

# **Interpersonal Skills Training With At-Risk High School Students**

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## **Abstract**

The relationship of an interpersonal skills training program on the social skills development of at-risk high school students was examined. Using the PREPaRE program (Goldstein, 1998) as the independent variable, the increase in social skills was measured using the Social Skills Rating Scale (SSRS; Gresham & Elliott, 1990). Participants were 84 high school students in a metropolitan area with 36 from one school and 48 from another. Students were primarily African-American youngsters. Both schools had an at-risk population based on test scores, drop-out rates, attendance rates, or suspension rates. Individuals were selected based on suspension data. The students received small group work with Site-Based Behavior Intervention Specialists specifically trained to deliver the targeted instruction. Students were placed in small groups of no more than six students which met once a week for 30 minutes to an hour for approximately eight weeks. The SRSS was administered before the sessions began and at the conclusion of the instruction. Results were statistically very significant,  $t(83)=6.83$ ,  $p < .001$ ,  $d =.75$ , 95% CI [11.99, 21.84] for the group. There was a statistically significant difference in the increase of scores from pre- to posttest between genders  $t(82)=2.09$ ,  $p = .04$ . The males showed greater

improvement. The most obvious educational implication of the present study is that social skills can be improved through targeted interventions.

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Adolescence is a time of change. There are many challenges related to cognitive, social, and self-esteem transitions (Kenny, Gallagher, Alvarez-Salvat, & Silsby, 2002). Additionally, our society has become so complex that the behaviors expected from young adults are more diverse. Advances in technology have changed our way of life. The progression from childhood to adolescence has become more complicated as parents and teacher raise standards to higher levels than were previously established. Adolescents find that they must begin to integrate into a changing society while they, themselves, are changing.

As youth are undergoing physical changes in their growth and development, they experience emotional differences and reactions as well. As they cope with internal changes, their environment may also be shifting. Many adolescents find themselves advancing to a new school due to the change in grade configuration (i.e., moving to high school) which results in immersion into an unfamiliar setting with unfamiliar peers. Families may move frequently, and adolescents may find themselves having to integrate into new peer groups after these groups have already been formed. These changes demand social skills that adolescents may not have mastered. A successful integration into a new setting involves both academic preparation and meeting behavioral expectations (Harrell, Mercer, & DeRosier, 2009).

As adolescents begin this transition into adulthood, many factors influence who they will become. There is a link between socially adept students and success in school. Additionally, research has shown that strong social skills are indicators of well-adjusted individuals (Owens, Granader, Humphrey, & Baron-Cohen, 2008; Ross, Shochet, & Bellair, 2010). Adolescents seek to feel connected to their school environment. Feelings of positive self-worth are a reflection of this connection (Lee, Draper, & Lee, 2001). These feelings extend to a greater degree of success after leaving the high school environment (Konold, Jamison, Stanton-Chapman, & Rimm-Kaufamn, 2010; Mashburn & Pianta, 2006).

Not all adolescents have the same opportunity to develop social skills. This can be due to a number of reasons, most typically the result of environmental causes (Smangs, 2010). Adolescents with poor social skills are unable to appropriately interact with peers in many circumstances. This can lead to internal feelings of loneliness and depression which can lead to external acting-out behaviors or problems with isolation. Poor problem-solving skills that are related to poor social skills may lead to inappropriate behavior as these adolescents often consider the action of others as more hostile than was intended. Adolescents with poor social skills may exhibit hostility themselves. These feelings of hostility lead to inappropriate interactions with peers and teachers (Keltikangas-Järvinen & Heinonen, 2003). An internal lack of empathy may also occur as it becomes more difficult for an adolescent to identify with the feelings of other people (Kenny et al., 2002).

Poor social skills are often the reason for referral for psychological and/or educational evaluations. Gresham (2002) states,

...two of the five criteria specified in IDEA [Individuals with Disabilities Education Act] are pivotal in identifying students with emotional disturbance: (a) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers and (b) inappropriate types of behavior or feelings under normal circumstances. (p. 1029)

Although poor social skills may indicate the presence of more serious issues, such as emotional disability, the lack of adequate social skills should not be used in isolation. This highlights the need to intervene on the school level when social skills are problematic (Spence, 2003).

Social functioning is multi-faceted. It includes academic achievement, peer acceptance, self-management, and social adjustment to the academic setting. Adolescents with strong social skills possess both self-awareness and social awareness (Konold et al., 2010). They are able to monitor their own behavior. Relationships with peers have been found to correlate with social, emotional, and cognitive development (Parker, Rubin, Erath, Wojslawowicz, & Buskirk, 2006). Harrell et al. (2009) state, "peer relationships provide an important context for social learning and support individual development" (p. 378). Adolescents with strong social skills have empathy for others and are emotionally competent. Emotional competence has been shown by research to be critically important in adolescents' functioning in a social setting (Kats-Gold & Priel, 2009).

