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Original Research

The Effect Of Training Based On Friends Model On The Social Skills Of School-Age Children (6-10 Years Old)

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Abstract:

Background:

Childhood is one of the most prominent periods in human life. Attention to this period is so great that psychologists, experts and researchers in the field of education have considered it as the most prominent stage in the development of human personality. One of the most important achievements of childhood is the acquisition of social skills. It is essential that children initiate and maintain desirable social interactions with peers, families, teachers, and individuals within their community.

Materials and Methods: In this experimental study, 60 children aged 6 to 10 years were randomly selected from the schools of Aliabad Kotoul in 2019. The samples were divided into intervention and control groups by simple random method. Group training was held for the intervention group and control group received no intervention. Before and one month after the intervention, the participants were asked to complete the questionnaires, which included demographic questionnaire and Matson's social skills questionnaire. Then, the collected data were analyzed by SPSS-25 statistical software at a significance level of 0.05.

Results: In the intervention group, the mean score of social skills before the intervention was 20.205+46.84 and after the intervention was 215.15 +15.36, and paired t-test did not show a significant difference in this regard (P<0.01). Also, independent t-test did not show a significant difference between the intervention and control groups in terms of the mean score of social skills before the intervention (P=0.78). Independent t-test showed a significant difference between the intervention and control groups after the intervention in terms of the dimensions of social behavior (P=0.03), authoritarianism (P=0.04) and relationship with peers (P=0.009), but did not show a significant difference (P=0.1) between them in terms of the overall dimension. ANOVA test also showed a significant difference (P<0.01) in this regard, so that 26% of post-test changes could most likely be attributed to the independent variable (Friends training).

Conclusion: By increasing the social skills of parents and school-age children, children's ability to communicate with others, especially peers, improves. It also increases the child's

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interest in friends and group games. Therefore, managers and officials of children education can use this educational program to promote proper social behavior in children and increase children's skills in socialization.

Keywords: Friends Education Program, Social Skills, School Age Children.

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Introduction

Childhood plays a sensitive and valuable role in human life (1). Therefore, attention to physical, emotional, psychological and behavioral development has always been emphasized by thinkers and researchers, so that in the last 25 years, behavioral, social and emotional problems of children have been conceded as one of the major issues in psychiatry and psychology (2). One's personality is formed in the elementary school, so providing effective training in this period is very important for the children's later development. Children need to participate in more social activities and being in the primary school environment allows them to communicate with other peers and gradually acquire the necessary social skills (3). Although the ability and desire for social interaction affects almost every aspect of a person's life, it is especially important during the school years, when children spend a lot of time with peers (4). Also, human development, especially in the early years of life, is impossible or very poor without social interactions. If a person's social experiences do not evolve, it not only impairs a person's ability to relate to social behaviors, but also leads to mental and physical retardation (5). Social neglect, if continued for a long time, will lead to irreparable damage to health (6). Denise and Ersoy (2016) in their study stated that having social skills improves a person's development. In their view, social skills are defined as learned behaviors that are socially acceptable and enable communication with others. These skills increase the quality of life in people and help them achieve their goals (7).

Friends program is one of the most effective preventive and therapeutic methods in the last one or two decades, an the World Health Organization believes it improves children's skills, as supported by sufficient evidence (8). The main basis of Friends program is the Koala Countermeasures Program, which was introduced in 1996 by Bart and colleagues (9). Professor Bart has prepared this program in four versions for pre-school, elementary school (7-12), adolescent (12-15) and adult (16+) age groups. Friends program can be used in medical centers and schools, but in fact, it is designed for use in schools (10). The skills taught in the Friends program focus on the physiological, cognitive, and learning processes that lead to adaptation and anxiety management. In the cognitive skills section, children and adolescents learn how thoughts affect emotions and what they should do about it (11). In the study of Paul Stalard et al (2014), the advantages of Friends program included understanding and recognizing emotions in oneself and others, empowerment in the face of challenges, learning ways to create inner peace, recognizing useful and useless thoughts, creating support teams, and solving problems and conflicts (12).

