The Effectiveness of Social Skills Training on Aggression and Impulsive among Kindergartens Children

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Abstract

Background
Social interaction is an inevitable technique and resource of children's mental development, and children learn how to interact with others. The purpose of this study was to determine the effectiveness of social skills training on aggression among preschool children in the kindergarten of Tehran, Iran.

Materials and Methods
The study was a quasi-experimental design with a pre-test and post-test were selected by simple random sampling to compare a group of experiments (n= 7) with control (n = 7) groups. In this study, the statistical population in Tehran kindergartens in 2017-18 consisted of all children aged 4 to 6 years. The intervention was conducted 10 sessions in 60-minute after pre-test and then the results were evaluated in two stages of pre-test and post-test by Matson's Social Skills Questionnaire and finally, after one month of intervention, the data were collected. Data were analyzed by using SPSS software (version 22.0).

Results
According to the descriptive results, the study group consisted of 7 children aged 4 to 6 years, while the control group consisted of 7 children aged 4.7 to 5.5 years. The findings showed that the mean and SD of aggression and impulsive behaviors in the experimental group decreased in the post-test 26.71±6.47 and 170± 11, respectively (p< 0.05).

Conclusion
The study was conducted 10 sessions in 60-minute by Matson's Social Skills intervention for children aged 4 to 6 years. Therefore, this psychotherapeutic intervention reduced aggression and impulsive behaviors among kindergartens children.

Key Words: Aggression, Children, Impulsive, Social skills, Training, Kindergartens.

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1- INTRODUCTION

Childhood disruptive behaviors such as outbursts of anger and aggression are among the most common reasons for ambulatory referrals of mental health. In the current version of the Mental Disorder Diagnostic and Statistical Manual (DSM-5), Anger/irritability is the central symptom of oppositional defiant disorder (ODD), and the most frequently associated aggressive behavior is behavioral disorder (CD) (1). In reaction to provocations, therefore, individuals with aggression become too angry or violent. The prevalence rates among children and adolescents vary from 0.8 to 6.6% (2).

In both children and adolescents, aggressive behavior is considered a dynamic phenomenon involving multiple causes and manifesting in a variety of forms. Personal characteristics are among the variables associated with this phenomenon (e.g., psychopathy, neuroticism, impulsivity, sensation search), socio-emotional (lack of empathy, self-esteem, personal values), and cognitive variables (e.g., maladaptive schemes and dysfunctional thinking) (3). Such findings include cultivating negative images among peers and teachers, parental disapproval, and increased childhood isolation, as well as increased likelihood of dropping out of education, alcohol and drug use, juvenile delinquency, subsequent violence, and adult psychopathology (4).

Research on the developmental pathways to aggression shows consistently that aggressive behavior in childhood acts as a strong indicator of subsequent antisocial outcomes in adolescence and adulthood, including violence. Children who display aggressive behavior in early childhood, known as early childhood, are at increased risk of later adolescence and teenage issues in areas such as peer relationships, drug use, academic failure, and other violent behaviors (5). While aggressive behavior can come from a variety of factors, studies show that peer relationships can influence the development and/or retention of childhood aggression (6-7). Early interactions with peers offer opportunities for children to learn social norms and develop social skills that provide the basis for successful adolescent and adult relationships (8-9). Children with their peers who display socially inappropriate behaviors are at greater risk of peer rejection and isolation, and therefore may lose opportunities to develop social skills that are important to their social development (10). For preschool children, aggressive behavior is the most common behavioral problem. Numerous factors, including the lack of social skills, play a role in this sense (11).

Exhibiting aggressive behavior in adolescence puts a child at risk for a number of negative outcomes, including peer-rejection and social maladjustment, and subsequent drug use, relationship abuse, crime, and delinquency problems. As a result, scholars in social development stress the need for early childhood preventive strategies to disrupt a developmental course towards further aggression and violence. Interventions with basic, social skills embedded in a social-cognitive context have shown promise in promoting social skills and raising aggressive behaviors in elementary-age children (12).

