

The Effectiveness of Social Skills Training to Reduce Anxiety in Children

Ramana Shahbaz Far¹, Abdolmajid Bahrainian*², Kobra Hajjalizadeh³

1. PhD Student in Psychology, Bandar Abbas Branch, Islamic Azad University, Bandar Abbas, Iran

2. Associate Professor, Department of Clinical Psychology, Bandar Abbas Branch, Islamic Azad University, Bandar Abbas, Iran (corresponding author)

3. Assistant Professor, Department of Clinical Psychology, Bandar Abbas Branch, Islamic Azad University, Bandar Abbas, Iran

*Corresponding author: Bahrainian A.

Abstract Anxiety disorder is the most frequently among psychiatric disorders of childhood. Social skills training is one way of coping with this disorder. The aim of this study was to evaluate the effectiveness of social skills training on reducing anxiety in children. The statistical population is girl children 8-10 years of Bandar Abbas. The sampling method was a multistage cluster sampling that selected 40 students who had high anxiety. And randomly divided two experimental and control groups. The control group did not receive services at the time of training. In this study used Children's Manifest Anxiety Scale questionnaires to measure anxiety. The research is pretest-posttest control group. After random selection of experimental and control groups, an experimental intervention in the experimental group for 8 sessions one hour once a week was conducted. After completing the training program post-test was used for both groups. To analyze data, multivariate analysis of variance (MANOVA) was used. Data analysis showed that teaching social skills to children anxious were effective in reducing anxiety.

Keywords: children, anxiety, social skills

Introduction

Anxiety disorders are more prevalent in childhood psychiatric disorders. Its prevalence in preschool children is about 10 percent. Anxiety disorders are the most common disorders in childhood and adolescence. And more than 10 percent of this age group suffers from this disorder at some point in their growth. Separation anxiety is a universal human phenomenon of growth that present in infants younger than 1 year is. And represent children's awareness of separation from the mother or its original careful. Normal separation anxiety reaches its peak between 9 months to 18 months and up to about 5/2 years reduced. This reduction will allow young children in pre-school institutions can easily handle being away from their parents. Separation anxiety or stranger anxiety is likely to value human survival. Transient separation anxiety is normal in young children when they first enter school. Anxiety is a vague feeling of fear or panic and response to internal and external stimulus which can be symptoms of behavioral, emotional, cognitive and

physical. And it's the most common psychological reaction.

Anxiety in children can be seen in multiple species. Some children show their anxiety by ongoing concerns about problems that may occur for themselves or their families. Others show general social anxiety while others show the unrealistic fear (Phobia) (Hockenberry, Wilson, & . 2009; Rabiee & KazemiMalekmahmodi, 2007).

Social skills are range of verbal and nonverbal responses that affects the perceptions and responses of others in social interactions (Yahaya, Rasul, & Yasin, 2016).

Merrell and Gimpel (2014)), define appropriate social skills as a socially acceptable model which helps to children provide strengthen and gain social. It also helps their social skills avoid abusive situations, Receive positive feedback from the social environment and improve interpersonal relations.

Anxious children and adolescents are prone to educational problems and social relations are weak in schools. They are more negative reactions from teachers and

peers experience ([Hebert, Fales, Nangle, Papadakis, & Grover, 2013](#)). Other problems that they are facing include: increasing the probability of dropping out of school, alcohol and drug abuse, delinquency and psychological problems in adulthood, fostering negative images of them among peers and teachers, and conduct disorder ([Jarrett, Siddiqui, Lochman, & Qu, 2014](#)); ([Hebert, et al., 2013](#)). So far, there have been various interventions to reduce anxiety in children. In some studies on environmental interventions carried out in which the child lives, such as teach skills to parents ([Kazdin, 2015](#)). Some studies have focused on children's cognitive and emotional changes ([Schonert-Reichl et al., 2015](#)).

One of the methods for treating anxiety is social skills training and social behavior in children. Kohler (2012) in educational research studied social skills in children and adolescents. His research showed that teenagers after training, showed a significant increase in the development of social skills. Since anxiety disorders in children can cause many problems for them. And also their interactions affect in school and at home, in the present study were to investigate the effectiveness of social skills training in children. It also seems that in the literature few studies have examined the effectiveness of social skills training in anxious children. This study could be an effective step to help children and researchers.

Methodology

The statistical population is girl children 8-10 years of Bandar Abbas. Then the girl's school identified and two schools were selected. With the help of teachers and administrators of these schools Children's Manifest Anxiety Scale Reynolds and Richmond were given to 150 students of the schools. The sampling

method was multi-stage cluster sampling that selected 40 students who had high anxiety. And randomly divided two experimental and control group. The control group did not receive services at the time of training. In this study used Children's Manifest Anxiety Scale questionnaires to measure anxiety. The research is pretest-posttest control group. After random selection of experimental and control groups, an experimental intervention to the experimental group for 8 sessions one hour once a week was conducted. After completing the training program post-test was used for both groups. To analyze of data, multivariate analysis of variance (MANOVA) was used.