Accordingly, the purpose of this study is to determine the effect of Friends program on social skills of school-age children at Aliabad Kotoul, in order to diagnose children's problems in and increase the social skills of school-age children and their parents.

Method

This is a classic experimental study with two intervention and control groups that was conducted on school-age children in Aliabad Kotoul in 2019, with the participation of their parents. The sample size of this study was calculated to be 60 people based on G* Power statistical software and the study of Mohsen Shokouhi Yekta et al. (2014) with an effect size of 0.65 and test power of 0.80 at the significance level of 0.05 (13). By simple random sampling method, two groups of intervention and control (n=30 each) were selected from eligible samples in Aliabad Kotoul, Golestan province. Inclusion criteria

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were; studying at primary school of Aliabad Kotoul, having no physical problems, being in a good mental health, and willing to participate in the study. Exclusion criteria include;

Table 1: Description of training sessions

Session	Duration	Education stages	Education content
1	90 minutes	Introducing the participants and the program 2. Introducing emotions	- A brief description of the Friends program; Parents are introduced to each other. - Parents talk about their child's physical symptoms when communicating with others and the ideas that their children use when solving problems. Parents practice deep breathing and muscle relaxation. - Parents talk about activities that their children feel good about doing. Parents talk about the solutions their children use to problems and when communicating.
2	90 minutes	The relationship between thoughts and feelings 4. How to feel good and relaxed	- Parents talk separately about their thoughts and feelings about the situations in which their children find themselves. Parents ask questions they need to help their children. - Talk to parents about their role in helping their children develop. - Children do practical activities and designed problems (problems designed with blocks and designed on paper). Parents are then divided into small groups and, in consultation with each other, begin to design programs to enhance their children's skills.
3	90 minutes	.Development of positive thoughts 6. Challenge with negative and useless thoughts	- Parents are divided into small groups and talk about the rewards they give to their children. Talk about the role of parents in rewarding and punishing their children. Parents are encouraged to look closely at their children's behaviors and categorize them. In divided groups, parents talk about behaviors that they think are wrong with their children.
4	90 minutes	Do not forget to practice 8. Summarizing what has been learned and facing potential problems	Parents are asked to write a list of things they would like to do about themselves. -Parents talk about ideas they have learned to spend time with their children and will do from now on. Parents talk about how to be united and behave in harmony with their children. Parents talk about their perception of their children's future. - Parents talk about the achievements and programs they learned from the training sessions.

irregular participation in the training sessions, relocation of children, and unwillingness to continue with the study. To carry out the study, after approving the project and receiving the code of ethics, the researcher attended the Educational Organization of Aliabad Kotoul

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and obtained the necessary permission for sampling. The researcher then attended the selected schools and explained the objectives and methods of study to potential children and their parents. A written consent was obtained from those who agreed to participant in the study. The participants were also informed about the voluntary nature of participants, the principles of confidentiality, and the possibility of withdrawal from the study at any time. Parents were randomly assigned to the intervention and control groups. Data collection tools included a demographic information questionnaire (child's age, child's gender, child's ranking, number of children, parents' education, parents' occupation, economic status) and Matson's social skills questionnaire.

Table 2: Comparison of intervention and control groups in terms of demographic characteristics

Group Demographic variable		Intervention Frequency (%)	Control Frequency (%)	P-Value
Child's age (years)		8 ± 1.42	7.96 ± 1.47	P=0.93
Child's gender	Female	15 (50)	15 (50)	P=1
	Male	15 (50)	15 (50)	
Child's birth ranking		2.1 ± 1.36	2.2 ± 1.18	P=0.83
Number of children		1.86 ± 0.43	1.92 ± 0.25	P=0.47
Mother's occupation	Employed	8 (27)	8 (27)	P=0.88
	Housewife	20 (67)	21 (70)	
	Self-employed	2 (6)	1 (3)	
Father's occupation	Office worker	6 (20)	5 (15)	P=0.19
	Self-employed	22 (73)	18 (64)	
	Laborer	1 (3)	5 (15)	
	Unemployed	1 (3)	2 (6)	
Father's education	Under diploma	4 (14)	3 (10)	P=0.5
	High school diploma	13 (43)	15 (50)	
	Bachelor's degree	13 (23)	8 (34)	
	Master's degree	0	4 (14)	
Mother's education	Under diploma	1 (3)	3 (10)	P=0.7
	High school diploma	21 (71)	18 (43)	
	Bachelor's degree	6 (20)	8 (34)	
	Master's degree	1 (3)	1 (3)	
Family income (Tooman)	Below 1 million	0	7 (23)	P=0.06
	1-2 millions	7 (23)	11 (37)	
	Above 3 millions	23 (77)	17 (40)	

