

## The Effectiveness of Social Skill Training on Hearing Impaired Students

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Article information	Abstract
<p>Article history: Received: 1 Jan 2013 Accepted: 16 Jan 2013 Available online: 9 Apr 2013 ZJRMS 2014 Sep; 16(9): 79-82</p> <p>Keywords: Hearing impaired Social skills Social phobia</p>	<p><b>Background:</b> The hearing impairment child is at risk the loneliness living and the lost of social discussion coequals partnership. The purpose of this research was to determine the effectiveness of social skills training on decreasing the social phobia of students with hearing impairment.</p> <p><b>Materials and Methods:</b> In this study, students with hearing impairment were randomly selected and the pre-test of SPIN was completed by them. Post-test for SPIN were administered immediately after intervention. To evaluate participant's performance after a period of one month from the end of the instruction, both groups were reassessed.</p> <p><b>Results:</b> Result of the follow-up scores show that after removing the effect of pre-test, there is statistically significant difference (<math>F=11.371, p&lt;0.001</math>) between the scores of both group in follow-up position.</p> <p><b>Conclusion:</b> Social skills training significantly decreased the social phobia in students with hearing impairment.</p>

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### Introduction

Social phobia is a prevalent and impairing disorder [1]. DSM-IV-TR describes social phobia as a persistent fear of certain social or performance situations, in which the person fears that they will act in a way (or show anxiety symptoms) that will be embarrassing or humiliating. A key suggestion in the Clark et al. [2] cognitive model of social phobia is that when feeling threatened in social situations, patients switch to processing the self as a social object, their attention turning to internal rather than external stimuli. Social phobia is reported in most of the cultures, epidemiological studies report the range of this problem in a general population 3-13% [3]. This prevalence rates makes it the most frequent anxiety disorder in the clinical and community population and the third most diagnosed psychological disorder, behind major depression and alcohol dependence [4]. The child with hearing impairment is at risk the loneliness living and the lost of social discussion coequals partnership. The long history of social avoidance in the individuals with hearing impairment will lead to social phobia in most of them. Reviewing studies in people with hearing impairment shows that the amount of problems related to social phobia in children and adults with hearing impairment compared to their hearing peers is more [5]. There is no doubt that hearing damage caused limitations in intellectual abilities, social interactions, and ultimately lead to limitations in the growth of social skills of them [6].

Connor et al. [7] believes that people with social phobia are lacking in the field of social skills. So, this study attends to consider the effect of social skills training on

the improvement of social phobia of students with hearing impairment.

### Materials and Methods

The method of this study is semi-experimental. Also study design is as pre-testing and post-testing with control group. The target population for this study was students with moderate hearing impairment, ages 8-18 years-old who was studying at exceptional schools of Arak city during the 2011-2012 academic year. Among them twenty-two students who received high scores on social phobia inventory (SPIN) as the sample were selected. All participants provided written informed consent for this study. To determine their IQ, Leiter International Performance scale was used. Participants were matched based on age and intelligence, then randomly assigned to an experimental and a control groups. The pre-test of SPIN was completed by them. The experimental group received social skills training two times a week and total sessions lasted in two months all training sessions were conducted by a researcher at the school. Post-test for SPIN was administered immediately after intervention. To evaluate participants (as the follow-up scores) performance after a period of one month from the end of the instruction, both groups were reassessed.

**-Social phobia inventory (SPIN):** The social phobia inventory (SPIN) was developed by Jonathan Davidson at Duke University. My study employed the SPIN to assess symptoms of social phobia. We choose the SPIN as it is a brief screening instrument that can be easily administered in students with hearing impairment. This 17-item self-report questionnaire is available in the public domain. Its

items evaluate the fear, avoidance and physiological distress components of social anxiety with severity of each symptom rated on a scale from 0 to 4 such that the total score ranges from 0 to 68. This questionnaire was confirmed first by Abdi in 2005 was achieved by Momeni by the method of Cronbach's Alpha of 0.88. The SPIN has demonstrated good reliability in screening for social phobia; a score of  $\geq 19$  has been found to distinguish between those with and without social anxiety disorder [8].

**Leiter International Performance Scale:** The Leiter International Performance scale was the brainchild of Russell Graydon Leiter who began work on his performance scale in March 1927. The first commercial publication of the Leiter International Performance scale appeared in 1940 and was used as an evaluation tool for a number of speech and language deficient groups because of its unique response format which is expressively nonverbal [9]. The Leiter International Performance scale, have been very useful in the intellectual assessment of a number of populations including deaf, mentally handicapped, autistic, speech and language impaired, non-English speaking, motor-involved, brain injured, and intellectually superior persons. It is considered highly correlated with traditional intelligence tests like the WISC-III Full scale IQ test [10]. This scale has been normalized and used by Maryam Valujerdi in the Special Education organization of Iran. (Considering that a researcher is specialized intelligence tester of the Special Education organization of this scale was used).

**Social Skills Training:** On the basis of past research and from a review of existing programs, a social skills training program was developed social skills training is predicated on the notion that social anxiety is the result of impoverished or underused social skills. Clients receive direct instruction in both verbal and nonverbal skills (for example, eye contact, tone and volume of speech, conversational skills, and assertiveness training Training sessions also focused on teaching skill modules. using brief didactic instruction, behavioral modeling, and role-playing in therapy, obtaining direct feedback from therapists, behavioral rehearsal, and assertiveness, paying and accepting compliments and implementing skills in the client's life. These methods have been used with success in previous social skills training groups [11].