The measuring instrument

Revised children manifest anxiety scale (RCMAS) was used to assess anxiety. This scale was designed by Reynolds and Richmond in 1978 and a 37-item self-report instrument is the 28-item measures of anxiety

And 9 other items, including items 32, 36, 24, 20, 16, 12, 8 and 4 lie detector scale. Since this scale is one of the best tests of anxiety in children ([Lowe & Ang, 2016](#)), in this study as convergent tool. Read the question of the scale is set for children 8 to 16 years ([Lowe & Ang, 2016](#)). The scale of physical symptoms with Number questions 1, 30, 26, 22, 18, 14, 10, 6, 32, worry the questions (2), 29, 25, 21, 17, 13, 9, 535, 31, 27, 23, 19, 15, 11, 7, 37 and social anxiety for questions 3, 34 evaluates. Responsiveness to these questions is yes / no questions and any one or a zero score awarded. For this scale, alpha coefficient is 0.78 to 0.89 and of 0.65 to 0.71 for test-retest reliability correlation coefficient has been reported ([Kendall et al., 1997](#)); In this study using Cronbach's alpha reliability coefficient obtained is 0.80.

Procedure: Model treatment with respect

to social skills training program(Gorman, 1996) has been developed. After the participants were divided in two groups, the experimental group participated to social skills training in 10 session's average 80 minutes. At the end of each session was presented homework. And at the beginning of the next session of the assignments were studied.

The content of each session: First session: physical and mental self-awareness; second session: Teaching empathy or understanding the feelings of others; Session III: Assertiveness Training in these skills to help participants recognize that suitable conditions to express themselves; Session IV: Management of Anxiety: Emotional self-awareness and familiarity with the anxiety management; Fifth Session: Learn how to create effective communication and relationships; Sixth Session: listen and understand others when they speak; seventh session: Ask questions and familiarity with a variety of questions and questioning in role of effective relationships; eighth session: friends and factors that must be considered in making friends ; ninth meeting: social cooperation and explain the importance of cooperation and responsibility and various types of social cooperation; the tenth session: review of skills practiced at previous sessions.

Result

In table 1 the mean score in both

experimental and control groups before and after training and after controlling for pre-test and post-test is given. The results of Table 1 shows that the average post-test scores in the experimental group subscales of physiological anxiety, concern and sensitivity, social anxiety and generalized anxiety score decreased. To evaluate the significance of these differences was used multivariate analysis that results are shown in the following tables. It should be noted that due to the lack of establishing assumptions of analysis of covariance (homogeneous slope and variance) to test the hypotheses of multivariate analysis of variance was used. The result of Table 2 shows that the mean differences in the experimental group than the control group. In other words, intervention and social skills training leads to improvement in anxiety scale has been studied. This significant difference is shown in the following tables.

The results of the above table showed that F values are calculated at the level of P<0.0001. Therefore, the least significant mean differences between a pair which results in Table 4 are shown. The results of table 4 showed that F calculated is significant value in total score and subscales of anxiety

In other words, teaching social skills to children anxious improvement of physiological anxiety, concern and sensitivity, social anxiety and general anxiety have been effective.

Table 1. Mean score in both experimental and control groups before and after training and after controlling for pre-test and post-test

Scale	group	Pre test	Post test
		Mean±SD	Mean±SD
Physiological stress	Control	1.16 ±6.11	0.86 ±5.03
	Experiment	1.81 ± 6.87	2.16 ±4.4
Concern and sensitivity	Control	1.12 ±7.11	1.37 ±5.74
	Experiment	1.06 ±7.83	0.55 ±1.55
social anxiety	Control	1.55 ±4.04	1.05 ±3.98
	Experiment	1.26 ±4.62	0.76 ±1.89
Total score	Control	1.26 ±17.26	2.06 ±14.81
	Experiment	1.42 ±19.32	1.26 ±7.84

Table 2. Mean and standard deviation of the differences between two groups.

