental group</td>
</tr>
</tbody>
</table>
The graph shows the changes in resilience scores across different levels of assessment: Pre, Post, and Follow Up.

- **Resilience Scores**
  - Pre: Waitlisted Group (52.76), Experimental Group (52.99)
  - Post: Waitlisted Group (52.81), Experimental Group (64.21)
  - Follow Up: Waitlisted Group (56.5), Experimental Group (63.27)

- **Levels of Assessment**
  - Pre
  - Post
  - Follow Up

- **Groups**
  - Waitlisted Group
  - Experimental Group
The graph illustrates the change in Rational Thinking Scores across different assessment levels for two groups: Experimental and Witlisted.

- **Experimental Group**
  - Pre: 35.46
  - Post: 36.64
  - Follow Up: 39.13

- **Witlisted Group**
  - Pre: 36.54
  - Post: 35.46
  - Follow Up: 35.45
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
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
References


