Effect of social skill group training in children with Attention Deficit Hyperactivity Disorder


ABSTRACT

Background: Attention-deficit hyperactive disorder (ADHD) is a developmental neurobiological disorder affecting academic, social and emotional adjustment in children. Children with ADHD have problems in the areas of peer relations, emotional factors, and scholastic performance. Through social skills training, children can be taught to be less aggressive and impulsive, to manage anger, and to behave in a more socially acceptable way. Aim: To see the effects of social skills training in a group of ADHD children. Objectives: To minimize behavior problems and improve positive behaviour in children with ADHD through group training of social skills. Method: Through purposive random sampling, 31 children between ages 7 and 10 years (average age = 8 years, SD = 1.16) who were referred to Clinical Psychology Department from the Pediatric Neurology Division, with a diagnosis of ADHD, were selected for the study. Strength and Difficulties questionnaire (SDQ) was used to assess the variables under study. Ten weekly social skills training sessions were conducted for the group. Paired-samples 't' test was used for analyzing the pre and post results of intervention. Results: After the training, most parents reported improvements in their child's overall behavior. The post intervention assessment showed greater improvement in the areas of emotional problems, peer relations, conduct problems and pro-social behavior. Conclusion: There is significant improvement in the areas of emotional management, peer relations, conduct problems and pro-social behaviour in children with ADHD through social skills group training.

Key Words: ADHD, Social skill training, MISIC

INTRODUCTION

Attention-Deficit/Hyperactivity Disorder (ADHD) is one of the most common behavioral disorders of childhood. Children with ADHD exhibit developmentally inappropriate levels of inattention, impulsivity, and/or motor activity. Apart from academic and behavior problems, these children often have significant social problems. They exhibit problems in the areas of peer interaction, emotional regulation, and pro-social behaviours. These social problems are associated with a greater risk for developing problems later in life. Disrupted and discordant relationships are more common in the families of young people with ADHD(1). It is known that children with ADHD have difficulties in affective components such as a motivation and mood regulations(2, 3, 4). This is the fundamental basis for the children's problems with social skills, and these problems are closely related ADHD(5, 6).

Psychological therapies such as psycho-educational input, behavioural therapy, cognitive behavioural therapy in individual and group formats, interpersonal psychotherapy, family therapy, school-based interventions, social skills training and parent management training to encourage the development of coping strategies are being used for managing the behavioural disturbance of ADHD(7). Social skills training was developed in the early 1970s and according to Jacobs (2002) its aim is to teach the micro skills of social interaction such as eye contact, smiling and body posture. Children and young people who have ADHD often present with difficult family relationships and may have poor social skills and peer relationships. Social skills are described as the behaviours and skills necessary to engage in developing and maintaining constructive social relationships. Social skills training uses techniques from cognitive and behavioural approaches and is conducted within groups.

METHOD

Participants

The participants were selected by purposive random sampling. The sample comprised of 31 children aged 7 to 10 years (M = 8, SD = 1.16), referred from Pediatric Neurology to the Department of Clinical Psychology with a diagnosis of ADHD, for behavioural intervention. Those children who had gross neurological, sensory, or motor impairment, as well as a history of seizure disorder were excluded. Other exclusion criteria were an IQ score less than 80, and a score below 12 in the Swan ADHD rating scale.

Measures

The SWAN rating Scale for ADHD: It is used to assess the severity of ADHD. The questionnaire contains 18 items, each item rated in a 4 point scale. The total score determines the severity of ADHD symptoms. Psychometric properties for the SWAN were adequate, with high internal consistency and moderate test-retest reliability.