Children and adolescents usually receive the social skills training needed to successfully compete in a broader population from the home environment. Here the training is informal, with the behavior of the caretaker and others in the home serving as role models (Dereli, 2009; Owens et al., 2008). Unfortunately, in lower SES homes, this does not always occur (Broussard, Mosley-Howard, & Roychoudhury, 2006). The constraints due to economic and/or educational levels often hinder the modeling process of the caretaker. The caretaker along with other household members may be inappropriate models.

When social skills are not taught at home, small-group training interventions to address the teaching of social skills has been found to be effective. Social skills training, where desired behavior is practiced and reinforced in a naturalistic environment, such as school, can assist in compensating for inappropriate models in the adolescent's life (Harrell et al., 2009).

Because social skills are learned behaviors, these skills can be taught and reinforced with practice. This training can be productive for teaching appropriate behavior to adolescents. The most effective results have been shown when this training includes modeling with interventions that focus on problem solving skills (Spence, 2003). These skills can be effectively taught by peers. Adolescents are more likely to attend when their peers perform a behavior. Group social skills training has been found to serve as a foundation for adolescents to guide their development of individual skills. Adolescents who have had this training have fewer problems, are less aggressive, more productive, and report more satisfaction with their lives (Kenny et al., 2002).

One cognitive-behavioral approach to teaching social skills is a program entitled PREPaRE: A Prosocial Curriculum for Aggressive Youth (Goldstein, 1998) which is based on the premise that aggressive behaviors are learned. Goldstein contends that these antisocial behaviors have been reinforced in the home environment causing individuals to be *prosocially deficient*. The acronym represents the key stages of the program **P**revent, **R**eaffirm, **E**valuate, **P**rovide and **R**espond, **E**xamine. "PREPaRE is a comprehensive model that encompasses safety and crisis management from prevention to long-term recovery within the learning environment..." (NASP, 2009, p. 1). Built upon classic Bandura research (1973), the program

involves modeling, practicing of behaviors, and reinforcement of positive actions. The comprehensive curriculum includes ten courses. These involve training in interpersonal skills, anger control, moral reasoning, problem solving, empathy, social perception, anxiety management, cooperation, building a prosocial support group, and using the group process. The ultimate goals of the program are the transfer of the learned skills to the students' everyday encounters and the ability for these skills to become long term responses to cues within their environment. This transfer and maintenance of social skills is the crux of the PREPaRE program.

This study involved the use of the first course: Interpersonal Skills Training. Instructors modeled the desired behavior with small groups of students. Students were given opportunities to practice the use of these targeted skills. After given performance feedback, students were provided with additional activities in which the newly learned skills could be applied. There were a total of 50 skills taught with the Interpersonal Skills Training curriculum in six different categories (Goldstein, 1998).

The program began with basic social skills, such as teaching students how to introduce themselves, how to start a conversation, and how to give their peers a compliment. The lessons advanced to the second category which involved teaching students ways to appropriately and adequately apologize after hurting someone. Lessons in this unit also provided the skills needed to persuade others to accept their point of view and to articulate directions or instructions. The third category focused on helping students address their fears and the anger of others. It also provided instruction on appropriate ways to express affection. The fourth category involved lessons which provided the students with alternatives to aggression. Specifically, the units addressed how to avoid altercations with others by resisting the urge to react physically to verbal taunting or negative conversations. This unit also introduced definite, positive ways that the student could assist others. The fifth set of lessons focused on equipping the students with mechanisms to deal with stress. The lessons addressed anxiety produced from failure, accusations, and ostracism. The final unit dealt with skills necessary to be proactive in social situations (Goldstein, 1998). Students were taught ways to establish goals, how to determine the cause of a problem, and how to prioritize problems.

The current study examined the relationship of section one, Interpersonal Skills Training, of the PREPaRE program on social skills development in at-risk high school students (Goldstein, 1998). The increase in social skills was measured by using the Social Skills Rating Scale (SSRS; Gresham & Elliott, 1990). The SRSS was administered before and after the training. An increased score on the SSRS indicated an improvement in reported interpersonal skills.

## **Method**

### **Participants**

The participants were selected from schools targeted due to an at-risk population based on test scores, drop-out rates, attendance rates, or suspension rates. Participants were 84 high school students with 36 coming from one school and 48 from another. These two high schools were represented from a district seated in a metropolitan area. Individuals were selected based on suspension data. The students received small group work with Site-Based Behavior

Intervention Specialists. These specialists held advanced degrees in education, special education, school psychology, social work, or counseling. These specialists were specifically trained to deliver the targeted instruction.

