

## Student and Family Assistance Programs and Services: *Social Skills Training For Externalizing and Internalizing Behaviors*



This **Quick Training Aid** was excerpted from a Technical Assistance Sampler entitled: *A Sampling of Outcome Findings from Interventions Relevant to Addressing Barriers to Learning*, Appendix C, pp. 5-6. Center for Mental Health in Schools (1999).

### *Programs Focused on Externalizing Behaviors*

- ! Researchers evaluated the effects of a social skills cognitive training program on locus of control for middle school students with behavior problems. Sixth and seventh grade students were randomly selected from three middle schools based on the following criteria: receipt of one or more disciplinary referrals which reflected problems with school authority figures or peers and two or more conduct reports from teachers. They were then randomly assigned to a social skills training program or to a control group within each school. Significant differences were found between the pre- and post-test scores on the measure of locus of control (functioning) and on teacher's ratings of self-control (symptoms). The subjects that participated in the treatment experienced a significant shift in locus of control and were better able to restrict their behaviors than the control group.

*For more information, see:*

Dupper & Krishef (1993). School-based social-cognitive skills training for middle school students with school behavior problems. *Children and Youth Services Review*, 15, 131-142.

- ! A school-based social skills training model that incorporated cognitive-behavioral strategies was evaluated with African American aggressive, rejected, and nonaggressive rejected children. Children were randomly assigned to the social skills intervention or to a control group. Posttreatment and 1-year follow-up assessments indicated that the social relations intervention was effective with the aggressive and rejected children but not with the nonaggressive children in promoting nonimpulsive problem solving (functioning).

*For more information, see:*

Lochman, J.E., Coie, J., Underwood, M., & Terry, R. (1993). Effectiveness of a social relations intervention program for aggressive and nonaggressive, rejected children. *Journal of Consulting and Clinical Psychology*, 61, 1053-1058.

- ! *Anger Coping Program*: Described as involving 18 sessions that teach affect identification, self-control, and problem-solving skills. Children role-play and practice skills in a small group setting and under conditions of affective arousal. Goal setting and reinforcement are incorporated to support skill acquisition. Data indicate the program lowers boys observed disruptive and aggressive behavior in the classroom, and in some cases, improves parent ratings of aggressive behavior.

*For more information, see:*

Lochman, J.E., Burch, P.R., Curry, J.F. & Lampron, L.B. (1984). Treatment and generalization effects of cognitive behavioral and goal-setting interventions with aggressive boys. *Journal of Consulting and Clinical Psychology*, 52, 915-916.

- ! *Brainpower Program*: In one study, aggressive 10 to 12 year old boys were paired with non-aggressive peers and exposed to a 12-lesson school-based intervention focusing on improving the accuracy of children's perceptions and interpretations of others' actions. Compared to a randomized control group, teacher ratings indicated that the Brainpower program was successful at reducing their aggressive behavior immediately following the intervention.

*For more information, see:*

Hudley, C. & Graham, S. (1993). An attributional intervention to reduce peer-directed aggression among African-American boys. *Child Development*, 64, 124-138.

Hudley, C., & Graham, S. (1995). School-based interventions for aggressive African-American boys. *Applied & Preventive Psychology*, 4, 185-195.

- ! **Peer Coping Skills Training Program:** Targeted 94 first to third grade students with high teacher-rated aggression ratings. Students were randomly assigned to either a treatment group or control. In the treatment condition, integrated teams of children were taught prosocial-coping skills in 22 weekly 50-minute sessions. The teams progressed through different skills and levels of difficulty; new skills were not introduced until the team had demonstrated mastery of the previous skills. This format encouraged and reinforced peer support. Outcomes measured at post-test and 6 months following the intervention supported its positive effects. Children in the PCS program were rated by teachers as significantly less aggressive than controls at post-test ( $p < .02$ ) and follow-up ( $p < .01$ ). Significant improvements were also noted in the intervention children's prosocial coping and teacher-rated social skills.

*For more information, see:*

Prinz, R.J., Blechman, E.A., & Dumas, J.E. (1994). An evaluation of peer coping-skills training for childhood aggression. *Journal of Clinical Child Psychology*, 23, 193-203.