Randomized controlled trials (RCTs) have shown that evidence-based programs can promote these skills during the preschool years (13-15). Randomized controlled trials have shown that interventions based on evidence can encourage these skills during pre-school years (13, 15, 16). Comprehensive pre-school social-emotional learning programs focus on both interpersonal skills (making friends, getting along with others, turning around, sharing, controlling aggressive behavior), and intrapersonal skills, such as regulation of emotions and cognitive control (paying

attention, inhibitory control, following directions). These services also help teachers- both professional development and support in improving the social-emotional learning skills of the teachers themselves (13, 16). The workgroup has shown that the most effective approaches at the pre-school level incorporate direct instruction and practice in daily activities and experiences, allowing children to develop and generalize social-emotional learning skills through different contexts and circumstances. More complex and challenging tasks are incorporated in the most successful programs as children mature and grow, and families of children are active so the skills gained to generalize into the context of the family (16).

The role of the family in socializing children as the child ages and joins peers and other contexts are less important than ever in an era where our children burst with knowledge and information, and access to various communication networks. Moreover, this important task has been largely delegated to training centers. Since kindergarten is the child's first educational experience, it is important to practice social skills during this period, so considering its importance in helping the child to grow fully, an educational package is available. It's necessary to include more effective training strategies in less time. As above stated, the aim of this study was to investigate the effectiveness of social skills training on aggression and impulsive among kindergartens children.

2- MATERIALS AND METHODS

2-1. Study design and population

In this study, we used a quasi-experimental design with a pre-test and post-test to compare a group of experiments with control. In this study, the statistical population in Tehran kindergartens, Iran, between October 2017 and November 2018 consisted of all children aged 4 to 6 years. The sample consisted of 16 kindergartens children from the mentioned community who were selected by simple random sampling method, were randomly divided into two experimental, and control groups. To select the sample first, by a simple random sampling method one kindergartens (Kandoo) selected but it was purposeful to choose children with aggressive behavior. This kindergarten consisted of 212 mixed preschool children. The selection of children was purposeful, implying that, teachers reported 23 children who have aggressive behavior. Then from this number, according to parents' consent, 16 children to participate in the study were chosen. It is worth mentioning that the parents completed the questionnaires.

2-2. Inclusion and exclusion criteria

Inclusion criteria were reporting aggressive behaviors according to the teacher and parents, having parental consent for the child to participate in the test, attending and cooperating with the child in social skills training sessions. Exclusion criteria included missing more than 2 sessions and non-participation in educational sessions. Among which 2 persons were absent that the training was conducted on 14 participants. It should be recalled that children's consent was a requirement for admission to the study, and all children with personal information were considered confidential.

2-3. Method

In the present study, after the requisite coordination with nursery and family management, the program was implemented for twenty days, and each session was 60 minutes. The control group was given no training. Following 10 training sessions on the social skills, participants tried to fill out the questionnaires. It should be recalled that the researcher worked closely with the participants at all implementation stages

and responded to confusion and possible problems. **Table.1** offers the content of the training sessions; this training package was prepared by authors and conducted in 10 sessions (60 minutes, and 3 days a week).

2-4. Measuring tools

2-4-1. The Matson Social Skills Questionnaire (MESSY): The questionnaire developed Matson et al. (17) was used to assess children's social skills by parents and educators. This scale used to measure the social skill of children and adolescents aged 4 to 18 years. The scales have 62 and 64 items, respectively, on a Likert-type rating scale ranging from 1 (not at all) to 5 (very much). (18). Subscale scores are obtained by summing the Likert-type rating for each item in the scale. The MESSY total score is in the direction of negative social skills and is calculated by reversing the ratings for the Appropriate Social Skills subscale and summing the total with the total scale score. A high MESSY total score indicates poor social skills, whereas a low total score indicates good social skills. Yousefi and Kheir (19) obtained the reliability of this questionnaire with Cronbach's alpha coefficient of 0.86. According to the age of the subjects, only two forms of parent and teacher were used. Yousefi and Kheir (19) reported a Cronbach's alpha coefficient and balloon coefficient equal to 0.86% for a group of students.

2-5. Ethical consideration

All ethical Helsinki guidelines in this study considered. It should be noted that written consent was obtained from the parents and participation in the study was optional.