Both schools exceed the state average for suspensions. The schools have had mobility rates ranging from 30-40%. School Performance Scores are issued yearly by the state’s Department of Education based on standardized test scores, graduation/dropout rates, attendance, and progress made since the previous year’s reports. Based on reports from the year of the study, nearly two-thirds of all of the students at these schools are below grade level. The schools are comprised of mostly minority students who come from low SES homes.

Among 84 participants with completed SSRS protocols, there were 36 males and 48 females. Thirty-seven were freshmen, along with 22 sophomores, 14 juniors, and 11 seniors. African American participants composed 83 of the 84 students involved in the training. One was Caucasian. Of the 84 participants, eight were enrolled in special education, and two received 504 accommodations.

Table 1

*Characteristics of Schools Based on Information Released by State Department of Education for Year of Study*

	School A	School B
Total Enrollment	336	432
% Free/Reduced Lunch	82.7	85
Total Drop Outs	21	26
Baseline SPS*	59.8	53.4
Growth SPS**	59.5	54.8
% below grade level in English/Language Arts	52.8	77.9
% below grade level in Math	58.5	75.7
% In-School Suspension (ISS)	12.3	42.6
% Out-of School Suspension (OSS)	10.4	20.9

*Note.* School Performance Score- 30% weight given for graduation rate, 70% assessment. Maximum score 200. State goal: All schools with an SPS of 120 by 2012.

\*Baseline SPS is based on 2 years of data.

\*\*Growth SPS represents one year of data.

**Instrumentation and Materials**

The PREPaRE method was designed by Goldstein (1998) for the purpose of assisting youngsters in developing prosocial skills. There are 50 lessons in the Interpersonal Skills unit outline the steps needed to master a particular skill. Enrichment materials are provided in the form of directions for games and role playing, reading/writing/drawing/listening activities, group discussions, etc. PREPaRE was used to deliver the social skills lessons to the groups of students. The students practiced developing appropriate behavior through role playing after having the behavior modeled by the specialist.

The Social Skills Rating System (SSRS), a norm-referenced instrument developed by Gresham and Elliot (1990) was used to measure students' social behaviors. The SSRS has three rating forms: teacher, parent, and student. Self-reporting of social skills was completed by the high school students before the training and after completion of the program. The rating scale measures prosocial behaviors such as cooperation, empathy, assertion, self-control, and responsibility. The items on each scale are rated according to frequency and importance as perceived by the rater.

## **Procedure**

Intervention specialists were given the Interpersonal Skills Training of the PREPaRE curriculum (Goldstein, 1998) to implement. Students were primarily African-American youngsters. Students were referred to the intervention specialists by either the teacher, counselor, or administrator. They pretested using the Social Skills Rating Scale (Gresham & Elliott, 1990). Afterward, they were placed in small groups of no more than six students which met once a week for 30 minutes to an hour for approximately eight weeks. After completion of the program, the students received a posttest utilizing the same instrument as the pretest.

## **Results**

For the 84 high school students who participated in this study, the means and standard deviations were computed for their pretest scores ( $M=76.94$ ,  $SD=22.30$ ) and their posttest scores ( $M=93.86$ ,  $SD=23.46$ ). A paired-samples  $t$  test was conducted to examine the mean difference in the social skill scores between the pretest and the posttest. Results were statistically very significant,  $t(83)=6.83$ ,  $p < .001$ ,  $d = .75$ , 95% CI [11.99, 21.84]. We are 95% confident that on average the participants have increased their scores between 12 and 22 points on the Social Skills Rating Scale (Gresham & Elliott, 1990).

There was a difference in the performance of the participants based on gender. The mean for the pretest for males was 73.42 ( $SD = 23.41$ ). The posttest mean for males was 96.19 ( $SD= 19.93$ ). The average pretest score for females was 79.58 ( $SD= 23.39$ ), and the average posttest was 92.10 ( $SD= 23.98$ ). There was a statistically significant difference in the increase of scores from pre- to posttest between genders  $t(82)=2.09$ ,  $p = .04$ . On average the scores for males increased by 22.78 points ( $SD = 23.26$ ). For females the average increase was 12.52 points ( $SD = 21.48$ ).