- ! **Social Relations Program** -- described as consisting of 26 social skills training sessions on improving the skills needed for entrance into peer groups and positive peer play. In one study, children were also trained in social problem solving and anger management. The majority of the sessions were held individually but eight were conducted in small groups and provided the children with some time to practice the skills they were learning. The program was evaluated on a sample ( $n=52$ ) of 9 to 11-year-old, African-American children. Results indicated that compared to matched controls, the aggressive-rejected children were rated as significantly less aggressive by teachers and more socially accepted by peers at post-test. The effects of the intervention were maintained at one-year follow-up. The students in the aggressive-rejected intervention group were rated by teachers as significantly less aggressive ( $p < .03$ ) and more prosocial ( $p < .03$ ) compared to aggressive-rejected students in the control group.

*For more information see:*

Coie, J.D., Lochman, J.E., Terry, R., & Hyman, C. (1992). Predicting early adolescent disorder from childhood aggression and peer rejection. *Journal of Consulting and Clinical Psychology*, 60, 783-792.

### *Programs Focused on Internalizing Behaviors*

- ! Disliked first-, second-, and third-grade boys who showed high levels of negative social behavior during pretreatment observations were randomly assigned to one of four conditions: instructions and coaching in positive behaviors; prohibitions and response cost for negative behaviors; a combination of instructions and prohibitions; and no treatment. Interventions were implemented during 10 half-hour, supervised, small group play sessions, and treatment effects were assessed using behavioral observations, and peer and teacher ratings. A comparison was made between the effects of positive instructions and negative inhibitions in a social skills training program for boys with negative social behavior and were rejected by their peers. Results showed that the boys who received the combined program showed immediate post treatment decreases in negative initiations, later decreases in negative peer responses, and stable positive peer interactions (symptom reductions and functional improvements).

*For more information, see:*

Bierman, Miller & Stabb (1987). Improving the social behavior and peer acceptance of rejected boys: Effects of social skill training with instructions and prohibitions. *Journal of Consulting and Clinical Psychology*, 55, 194-200.

- ! Investigation of an interactive videodisc social skills training program on peer acceptance was performed. Children in six elementary school resource rooms were randomly assigned to participate in the treatment or to continue their resource room program. Experimental group students scored significantly higher on a post-training measure of peer acceptance than did control group students (functioning).

*For more information, see:*

Thorkildssen (1985). Using an interactive videodisc program to teach social skills to handicapped children. *American Annals of the Deaf*, 130, 383-385.

- ! In a study evaluating the effectiveness of a stress management program on children's locus of control orientation, self-concept and acquisition of appropriate coping strategies (functional outcomes). Sixty-five students from an inner-city school were randomly assigned to the stress management program or control group. The children in the stress management program demonstrated a more internal locus of control and a higher self concept on school-related tasks and behavior problems.

*For more information, see:*

Henderson, Kelbey, & Engebretson (1992). Effects of a stress-control program on children's locus of control, self-concept, and coping behavior. *School Counselor*, 40, 125-131.

- ! Researchers used a social learning approach to teach the acquisition of behavioral skills to resist the pressures to misuse alcohol (symptom and functioning). A total of 5,635 students from 213 classrooms were assigned randomly by school building to one of three experimental conditions: social skills training, social skills training plus follow-up training, and no training control. Students in the treatment groups showed significantly greater awareness of the curriculum content than did the control group at the 8-week follow-up. Alcohol use and misuse were not significantly different between treatment and control groups due to the low prevalence in both groups.

*For more information, see:*

Dielman, Shope, Butchart, and Campanelli (1986). Preventions of adolescent alcohol misuse: An elementary school program. *Journal of Pediatric Psychology*, 11, 259-282.

- ! *Penn Prevention Program* -- is described as altering the cognitive distortions and improving coping skills in at-risk youth. Results from a quasi-experimental evaluation study suggested that the program resulted in clinically significant reductions in depressive symptoms immediately post-treatment and at a 6-month follow-up.

*For more information, see:*

Gillham, J.E., Reivich, K.J., Jaycox, L.H., & Seligman, M.E.P. (1995). Prevention of depressive symptoms in schoolchildren: Two-year follow-up. *Psychological Science*, 6, 343-351.