2-6. Data Analyses

Descriptive statistics (mean and standard deviation [SD]), and inferential statistics (Multivariate analysis of covariance (MANCOVA) were used to analyze the data. It should be noted that all data analysis was performed using SPSS software version 22.0. Level of significant was $p < 0.05$.

Table-1: Summary of social skills training Sessions.

Session	Meeting	Teaching Method
1	Communicating with members and getting to know each other, mentioning classroom rules, evaluating members' perceptions of emotion and thinking.	Through an overall evaluation of the members present at the meeting and by asking questions to assess their social skills, it was attempted to communicate effectively with the members to provide them with a bit of preparation for the necessary training. Various emotions such as happiness, sadness, anger and fear were discussed with the members and evaluated by drawing and talking about the emotions in the painting and at the end of the meeting having eye contact with others. Was trained, trained and practiced in the field.
2	Teaching emotions, training and practicing a good eye contact when talking, teaching how to introduce yourself to others.	The emotion smileys re-worked emotions with them and were taught each other, through verbal instruction and question-and-answer how to introduce themselves, and at the end of the session having eye contact with others when speaking and speaking out, practiced with the children in the form of games.
3	Practicing emotions, practicing teamwork, training in dating skills, and practicing a good eye-to-eye relationship when talking and training to apply and enforce others' rights.	In the third session, the rules of the class were first reviewed by the members and taught to the members through storytelling and storytelling. The members were then divided into two groups and trained using the bubble game of doing teamwork and working together, respecting each other's rights, and how to properly ask for one another, and at the end of the session again having eye contact. Properly practiced with others while speaking and speaking aloud.
4	Practice teamwork, teach others how to inquire correctly, follow rules and learn anger management.	The members reviewed the fourth session, like all sessions, at the beginning of the class rules session. Then by using games that need to work together to accomplish the task (such as putting the ball in the cardboard and reaching the destination without having to hit the ball along the way), How to do teamwork and partnerships was practiced and he was taught respecting the

		rules by the bubble games well as practicing how to ask others properly, there were also ways to control anger for the members, and exercises were conducted in this regard.
5	Strengthen eye contact and practice emotion recognition.	In the fifth session, while reviewing the rules by class members, various smileys and images were used to remind the different emotions that each person could have, and children were asked to categorize similar emotions, which eventually led to the Emotion Book mode. Then, the songs were presented with sadness, joyfulness, and fear themes for the children, and they were asked to draw feelings for each song. In addition, to consolidate the eye contact in a group play, children need to circle in groups and throw the ball together and name each other at the same time.
6	Training and practicing collaboration and how to do teamwork, empathy training and problem solving.	In the sixth session, while reviewing the rules by the members at the beginning of the meeting, doing group work in a proper manner and solving the problem by playing towers with disposable cups and cans so that they would have to use caches to make the cups They were trained to put each other on one another. Using the story "The Old Man Becomes Ill" was trained in empathy and problem-solving skills. At the end of the session, emotions were practiced with the members using various stories and emoticons.
7	Training and practicing problem solving, kindness and self-regulation.	In the seventh session, they were kindly instructed by making gift cards to each other, and in addition to teamwork (guiding the cube to the specified path without using organs) doing teamwork and problem solving and participation together to find the right solution. Also a dance game with songs helps the children to control themselves and is an exercise in increasing focus and patience.
8	Teaching good friend traits, building a tree of friendship, recognizing emotions by exhaling emotions, and problem solving to change uncomfortable feelings.	In the eighth session, good friend features were taught by making a good friend collage. The friendship tree was made and the friendship to the friendship tree was likened to the fingerprints of each organ on the leaves of the tree. Emotional exhilaration was also explored by using ways to change emotions, such as sadness to happiness or anger control.
9	Teaching and practicing how to do teamwork, partnerships, helping each other, and being kind.	The ninth session focused on designing a group game and how to do teamwork and kindness by making handmade themed gifts for parents.
10	Review of trained and goodbye skills.	In the tenth session, all that was taught was played through the game and a collage was made to achieve them, thereby providing goodbye arrangements and eventually giving each member a certificate with the content of the skills taught. They were given in this class, as well as with awards.