Table 2

*Results of Pre- and Posttests of Social Skills Rating Scale*

	Number	Pretest Average	SD	Posttest Average	SD	Increase
Females	46	79.58	23.39	92.10	92.10	12.52
Males	38	73.42	23.41	96.19	19.93	22.78
All Students	84	76.94	22.30	93.86	23.46	16.92

### Discussion

Adolescents who were raised in lower SES households often do not have skills necessary for a smooth transition into the high school setting. The PREPaRE program has been found to make the adjustment easier. In addition to addressing basic social skills, the program teaches the skills that allow students to be proactive in their relationships with others in a positive way. The first section of this program, Interpersonal Skills Training, was used in this study. Results from this study appear to confirm our expectation that this program could help high students from an at-risk population improve their social skills.

Before the training program, participants scored on average 76.94 points on the Social Skills Rating System (Gresham & Elliott, 1990) with a standard deviation of 22.3 points. After the training the participants had an average score of 93.86 points with a standard deviation of 23.46 points. While the standard deviations for the pretest and the posttest were about the same, there was an average of 16.92 points increase after the training. Furthermore, the effect size is 0.75. According to Cohen's effect size criterion, this test outcome is close to a large effect (i.e.,  $d = .80$ ). Given the fact that the increase in scores from pre to posttest for the males was twice as high as the increase in scores of females, it seems to suggest that the program is more effective with males. It appears plausible to conclude that the Interpersonal Skills Section of the PREPaRE program (Goldstein, 1998) could be used to help those high school students at failing school to improve basic social skills.

It has been found that social competence is very important for later adjustment and success (Konold et. al, 2010; Mashburn & Pianta, 2006). Use of the Interpersonal Skills Section of the PREPaRE program (Goldstein, 1998) in this study was shown to be effective in improving social skills. Because many adolescents have been found to be immature when compared to others in their environment, the additional instruction in this section of the PREPaRE program (Goldstein) can improve interpersonal skills and help in the development self-regulation in individual students.

Research has shown a link between depression and poor social skills (Ross et al., 2010). It is imperative that educators target social skills as an intervention for depression. Additionally, it is known that the behavior models that adolescents see most often will be adopted by those adolescents (Konold et. al, 2010). If appropriate models are not present in the home, then a strong social skills program at school can provide the training needed. Because it has been

shown that peers are excellent instructors of social skills (Dereli, 2009), the use of the Interpersonal Skills Section of the PREPaRE program (Goldstein, 1998) in small groups could have a positive effect on similar groups.

There were several limitations to this study. The study was conducted in only two schools with primarily minority students. The schools studied had unsatisfactory academic performance according to state ratings. The participants had behavioral problems resulting in more frequent in and out of school suspensions than was average for the population. The relatively small sample size and the specific population studied limits the generalizability of the results.

Another limitation is that only one unit (50 lessons) of the PREPaRE curriculum was used due to time constraints. The study did not focus on the other nine units. It should be noted that social skills are comprised of more than the just the interpersonal skills used in the present study. A better outcome would probably have resulted with a more complete training program over a longer period of time. Long-term outcome is also important. It is necessary to know that the knowledge resulting from the intervention was demonstrated in decreased in- and out-of-school suspensions and generally better conduct in an educational setting.

The data analysis was conducted on pre- and posttest scores on a self-report social skills questionnaire. Additional data could have been included from teachers, administrators, and parents regarding their observations of changes in the participants' behavior. Information was not obtained regarding possible changes in suspension rates over a period of time. It is not known if the new information resulted in observable change in behavior over time.

Future research should include more participants from a larger number of schools. Racial balance is also important. In the current study, only one participant was Caucasian; the others were African-American. In addition to an increased number of participants, the outcome of the training should be obtained from more than self-reported pre- and posttest scores on a social skills questionnaire. Observations of possible behavioral change could be obtained from teachers, staff, and administrators at the schools from which participants were enrolled.

Males showed greater change in posttest scores on the SSRS. This may indicate that males are more inclined to learn from a structured program than their female counterparts. However, more research is needed before a conclusion can be drawn on the underlying reason for the gender difference.

The inclusion of more sections of the PREPaRE program is also suggested. Since one section, Interpersonal Skills Training, resulted in significant reported changes in knowledge of social skills, more instruction in other skills should benefit the student and be reflected in positive observed behavior.

The most obvious educational implication of the present study is that social skills can be improved through targeted interventions. This research affirms the findings of Harrell et.al (2009) that social skills programs can serve as a barrier against development of antisocial behaviors. The current study by using the first section of the PRPARE program found significant increases in self-reported social skills scores. The use of the entire 10 sections could produce a more complete alteration of behavior, perhaps even more long term. Methods taught in the PREPaRE program can be utilized by a wide variety of people. The sections are standardized with easily understood instructions on how the skills can be modeled and then performed by students. With the programmed instruction, the sections can be presented by teachers within the school where many of the students needing these skills are enrolled. Counselors and social



workers can also administer the program, as well as others who possess the appropriate skills and the desire to help children and adolescents.

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