Table 3: Comparison of social skills' scores in the intervention and control groups before and after the study

Time	Before intervention	After intervention	P-Value

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Group			
Control	207.03 ± 33.8	207.1 ± 15.36	P= 0.71
Intervention	205.46 ± 15.84	215.9 ± 15.36	P=0.001
P-Value	P=0.78	P=0.1	

Table 4: The effect of Friends training on the students' social skills

Source of variance	Total squares	Degree of freedom	Mean of squares	F-value	Significant level	Eta
Modified model	19066.67	2	9533.23	140.53	0.01 >p	0.82
Post-test separator	18033.62	2	18033.32	965.84	0.01 >p	0.82
Group	1366.19	1	1366.19	20.14	0.01 >p	0.26
Error	3866.57	57	67.82			
Sum	2713217	69				
Total	22922.15	59				

The demographic information questionnaire and the Matson's social skills questionnaire were provided to both groups and completed by the parents. The parents in the intervention group were further divided into groups of 10-12 people to better receive the training. The executive minutes of the training sessions were approved by a pediatric psychologist. The educational content of the training was approved by ten school principals with 10 years of work experience, as well as the tutor. In the intervention group, parents received the training in 4 sessions of 90 minutes over eight weeks. Educational aids such as whiteboard, pamphlet, Q&A sessions, group discussion, and use of booklet were used for the training. The description of training sessions is shown in Table 1.

The face and content validity of the demographic information questionnaire was confirmed by ten nursing faculty members of Islamic Azad University. The content validity of Matson's questionnaire has been confirmed by Rezaei et al. (2017) study (14). The reliability of Matson's questionnaire has also been confirmed by Jafari Zadeh and Hojjati in 2016 with Cronbach's alpha coefficient of 0.79 (15). Matson's social skills questionnaire was completed by the intervention and control group before and one month after the intervention. The collected data were analyzed by SPSS software version 25, using descriptive statistics such as independent t-test and analysis of covariance (ANOVA) at a confidence level of 0.05.

Results

Independent t-test did not show a significant difference between the intervention and control groups in terms of the child's age (P=0.93), number of children (P=0.47), and child's birth ranking (P= 0.83). Chi-square test did not show a significant difference between the two groups in terms of gender (P=1). Fisher exact test did not show a significant difference between the two groups in terms of mother's occupation (P=0.88), father's occupation (P=0.19), mother's education (P=0.7), father's education (P=0.5) and family income (P=0.06), (Table 2).

The mean score of social skills in the control group was 207.33± 33.8 before the intervention and 207.01±15.36 after the intervention, however paired t-test did not show a significant

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difference in this regard (P=0.71). The mean score of social skills in the intervention was 205.46 ± 15.84 before intervention and 215.9 ± 15.36 after the intervention, and paired t-test did not show a significant difference in this regard (P<0.01).

Also, independent t-test did not show a significant difference between the intervention and control groups before the intervention (P=0.78), but it showed a significant difference between the two groups after the intervention in the dimensions of social behavior (P=0.03), authoritarianism (P=0.04) and relationship with peers (P=0.009). However in the general dimension, independent t-test did not show a significant difference between the two groups (P=0.1), (Table 3). ANCOVA test showed a significant difference (P<0.01) between the two groups, so that 26% of post-test changes could most likely be attributed to the independent variable (Friends training), (Table4).