3-RESULTS

According to the detailed results, seven of the fourteen research subjects were in the experimental group, ranging in age from four to six years. The control group consisted of seven children ranging in age from 4.7 to 5.5 years. According to the results in **Table.2** the mean scores of aggression and impulsive behaviors in the experimental and the control group were $172.14+21.52$ and 26.17 ± 8.11, respectively. The mean scores of aggression and impulsive behaviors in the experimental group effected on the post-test 26.71 ± 6.47 and 170 ± 11, respectively.

According to the results of **Table.3**, the within -group significance level (0.86), and between - group significance level (0.52) were more than 0.05 and the test did not make any significant difference in overall scores. Also, the effect of interaction between within -group and between group factors (0.51) was more than 0.05 and the interaction was not significant. Social skills decreased in the experimental group after the intervention and increased in the control group, it means that the social skills training package did not increase the development of these skills in children and there was no significant difference between the experimental and control group.

Table-2: Descriptive characteristics of the experimental and control groups.

Variables	Time	Groups	Mean	Standard deviation
Aggression	Pre-test	Experimental	172.14	21.52
		Control	173.83	11.58
	Post-test	Experimental	170	11.10
		Control	177.5	11.46
Impulsive behaviors	Pre-test	Experimental	24.14	6.24
		Control	26.17	8.11
	Post-test	Experimental	26.71	6.47
		Control	28.17	7.54

Table-3: Results of analysis of covariance of the impact of social skills training on the experimental and control groups.

Groups	MS	df	P-value	F
The main factor within the group	3.75	1	0.86	0.03
Interaction effect	54.52	1	0.51	0.44
Error	122.1	11		
The main between group factor	136.44	1	0.52	0.42
Error	318.55	11		

$\alpha = 0.05$, MS: Mean of square; df: Degree of freedom.

According to the results in **Table.4**, the level of significance in the within -group at was (0.01) and between -group was (0.64) in aggression and impulsive behaviors were more than 0.05. So that the test did not show a significant difference at a level of $p < 0.05$. Moreover, the effect of interaction between within -group and between group factors (0.83) was more than 0.05 and the interaction was not significant. Therefore, regarding obtained means, it can be mentioned that experimental group social skills had not increased (reduce aggression and impulsive behaviors) in comparison to the control group.

Table-4: Results of analysis of covariance of the impact of aggression and impulsive behaviors on experimental and control groups.

Groups	MS	df	P-value	F
The main factor within the group	33.75	1	0.10	3.04
Interaction effect	0.52	1	0.83	0.04
The main between group factor	19.52	1	0.64	0.22

$\alpha = 0.05$, MS: Mean of square; df: Degree of freedom.

4- DISCUSSION

The present study aimed to investigate the effectiveness of social skills among preschool children with aggressive and impulsive behaviors. Results showed that the importance of developmental social skills is a well-studied area of research, and deficits in such skills can have long-term implications for adulthood. According to the results after the intervention, aggressive and impulsive behaviors of children also increased. According to most studies in this area, less research has been found to align with its findings, but in accordance with these results, Babakhani (20) demonstrated that instruction in social skills. Nevertheless, much research has been done to disagree with the results of the present study (11, 21- 23). In order to explain this insignificance of the findings, it can be said that, based on the theory of short-term psychotherapy, children should be aware of such emotion and express it and be provided with suitable space for experiencing it.

Besides these, it should consider the necessary steps to train it in a proper setting. The results showed that the training package did not focus on building an ego to control such instincts and emotions. As in Farhadi et al.'s research, one of the main reasons for children's repeated aggressive behavior is the lack of basic social skills (23). According to cognitive theory, poor social skills are related to poor social behaviors. Research conducted with children and adolescents suggests that people who receive such training they had learned to cope better with the problems of everyday life. They learned to anticipate more behavioral solutions and consequences, to cope better with failures and to delay expectations, and to use less aggression to meet their expectations (22-23). In addition, teaching these skills in the early stages of the development process (childhood and adolescence) is more effective than other stages (21, 22). Demonstrate the importance of teaching social skills to children aligned with the results of Siadat & Jadidi (24), who that found having social skills reduces negative emotions and thereby improves cognitive and emotional functioning enables individuals to confront the problem and increase one's resilience. Since some children do not know how to communicate effectively, they choose the wrong way to express themselves, so it is important to acquire the skills needed to control aggression. Individuals who lack social and communicational skills have less social tolerance in interaction with others. Moreover, they react aggressively and often passively when they experience a loss in their interactions. Training of social skills allows them to get a positive perspective on problems. It helps to understand explanations for actions and behaviors that are wrong or unpredictable and to develop methods for dealing with circumstances. In reality, the skills help them to know what to say (the correct expression of feelings) how to choose and how to behave effectively in different situations (25).

