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Social-skill training to improve social-skills of student with hearing impairment

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ABSTRACT

This study aims to describe the implementation of social skills training to improve social skills of students with hearing impairment. Subject in this study was a female student with hearing impairment who showed deficits in several aspects of social skills which caused her to experience difficulties in establishing social relationships. the intervention was carried out through the SST method which focused on developing three components of social skills, namely 1) creating positive interactions, (2) making friendship, and (3) recognizing one's emotions and ways to manage negative ones. 30 items of SSQ are used to measured social skills score before and after the intervention. Furthermore, observations were also used to described behavioral targets related to social skills that had been achieved through social skills training. The results of this study found that there was an increase in SSQ scores before and after the intervention was carried out, as well as changes in behavioral targets related to the aspects of social skills. The results of this study have implications for the implementation of guidance and counseling services in schools, especially in providing interventions for students with special needs.



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Introduction

Guidance and counseling services in schools are an effort to help students achieve optimal development in personal, learning, social, and career aspects. Therefore, guidance and counseling services should be able to reach all students with various characteristics, including students with special needs and gifted students (Hadi & Laras, 2021; Sahara et al., 2021; Sari & Yendi, 2018).

Students with hearing loss or hearing impairment are one of the cases of students with special needs that often found in schools. Hearing loss not only causes physical malfunctions, but also prone to affect mental and emotional health of children and adolescents. Several studies have reported relationship between hearing loss and mental health disorders, including an increased risk of suffering from depression that can lead to suicidal ideation due to limited ability to establish social relationships with others (Berry, 2017; Shin & Hwang, 2017; Stevenson et al., 2015).

Hearing loss tends to put students at risk of experiencing various problems because hearing is one of the essential skills needed in learning and interacting (Berk, 2015; Collins & Steinberg, 2006). In adolescence, this risk tends to expand to the emergence of various emotional and behavioral problems, as well as influencing the emergence of difficulties in communicating and establishing social relationships (Most et al., 2012; Stevenson et

al., 2015). In fact, the ability to establish social relationships with peers helps adolescents (students) to develop social skills and competencies, and develop more positive emotions or behaviors.

Social skills are the ability to apply behavior in social interaction according to the context and social situation, which includes verbal skills (the ability to start, maintain and close conversations), non-verbal skills (make eye contact, look at the other person), as well as help and cooperative behavior (willing to share and take turns with other) (Rose, 1983; Spence, 2003). In children with hearing loss, research by Hoffman et al., (2014) reported that hearing difficulties experienced by children and adolescents had a negative impact on the development of their social skills. In line with the results of a study by Laugen et al., (2017) who found that children with hearing loss tend to show low social skills.

Therefore, the interventions that aim to develop social skills in students with hearing loss are urgently needed. Social skill training (SST) is an intervention to improve social skills in children and adolescents that was first developed by Wolfe and Lazarus in term assertion-training (Eisler & Frederiksen, 1980), which later had a major influence on the development of SST. LeCroy (2008) developed SST which aims to dealing with emotional and behavioral problems and improve social skills for children and adolescents who experience difficulties in establishing social relationships by using the principles of social learning (social learning theory) (LeCroy, 2015). This study aims to describe the use of SST to improve social skills in students with hearing impairment.

Method

Subject

The subject of the intervention was a female student (initials R), aged 13, who is currently in class VII of junior high school. R has unilateral hearing loss (only in the right ear). The results of observations found that R experienced difficulties in interacting and establishing social relationships with her peers. R also reported several times had been bullied by her classmates because she could not interact properly. R showed deficits in several aspects of social skills, including almost never greeting and taking the initiative to start conversations with her friends and tended to wait until a friend invited her to talk or interact. R also has difficulty in demonstrating non-verbal communication, which can be seen in her facial expressions and her intonation tends to be flat. The results of interviews with teachers and classmates found that even though there were several students in her class who tried to invite R to do activities together, R still had difficulty building closer relationships with her friends.

Intervention Procedures

The intervention was carried out through the social skill training (SST) method which was adapted from the SST model developed by LeCroy (2008). Based on the identification of the social skills deficit experienced by R, the intervention was only carried out on three components of social skills namely (1) creating positive interactions, (2) making friendship, and (3) recognizing one's emotions and ways to manage negative ones. The intervention procedures and targeting behaviors are presented in the following table.