Malin’s Intelligence Scale for Indian Children (MISIC): It is an adaptation of the Wechsler Intelligence Scale for Children. It is used to assess the cognitive abilities of children aged 6 to 15 years. This battery comprises of 11 subtests through which an IQ score is obtained. The test-retest reliability of the battery is high and it has adequate congruent validity.
Variables | Normal | Borderline | Abnormal
--- | --- | --- | ---
Emotional problems | 0-4 | 5 | 6-10
Conduct problems | 0-2 | 3 | 4-10
Hyperactivity | 0-5 | 6 | 7-10
Peer problems | 0-3 | 4 | 5-10
Pro-social behaviour | 6-10 | 5 | 0-4
Total | 0-11 | 12-15 | 16-40

Strength and Difficulty Questionnaire – Parent Version (SDQ-P): This questionnaire developed by Goodman (1997) is a 25-item, 3-point rating scale which assesses the child on five dimensions – Emotional problems, Hyperactivity, Conduct problems, Peer problems and Pro-social behaviour. A total cut-off score of 11 with individual cut-offs for each of the 5 dimensions was used. Reliability and validity coefficients are adequate.

Procedure

A baseline assessment was done to all participants using the SWAN rating scale for ADHD, and MISIC. SDQ-P was given to parents of all participants before the intervention. The intervention consisted of ten weekly training sessions of two hours duration. Participants were trained in groups of 10 with an exception in one group where there were 11 members.

Many interactive games were used for observation and documentation of each participant’s behavior. Behaviour certificate and contingency management were used to reinforce and maintain the behaviours. The behavior of the therapist included unconditional positive regard and empathy. Therapist also provided structure and limit of the group training through rules and agreements.

Results and Discussion

<table>
<thead>
<tr>
<th>Variables</th>
<th>Intervention</th>
<th>Mean</th>
<th>SD</th>
<th>t values</th>
<th>Sig. (2 tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional problems</td>
<td>Before</td>
<td>3.61</td>
<td>1.564</td>
<td>6.445</td>
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<td></td>
<td>After</td>
<td>2.45</td>
<td>1.121</td>
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<tr>
<td>Conduct problems</td>
<td>Before</td>
<td>3.52</td>
<td>1.503</td>
<td>7.045</td>
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<tr>
<td></td>
<td>After</td>
<td>2.19</td>
<td>1.078</td>
<td></td>
<td></td>
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<tr>
<td>Hyperactivity</td>
<td>Before</td>
<td>7.39</td>
<td>1.520</td>
<td>7.042</td>
<td>.000</td>
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<tr>
<td></td>
<td>After</td>
<td>5.71</td>
<td>1.532</td>
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The results indicate a significant decrease in emotional problems, conduct problems, hyperactivity, and peer problems in children with ADHD through social skills group training. An increase in pro-social behaviour is also noted as a significant result of the training. Parents reported significant improvement in overall behaviour in home setting and less complaints from class teacher. Parents rated improvement in emotional regulation by reporting exhibition of less anger, and saying sorry after the unpleasant events.

Studies have already shown that there is no measurable difference between the pro-social skills of children with ADHD as compared to children without this disorder. Therefore, it is very likely that children with ADHD already know the pro-social behaviors, but do not perform them when they should. Through the social skill training, children were taught about the meaning, necessity and consecutive positive feeling of pro-social behaviour. Group training allowed participants to watch other children’s behaviour of same age group. Improved real life interaction with peers generalized into different settings such as school, play ground, and home. Effect of getting reinforcement in group and appreciation from group members and therapist facilitated the generalization and maintenance of improved behaviours.

Impaired sustained attention and inability to wait and give appropriate responses are the main reasons for peer rejection. Attention enhancement worksheet on daily basis as home work and behavioural rehearsal helped to improve inattention, hyperactivity and impulsivity. Participants working together to solve personal problems or share information increased group cohesion, good peer relations and pro-social behaviour. Participant’s motivation gradually changed from extrinsic to intrinsic through the realization of subjective positive feeling, less complaints from others, and appreciations.

This study also supports the growing idea that ADHD must be treated through a multi-modal approach and that medicine alone cannot meet all the needs of students with the disorder.

**CONCLUSION**

Through social skills group training, a significant improvement was observed in emotional regulation, conduct problems, hyperactivity, peer problems and pro-social behaviour in children with ADHD. There was a qualitative report of improvement – less anger, friendlier, and helping mentality in participants – by parents.

**REFERENCES**

5. Whalen CK, Henker B. (1985) The social world of the