Research generally suggests that social skills training is helpful for social phobia, although it is unclear whether social skills training is more helpful than placebo conditions. Social skills training may work by encouraging the use of underused social skills or by facilitating exposure to social situations through role-plays and real-life practices. Consistent with a deviation from a deficit model, Stravynski et al. [12] found preliminary support for a type of social skills training that focused on improving social conduct rather than "fixing" social skills deficits Their case series of 5 social phobia patients' yielded meaningful improvements in symptoms for 4 of 5 patients that were maintained at 2-year follow-up. The obtained results were analyzed by statistical

method of independent *t*-test and analysis of covariance (ANCOVA).

## Results

Homogeneity of variance studied groups according to age and intelligence were compared using *t*-test. According to table 1 using an independent *t*-test revealed that there is no statistically significant difference between the mean age and IQ in experimental and control groups. As it is understood by the table 2, there is no difference between the grades average of experimental and control groups in pre-test situation but the grades average of experimental group to compare with control group was reduced in post-test and follow-up situations. To investigate the hypothesis that using social skills training is effective on reduction of social phobia in hearing impaired students the covariance analysis method was used.

As it is seen in table 3, the effect of pre-test is significant ( $p < 0.001$ ) that is pre-test scores have affected post-test scores. For examining effect of group or intervention (social skills training) on dependant variable (social phobia), pre-test effect as covariate factor was removed. Results indicated that after removing covariate factor, group or intervention effect is statistically significant ( $p < 0.001$ ). Comparison of both group means shows decline post-test scores in experimental group than in control group. To evaluate participant's performance after a period of one month from the end of the instruction, both groups were reassessed. Analysis of covariance (ANCOVA) was used to analysis result of follow-up situations. Due to the result of the table 4, it is concluded that after removing the effect of pre-test, there is statistically significant difference ( $p < 0.001$ ) between the scores of both group in Follow-up position. It can be concluded that life skill training can have a positive impact on effective on reduction of social phobia in hearing impaired students.

**Table 1.** Comparing age and IQ of the experimental and control groups

	Group	N	Mean±SD	df	t-test	SIG	d
Age	Experimental	11	14.11±1.94	20	0.316	0.94	0.13
	Control	11	13.98±1.99				
IQ	Experimental	11	93.71±6.99	20	0.571	0.30	1.2
	Control	11	92.48±6.80				

**Table 2.** Mean±SD of the social phobia score experimental and control groups in different positions

	Group	Pre-test (Mean±SD)	Post-test (Mean±SD)	Follow-up (Mean±SD)
Social phobia	Experimental	52.78±4.05	24.11±3.52	21.82±3.94
	Control	51.66±3.99	49.98±3.29	50.35±4.36
	Total	52.02±4.45	37.04±3.39	36.11±4.09

**Table 3.** Results of covariance analysis of the pre and post-test scores of social phobia

	Ss	Df	Ms	f	p-Value
Pre-test	2952.409	1	2952.409	138.210	0.001
Post-test	237.059	1	237.059	11.371	0.001
Error	384.541	20	22.388		

**Table 4.** Results of covariance analysis the follow-up scores of social phobia

	Ss	Df	Ms	f	p-Value
Pre-test	1445.34	1	1445.34	420.870	0.001
Fallow-up	423.29	1	423.29	123.261	0.001
Errpr	61.80	20	3.88		

## Discussion

Results indicated that after removing covariate factor, group or intervention effect is statistically significant. Comparison of both group means shows decline post-test scores in experimental group than in control group. Result of the follow-up scores show that after removing the effect of pre-test, there is statistically significant difference between the scores of both group in follow-up position. The experimental group had better results in decreasing their social phobia than the control group. Social skills training significantly decreased the social phobia in students with hearing impairment. In recent years, there have been several advances in the psychological treatment of social phobia. Social phobia is characterized by an intense fear of embarrassment, humiliation, or scrutiny by others in social or performance situations. Some situations that persons with social phobia often fear include attending parties, meeting strangers, speaking at meetings, or interacting with authority figures. The number of situations feared by people with social phobia varies among individuals. This study aimed to investigate the effectiveness of social skills training on reduction of social phobia in hearing impaired students. The result of study at post-test and follow-up shows that social skills training is effective in reduction of social phobia in hearing impaired students. This result is consistent with results obtained from the other research in this area. In a research done by Hayward et al. [13] the partial effect of social skills training has been surveyed on the adult women who are having social anxiety. The results show that experimental group had 50% reduction in social anxiety scale in addition of 45% of adults who in experimental group had features of social anxiety disorder whereas this number has been 5% in control group. As a consequence of emphasis on the role of social skills in the reduction of social phobia, much emphasis has been given to social skills training as the treatment of choice, more often than not in combination with exposure from the

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very inception of behavioral therapy, there has been considerable emphasis on using social skills training to achieve a reduction of social phobia. Effectiveness of this approach has been demonstrated in individual and group formats in several populations of socially phobia adults. Recently, Beidel et al. [14] stated that it is very likely that persons with social phobia develop social skill deficits as a result of a long history of lack of socialization experiences. The positive results of several intervention strategies designed to address these skill deficits support their view. The effectiveness of the social skills training program had already been revealed in controlled studies with heterogeneous samples of patients with social phobia [15]. The results of this study are consistent with other research in field of improving the mental health, confirming the effectiveness of such interventions in reducing social phobia in individual with hearing impairment. These findings can be helpful for mental health practitioners, therapists and parents. Specifically, this training for many parents that fear the drug treatments to reduce problems in children is very promising. Finally we can understand that the social skills training will have good impact in reduction of social phobia in individual with hearing impairment.

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## Authors' Contributions

All authors had equal role in design, work, statistical analysis and manuscript writing.

## Conflict of Interest

The authors declare no conflict of interest.

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