Based on the results of the training packages designed to experience and control emotions and feelings. Then to acquire social skills, it has succeeded in experiencing instincts, emotions, and feelings, giving them channels to extrapolate, but to build ego and having these instincts on the right track has some disadvantages and it is likely that the content package in this section is likely to have shortcomings. In fact, one's awareness of inappropriate substances that are suppressed by environmental conditions and limitations can lead to appropriate and inappropriate behavior simultaneously (26). In other words, children were given the requirements for acting out emotions during social skills training. Moreover, there was no training

to identify right and wrong behaviors, to judge correctly, to control negative and distressing emotions, because, according to Freud (27), the Id operates in accordance with the "pleasure principle"; reduces stress, works to increase pleasure and avoid pain. The Id strives to satisfy its urgent needs and motivates individuals; in fact, it has a selfish and immoral structure. The training package, based on the Id psychology, was successful, but was not successful because of Ego psychology, as the growing child learns to deal with the outside world intelligently and reasonably, and has the ability to perceive, recognize, judge, and memorize. In fact, Freud called these abilities secondary thinking, in fact, the abilities that adults use to satisfy their needs. So maybe the training package probably did not do much for this part of the character, and it did not affect Ego's growth, which was actually a second step, that's why to make an ego the content of it needs to be completed.

In this study, to determine the scope of research, which is one of the conditions of any research, only the subject of research was studied on 4-6-year-old children. It should be noted that one of the most important limitations of this study is the illiteracy of children of this age category and for this reason; there are few standardized tests for them. The method of dealing with and communicating with the required special skills of the trainer. The target community is also limited to Tehran. It is noteworthy that due to ethical considerations, children received consent from their parents to enter the research project. The lack of parental cooperation to complete the questionnaires and then the severity of the subjects' decline was another limitation of the study. The small sample size reduces the reliability of the results. Clinical observation of researchers of children with what The mothers who responded differed, so parents' attitude toward the test used, their level of

collaboration with the researcher, and their honesty and interest in answering the test questions were issues that were almost out of the researcher's will and control. These factors can affect the results of the research. The lack of kindergarten partnerships to have more sessions, and the short duration of implementation and the time limit to focus more on the content of the sessions should be noted, as having more sessions may provide enough opportunity to train inhibitors and controlling factors were provided. The results of this study are based on a questionnaire only, which excludes the possibility of a better evaluation of the results of the intervention. Since the opportunity for intervention is very limited, it is suggested that after three months of intervention, post-test will be conducted again and the results will be surveyed and evaluated. It is also recommended to upgrade the sample size so that it does not damage the research if it is dropped. It is suggested that the number of intervention sessions is increased to allow the researcher if needed, more sessions to be able to focus more on the content of the sessions in order to build ego and training on how to properly express their emotions, control, and it also has to express acceptable and community-friendly behaviors.

5- CONCLUSION

Considering the results of social skills training, decreased in the experimental group after the intervention and increased in the control group, it means that the social skills training package did not increase the development of these skills in children and there was no significant difference between the experimental and control group. Therefore, regarding obtained means, it can be mentioned that experimental group social skills had not increased (reduce aggression and impulsive behaviors) in comparison to the control group.

6- AUTHOR CONTRIBUTIONS

Conceptualization, [FR]; Methodology, [FR, AA]; Investigation, [FR, PF]; Writing – Original Draft, [FR, PF]; Writing – Review & Editing, [FR, PF]; Funding Acquisition, [FR]; Resources, [FR, AA, PF]; Supervision, [FR, AA, PF].

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