Table 1 <Design of Interventions and Accomplishment Criteria>

Social-skills component	Session	Targeting behaviors	Method/intervention techniques
<i>Creating positive interaction</i>	1	Capable to apply skills in giving compliments to others, with appropriate non-verbal skills	1. Modeling 2. Role-play 3. Homework
		Capable to apply skills in receiving compliments from others with appropriate non-verbal skills	1. Modeling 2. Assertive training 3. Homework
<i>Making friendship</i>	2-3	Capable to apply skills in starting, maintaining, and closing conversations with appropriate non-verbal skills	1. Modeling 2. Role-play 3. Homework
<i>Recognizing one's emotions and ways to manage negative ones</i>	4	Capable to identify 10 types of emotions and situations that cause those emotions to arise	1. Modeling 2. Role-play 3. Homework
	5	Capable to identify facial expressions and body language from the four basic human feelings, namely sadness, fear, anger, and joy	1. Modeling 2. Role-play 3. Homework
	6	Capable to identify the differences in negative emotions and how to manage them.	1. Modeling 2. Role-play 3. Breathing techniques

The intervention was designed in six sessions with approximately 60 minutes in each session. Before the intervention, a measurement (pretest) and after the measurement (posttest) will be carried out to determine the effect of the intervention on the social skills of the subjects.

Instruments

To determine changes in the subject's social skills before and after participating in the intervention, the instrument used was the social skill questionnaire (SSQ) consisting of 30 items that measure three factors of social skills namely conflict resolution/avoidance, warmth and empathy, and social involvement (Spence, 1995). Observation and interview guidelines were also used to obtain descriptive data before and after the intervention was carried out.

Data Analysis

Data analysis was carried out by comparing the SSQ scores before and after the intervention was carried out to find out whether there was an increase in R's social skills. The measurement results will be presented visually via graphs. Meanwhile, observation and interviews results will be analyzed descriptively qualitatively.

Results and Discussions

Results and Discussion

The results of the implementation of the social skills training intervention are described based on the behavioral targets that were successfully achieved and the measurement of the social skills score through an assessment with the SSQ. The behavioral targets that have been achieved are obtained through direct observation by the counselor during the intervention. There are three components of social skills that are the targets of the intervention, namely (1) creating positive interaction, (2) making friendship, and (3) recognizing one's emotions and ways to manage negative ones, with each target behavior both verbal and non-verbal which will be achieved. The results of the behavioral targets that have been achieved in each component are summarized in the following table.

Table 2 <Comparison of Social-Skills Components Before and After Intervention>

Social-skill components	Targeted behavior	before intervention	after intervention
<i>creating positive interaction</i>	Give compliments	Verbal: Unable to verbally expressing compliments	Verbal: Able to expressing compliments with more varied words, such as "beautiful", "amazing", and "exciting"
		Non-verbal: Flat facial expression and shows doubt	Non-verbal: Shows more varied facial expressions, such as smiling and nodding her head.
	Receive compliments	Verbal: Only says "thank you" when someone else compliments her.	Verbal: Saying more varied sentences in response to compliments that other people given, such as "thank you for the compliment, I feel happy to receive it".
		Non-verbal: Nod and don't make eye contact with the person giving the compliment.	Non-verbal: Show facial expressions such as smiling, and make eye contact with the person who giving her compliment.

Social-skill components	Targeted behavior	before intervention	after intervention
<i>Making friendship</i>	Starting conversation	Verbal: Haven't been able to convey the right sentences to start a conversation with other people, and tend to only invite other people to play with them Non-verbal: Shows a flat facial expression when starting a conversation and still looks unsure	Verbal: Take a few seconds before starting a conversation with someone else Non-verbal: Smile before and after starting a conversation, but don't make eye contact with the other person
	Maintaining conversation	Verbal: Responding to short questions, such as "yes" and "no", sometimes choosing not to answer closed questions Non-verbal: Shows a flat facial expression when responding to the other person	Verbal: Responding to other people's questions with longer answers, and even occasionally asking back to the other person Non-verbal: Shows some small expressions such as nodding and shaking head
	Close the conversation	Verbal: Say nothing to end of the conversation Non-verbal: Does not show a specific facial expressions or gestures	Verbal: Saying certain sentences to end a conversation such as "I've been picked up by my mother, I'll go first okay" Non-verbal: Waving to the other person when leaving.
	Identify 10 types of emotions and situations that cause those emotions to arise	Able to identify the 4 types of emotions, namely anger, joy, sadness, and fear, but only know situations that cause emotions of anger and joy	Able to identify the 8 types of emotions, namely anger, joy, sadness, fear, pride, shame, boredom, surprise, and hate, and able to identify the examples of situations that cause these emotions to be felt
<i>Recognizing one's emotions and ways to manage negative ones</i>	Identify the facial expressions and body language of the four basic human feelings	Able to identify happy, sad, and angry facial expressions, but not yet able to identify certain body language that shows these feelings	Able to identify happy, sad, angry, and fearful facial expressions, able to identify body language that shows feelings of joy and sadness, but still has difficulty identifying body language that shows feelings of anger and fear.
	Identify the different negative emotions and how to manage them	Knowing the difference between sad and angry, but not being able to express it well	Know the difference between sad and angry, able to manage and express these emotions in an assertive way

In the creating positive interaction component, there are two behavioral targets that must be achieved, namely (1) being able to apply skills in giving compliment to others and (2) being able to apply skills in receiving compliment from others. Based on the observations during the session, R had succeeded in mastering the skills to create positive interactions, which was demonstrated by his success in giving a more varied compliment, and being able to receive compliment from others. In the making friendship component, there are three behavioral targets that must be achieved, namely (1) being able to start a conversation, (2) being able to maintain a conversation, and (3) being able to close a conversation. After the intervention, R seemed to still have difficulty showing appropriate non-verbal skills, such as still avoiding eye contact when starting a conversation. Significant changes can be observed in R's ability to maintain a conversation, such as being able to respond to questions

with longer answers and not limited to "yes" or "no". In addition, on the ability to end conversations, R has been able to show changes in attitude as shown through non-verbal skills, such as waving hand when ending conversations/meetings with other people.