Discussion

The aim of this study was to investigate the effect of Friends program training on the social skills of school-age children in Aliabad Kotoul schools. Findings of this study showed that Friends education increased the awareness of parents and school-age children in the field of social skills and communication with peers. It also increased the child's interest in attending school and group games. In fact, it was observed that the Persian version of Friends training increased the social skills of children. The effect of Friends training in the post-test stage was 26%, which in line with the results of Rudgers et al. (2015) study that showed Friends program reduced behavioral problems and improved social skills in children even after 4 months. Friends program is the best help for children in managing mental and psychological stress as well as improving skills for present and future life (16). The study of Mallend van Darre Maine et al. (2020) showed that behavioral skills such as social skills, overall self-confidence, problem solving, resilience, self-expression, and building positive relationships with peers and adults are improved by this program (17).

According to Kylie Rollison et al. (2015), since people can learn many social skills through Friends training method, implementing Friends program can provide a continuous learning process with a high retention rate in school-age children (18).). In addition, Heidari et al. (2016) believe that Friends program reduces anxiety, depression and behavioral problems and also increases self-esteem and social skills in children, the effect of which remains even after 6 years (19).

According to the definition of World Health Organization, health has physical, mental and social dimensions. The social dimension of health refers to the communication between people, enjoying the company of friends, and having support networks (20). Social skills not only enable the initiation and continuation of positive and mutual relationships with others, but also enable the person to achieve communication goals (21). Social development requires social skills. This issue plays an important role in increasing the concept of “oneself” in children (22). Barry and O'Connor (2010) found that social skills are evolving in the early years, and younger children have a better quality of social relationships than older children (23). The results of present study showed that teaching Friends program had an effect on children's social skills and made a significant difference in this regard.

The results of Onurah (2020) study showed that digital storytelling in primary school children has improved children's skills, which is consistent with the present study (24). Also, the study of Pakdegan (2016), in line with the present study showed that children, while showing they have already acquired social

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skill, acquire new social skills with the development of social circles (25). The study of Rezaei and Rasouli (2020) showed that play therapy in general is effective in learning, responsibility taking, developing social skills, expressing feelings and accepting own self and others among children with learning difficulties (26). The study of Karim Zandi et al. (2019) showed that teaching theory of mind to students with special learning disabilities and reading impairment improves their social skills and reduces their behavioral problems. As a result, strengthening the theory of mind, which is particularly important in giving meaning to social behaviors, should be considered by educators and education specialists as an effective intervention in educational programs (27).

Also, the inconsistent findings of Moustert et al. (2008) study showed that intra-group or intergroup implementation of Friends program did not make a significant reduction in the anxiety symptoms of the sample, which can be due to very low economic and social status of children in South Africa. But in the follow-up at 4 and 6 months, it had a significant effect (28).

Childhood education plays an important role in increasing creativity, reducing anxiety and learning life skills (29, 30). Therefore, using problem-solving methods plays a significant role in increasing life skills and resilience, and also reducing anxiety (31).

A study by Bart et al. (2006) showed that the Friends program, which is based on a cognitive-behavioral and family-based approach, increases the emotional resilience of children and adolescents (32). In Iran, the study of Basaknejad and colleagues showed a significant reduction in anxiety levels of the samples.

One of the limitations of this research was the short duration of training, because for more and better effects, long and even annual training is needed. It is suggested that by including the Friends program in the school curriculum, we can increase the educational and social skills of students. The use of this program is also suggested in other provinces and cities to review its results and adapt it to Iranian culture.

Conclusion

The results of this study showed the effectiveness of Friends program training on social skills of school-age children. Since education is a useful way to increase children's awareness and knowledge, the use of this program can also increase children's skills and help them to know themselves better. It also strengthens their positive thoughts and gives them tools to challenge negative thoughts and reach a harmony. In this study, we also observed attachment and empathy between parents and their children at the end of the training sessions.

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Conflict of interest

Authors have no conflict of interest to report.

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