

## The Development of a Social Skills Unit

Gabrielle M. Maxwell and Judith K. Pringle

University of Otago

A social skills unit has been established within the setting of the university, but with independent funding. The goals of the unit are to provide a referral service for individual social skills training programmes until they are available within the normal health, social welfare or educational services, to provide training for interested professionals, and to provide a research facility to investigate the components of socially skilled behaviour. The establishment of this unit may provide a paradigm for improving training, services, and research in the social skills area.

Traditionally there are in New Zealand no applied research institutions which develop and evaluate treatment programmes in the mental health setting. Applied professionals typically work under pressure which prevents them undertaking such work, and the universities do not have access to client populations which facilitate research in a Programme Development model (Gottman & Markham, 1978). Yet the development, modification and testing of new treatment programmes in New Zealand conditions is essential to improving and updating services.

It is in such a context that the Social Skills Unit in the Department of Psychology at Otago University has been established - on a limited budget with an uncertain life span and an ambitious programme. The goals of the unit are, (a) to provide a referral service for Social Skills Training until such programmes are available in the normal framework of the health, social welfare, and educational services; (b) to provide training for postgraduate students and practising psychologists and other professionals until such time as the techniques can be learnt under supervision in the field; (c) to investigate the background factors leading adults to be deficient in the social skills that most people seem to acquire incidentally during their earlier development; (d) to extend the normative data that has been collected on small samples of skilled adults meeting a stranger. It seems important to know the differences in appropriate behaviour that are a function of the degree of acquaintance. It also seems desirable to understand more about social interaction in adolescence and in marriage so that similar techniques could be developed for marital therapy and for developing preventive programmes in high schools; (e) to continue to assess and improve the procedures which are incorporated in the current programme.

---

Reprints may be obtained from G.M. Maxwell, Department of Psychology, University of Otago, Dunedin.

### Social Skills Training

Social skills training provides a new approach to helping people who have difficulties in their relations with others. There are two main approaches and rationales in the training programmes that have developed in the last few years. Most of the work in England has developed as a modification of the programme devised by Argyle, Trower and Bryant. The Oxford programme is best summarized in the recent book by Trower, Bryant and Argyle (1978). In the United States, programmes have been derived from a framework provided by Wolpe and Lazarus, among others, with the initial goals of providing training in assertion or reduction in anxiety in dating situations (McFall & Marston, 1970; Medlnick, 1973). More recently, a variety of group training programmes have emerged which blend Encounter or Gestalt Therapy techniques with procedures derived from the earlier social skills programmes, and other programmes are based on procedures such as modelling, covert rehearsal, self efficacy, which have been demonstrated to be effective in various therapeutic situations (Bandura, 1977; Bandura et al., 1975; Hersen, 1976; Hersen et al., 1973; Kazdin, 1976; Rachman, 1972).

The programmes usually have in common the use of video tape for feedback, role play and modelling techniques, instruction in the role of specified nonverbal behaviour in impression formation, the use of practice and reinforcement, a learning model interpretation of the problem and a breakdown of the goals into manageable units that allow the trainee to experience success. However, the rationales behind the programmes differ, as does the extent to which the programmes focus on behaviour rather than feelings; whether they are group or individual programmes; the specificity in the attention to nonverbal behaviour; the amount of control given to the trainee in making decisions; the goals considered desirable; and the flexibility and variety of training procedures.

The programme at Otago was initially developed in 1974 from the literature on nonverbal behaviour and social interaction, from the literature on treatment effectiveness and on the basis of discussions with people who had had contact with the Oxford programme. It is an individual training programme rather than a group programme. The goal of the training is to assist people in changing their own behaviour with others in order to achieve more satisfying social relationships. A strong emphasis is given to spontaneous, friendly, responsive behaviour rather than acquiring skills in manipulating other people.

The initial assessment procedure consists of an interview and a session during which the client interacts with a stranger while being observed. The assessment is designed to establish whether the person feels they have a social skills problem, is motivated to undertake the training programme and displays behavioural deficits during the laboratory interaction. Once accepted into the programme, the client is given feedback, by comments and by replay of video records, on the social behaviour displayed in the laboratory. They are instructed in alternative behaviour which they practice in the laboratory and are given further feedback. Homework exercises are assigned which are designed, (a) to correct specific problems such as blankness of facial expression, slow speech rate etc., and (b) to encourage practice and generalization of the skills acquired in the laboratory. It is assumed that those making referrals to the unit will arrange appropriate treatment for any other problems which may also be present.