In the component of recognizing one's emotions and ways to manage negative ones, after participating in the intervention R is able to identify 10 types of emotions and know what situations can cause these emotions. R was also able to identify facial expressions that show the four basic human feelings, namely happy, sad, angry and afraid, and know body language that shows feelings of joy and sadness, but still has difficulty identifying body language that shows feelings of fear and anger. In addition, R has also succeeded in identifying the differences in negative emotions, such as the difference between anger and sadness, and how to express these emotions in a more adaptive way. In this session, counselors also train R to perform simple breathing techniques through which can be used when experiencing negative emotions.

Furthermore, the results of the intervention were also measured by comparing the SSQ score before and after the intervention was carried out. The SSQ instrument is filled out by the homeroom teacher by observing changes in R's attitude related to the components of social skills. The comparison of SSQ scores between before and after the intervention is presented in the following graph.

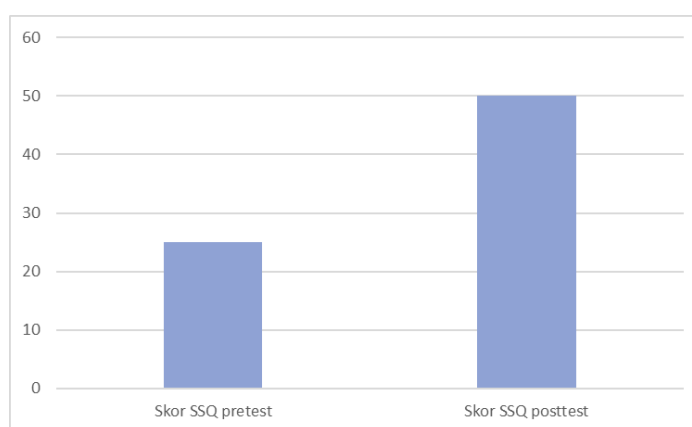


Figure 1 <Comparison of SSQ Scores Before and After Intervention>

Based on the measurement results using the SSQ instrument, it was found that there was an increase in R's social skills score before the intervention and after the intervention by almost 50%. Furthermore, changes in the components of social skills were also revealed through interviews and observations. Interviews with the homeroom teacher for class R revealed that of the three components of social skills that were the target of the intervention, the skills for making friendships were the component with the most visible changes. R's homeroom teacher stated that before participating in the intervention, R had never had the initiative to start a conversation first with his peers, even when he was already in a conversation, R tended to avoid and chose to leave the group. After participating in the intervention, during recess R started joining his friends to go to the cafeteria, and often it was R who took the initiative to invite her friends to buy food together. Based on the results of observations in daily activities in class, during group discussions in the classroom, R began to be able to express opinions and respond to questions from her friends. R is also able to speak with a more appropriate tone of voice, as well as showing facial expressions and body gestures according to the situation he is facing. Meanwhile, the component of social skills that still needs improvement is the ability to manage negative emotions, because on several occasions R still has difficulty expressing or conveying the negative emotions she is experiencing in an adaptive way.

The results of this study found that during the six intervention sessions, there had been changes in the three components of social skills as measured by the achievement of behavioral targets by the intervention subjects. improvement was also measured in the comparison of SSQ scores before and after the intervention was carried out. The findings in this study are in line with study by Isdiana et al., (2019) who found that SST can be used as an intervention strategy in shaping the characteristics and associations of students with hearing loss. SST interventions are also recommended to develop social skills and reduce social anxiety in deaf children (Pinilih et al., 2013).

Developing social skills in students with hearing loss is recommended to help students so they don't experience problems socializing with their peers (Agustin, 2019). This in line with the goal of inclusive education which aims to facilitate students with special needs in order to achieve optimal academic and social-emotional development (Adibsereshki et al., 2015). Therefore, schools as one of the educational institutions must always

pay attention so that every student does not only have good cognitive abilities, but also has adaptive social-emotional abilities.

Conclusions

Social-skill training is one of the interventions that can be carried out by school counselors to help students with special needs develop their social skills. By having good social skills, students are expected to be able to establish cooperative relationships with their peers, so that it can affect the improvement of their psychological well-being. The results of this study recommend the use of SST interventions in order to improve social skills in students with hearing loss. The results of this study have implications for efforts to provide guidance and counseling in schools, especially for students with hearing loss.

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