Scale	group	Mean Difference	SD Difference
Physiological stress	Control	-1.08	0.85
	Experiment	-2.47	0.56
Concern and sensitivity	Control	-1.37	1.06
	Experiment	-6.28	0.45
Social anxiety	Control	-0.06	1.12
	Experiment	-2.73	0.87
Total score	Control	-2.48	1.02
	Experiment	-11.48	1.16

Table 3. Multivariate tests to determine the significance of difference between the averages of groups

Scale	Value	F	P
Pillai's trace	0.944	152.42	0.0001
Wilks' lambda	0.034	152.42	0.0001
Hotelling's trace	28.25	152.42	0.0001
Roy's largest root	28.25	152.42	0.0001

Table 4. Summary of multivariate data analysis

Resource change	Scale	Sum of squares	DF	Mean of squares	F	P
Group	Physiological stress	211.12	1	211.12	59.45	0.0001
	Concern and sensitivity	260.55	1	260.55	354.83	0.0001
	Social anxiety	245.24	1	245.24	145.28	0.0001

Conclusion

The results of multivariate analysis of variance (MANOVA) showed that social skills training to reduce anxiety in children. The results of this study are consistent with pervious researches (Gorman, 1996; Kendall, et al., 1997; Schonert-Reichl, et al., 2015). Despite the growing importance of social skills in child development learning these skills in all children, in the same way does not occur. Anxious children often lack the necessary social skills for positive interaction and targeted.

This may the children take less accepted by peers normal these children need to learn social skills in an organized manner. These children need to learn social skills in an organized manner. These skills in normal situations can be trained to facilitate generalization to different situations(Gresham, Elliott, Cook, Vance, & Kettler, 2010). Social skills include such as the ability to start a wide range of behaviors to communicate effectively and

appropriately with others, provide helpful answers and decent behavior tends to be generous, empathetic and help inquisitive, to avoid ridicule and bullying others (Matson, Hess, & Boisjoli, 2010).

In the past, social skills training for students independently provided in educational environments that normally could not be generalized to other locations. Finally, to help students with social anxiety disorder in interactions with peers and adults, social skills training should be done in the classroom and school classroom in order to maintain a focus on public education, social skills training should be integrated with educational programs.

References

Gorman, D. (1996). Do school-based social skills training programs prevent alcohol use among young people? *Addiction Research*, 4(2), 191-210.
 Gresham, F. M., Elliott, S. N., Cook, C. R., Vance, M. J., & Kettler, R. (2010).

- Cross-informant agreement for ratings for social skill and problem behavior ratings: An investigation of the Social Skills Improvement System—Rating Scales. *Psychological assessment*, 22(1), 157.
- Hebert, K. R., Fales, J., Nangle, D. W., Papadakis, A. A., & Grover, R. L. (2013). Linking social anxiety and adolescent romantic relationship functioning: indirect effects and the importance of peers. *Journal of Youth and Adolescence*, 42(11), 1708-1720.
- Hockenberry, M. J., Wilson, D., & . (2009). *Wong's essentials of pediatric nursing* (8th ed.). Canada: Mosby.
- Jarrett, M., Siddiqui, S., Lochman, J., & Qu, L. (2014). Internalizing problems as a predictor of change in externalizing problems in at-risk youth. *Journal of Clinical Child & Adolescent Psychology*, 43(1), 27-35.
- Kazdin, A. E. (2015). Clinical dysfunction and psychosocial interventions: The interplay of research, methods, and conceptualization of challenges. *Annual review of clinical psychology*, 11, 25-52.
- Kendall, P. C., Flannery-Schroeder, E., Panichelli-Mindel, S. M., Southam-Gerow, M., Henin, A., & Warman, M. (1997). Therapy for youths with anxiety disorders: A second randomized clinical trial. *Journal of consulting and clinical psychology*, 65(3), 366.
- Lowe, P. A., & Ang, R. P. (2016). Examination of Measurement Invariance Across Culture and Gender on the RCMAS-2 Short Form Among Singapore and US Adolescents. *Journal of Psychoeducational Assessment*, 34(2), 192-198.
- Matson, J. L., Hess, J. A., & Boisjoli, J. A. (2010). Comorbid psychopathology in infants and toddlers with autism and pervasive developmental disorders-not otherwise specified (PDD-NOS). *Research in Autism Spectrum Disorders*, 4(2), 300-304.
- Merrell, K. W., & Gimpel, G. (2014). *Social skills of children and adolescents: Conceptualization, assessment, treatment*: Psychology Press.
- Rabiee, M., & KazemiMalekmahmodi, S. (2007). The effect of music on the rate of anxiety among hospitalized children. *J Gorgan Univ Med Sci*, 9(3), 59-64.
- Schonert-Reichl, K. A., Oberle, E., Lawlor, M. S., Abbott, D., Thomson, K., Oberlander, T. F., & Diamond, A. (2015). Enhancing cognitive and social-emotional development through a simple-to-administer mindfulness-based school program for elementary school children: A randomized controlled trial. *Developmental psychology*, 51(1), 52.
- Yahaya, N., Rasul, M., & Yasin, R. (2016). Social Skills and Social Values in Malaysian Dual Training System Apprenticeship.