The training programme normally consists of six weekly sessions of 1½ - 2 hours, after which a reassessment is made and extra sessions and follow-up are arranged as necessary.

Training takes place in a specially modified pair of rooms and requires equipment such as videotape recorder and camera which is not normally part of a clinical setting. Details of the actual laboratory at Otago can be obtained from the authors. We have found that the success of social skills training depends on both the characteristics of the setting and the effective use of video.

During 1975-76 an evaluation experiment was conducted on the programme under the auspices of the Medical Research Council. The experiment involved comparison of two versions of the individual training programme with a modified Gestalt group training and a no-treatment control. The results suggest that the individual programme is effective in changing behaviour and improving the clients estimates of their skills in

handling social situations (Maxwell, Note 1, Note 2) and more powerful than the group procedure.

#### The Establishment of the Unit

Since 1976 attempts have been made to establish a unit with the service, training and research goals outlined in the introduction. Such a task has been difficult as potential sources of funding usually assist either service programmes, training programmes or research programmes.

This year the Unit has opened with the appointment of a psychologist who will run the Unit on a half-time basis and who will be a half-time research student. The Unit will take up to 50 cases per year. Professionals wishing to receive training in social skills techniques can either be seconded to the Unit on a full-time basis for three months, or work on a part-time basis in the Unit for a longer period. Up to six training placements are envisaged for 1979.

In addition to the service, training and research goals indicated earlier, the Unit runs various group courses which fall into three main categories: (a) personnel training for health professionals; (b) personnel training for managers; and (c) short group courses in social skills. To date, courses have been run for senior management students, for managers, for management staff, for psychologists through University Extension (a one-week workshop course), in the Community Studies Certificate Course, and for school leavers on handling employment interviews. However, the goals of the Unit are primarily to provide a service, training and research base for the individual social skills programme. Furthermore, no evidence is currently available on the effectiveness of short group courses for personnel training purposes or for improving social skills.

The consequences of a commitment to group courses are that (a) information on what can be offered will need to be assembled; (b) standard procedures, notes, demonstration videotapes and role-plays will need to be prepared; (c) evaluation techniques for effectiveness will have to be devised and tested.

#### Conclusion

This note reports on the setting up of a multi-purpose research, training and service unit in a university setting. If such a venture is successful, perhaps a paradigm for improving clinical training, services and research may develop which could be recognized as an appropriate model for future development. The needs of New Zealand in mental health are all great. The resources and prospects seem few but the possibility of new paradigms deserves exploration.

## Reference Notes

1. Maxwell, G.M. An experimental evaluation of social skills training. Paper presented to Annual Conference of the N.Z. Psychological Society at Waikato University, August, 1976.
2. Maxwell, G.M. An experimental evaluation of social skills training. Paper submitted for publication.

## References

- Bandura, A. Issues in treatment: self efficacy. *Psychological Review*, 1977, 84, 191-215.
- Bandura, M., Jeffery, R. W., & Gajdos, E. Generalizing change through participant modelling with self-directed mastery. *Behavioural Assessment and Therapy*, 1975, 13, 141-152.
- Gottman, J., & Markham, H. J. Experimental designs in psychotherapy research. In S. C. Garfield & A. E. Bergin (Eds.), *Handbook of psychotherapy and behaviour change*. New York: Wiley, 1978.
- Hersen, M. Historical perspectives in behavioural assessment. In M. Hersen & A. S. Bellack (Eds.) *Behavioural assessment: a practical handbook*. New York: Pergamon, 1976.
- Hersen, M., Eisler, R. M., Miller, P. M., Johnson, M. B. & Pinkston, S. G. Effects of practice, instructions, and modelling on components of assertive behaviour. *Behaviour Research and Therapy*, 1973, 7, 443-451.
- Kazdin, A. E. Effects of covert modelling, multiple models and model reinforcement on assertion rating. *Behaviour Research and Therapy*, 1976, 7, 211-227.
- McFall, R. M., & Marston, A. R. An experimental investigation of behaviour rehearsal in assertive training. *Journal of Abnormal Psychology*, 1970, 76, 295-303.
- Melnick, J. A comparison of replication techniques in modification of minimal dating behaviour. *Journal of Abnormal Psychology*, 1973, 81, 51-59.
- Rachman, S. Clinical application of observational learning, imitation and modelling. *Behavioural Therapy*, 1972, 3, 379-397.
- Trower, P., Bryant, B., & Argyle, M. *Social skills and mental health*. London: Methuen, 1978.