A study of the effects of social skills training on self-esteem of maltreated children

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A STUDY OF THE EFFECTS OF SOCIAL SKILLS TRAINING ON SELF-ESTEEM OF MALTREATED CHILDREN

A THESIS
SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK

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ABSTRACT
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A STUDY OF THE EFFECTS OF SOCIAL SKILLS TRAINING ON SELF-ESTEEM OF MALTREATED CHILDREN

Advisor: Anne Fields-Ford, Ph.D.
Thesis dated April, 1995

The paucity of research on the effects of social skills training as an intervention program, has not addressed it's use with maltreated children. This study postulated that social skills training would increase the self-esteem of the subject. The single systems research design was used to examine the effectiveness of social skills training as an treatment intervention on the self-esteem of a maltreated adolescent. The results indicated a decrease in the severity level of self-esteem deficit, an increase in self-esteem and overall behavior. The results are promising evidence on the impact of social skills training programs and promotes the use of social skills training as an intervention method with maltreated children.
# TABLE OF CONTENTS

ACKNOWLEDGEMENTS ........................................................................................................ ii

CHAPTER

I. INTRODUCTION .................................................................................................................. 1
   - Significance of the Study ................................................................................................. 5
   - Purpose of the Study ....................................................................................................... 6

II. REVIEW OF THE LITERATURE ......................................................................................... 7
   - Theoretical Perspectives ............................................................................................... 7
   - Significant Studies on Self-Esteem and Maltreatment .................................................. 8
   - Intervention Strategies and Programs ............................................................................ 14
   - Theoretical Framework ................................................................................................ 17
   - Definition of Terms ....................................................................................................... 18

III. METHODOLOGY .............................................................................................................. 20
   - Study Design ................................................................................................................ 20
   - Case Information .......................................................................................................... 21
   - Treatment Hypothesis ................................................................................................. 24
   - Intervention Strategy and Plans ................................................................................. 24

IV. PRESENTATION OF FINDINGS ....................................................................................... 30
   - Graph .......................................................................................................................... 31
   - Limitations of the Study .............................................................................................. 33

V. CONCLUSION .................................................................................................................. 34
   - Implications for Social Work ....................................................................................... 35
   - Recommendations for Future Use ............................................................................... 35

BIBLIOGRAPHY .................................................................................................................... 37
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CHAPTER ONE
INTRODUCTION

The radical transformations of rapid and dramatic, physical and cognitive changes of an adolescent's structure of self-esteem are difficult to manage in a "normal" and stable environment. Development is further complicated for victims of abuse and maltreatment. Self-esteem of girl victim's of abuse and maltreatment self-esteem is impacted more heavily than male victims. In the evaluation of depression, anxiety and level of self-concept, maltreated females, (particularly sexually abused), are found to have higher levels of depression and anxiety and lower self-esteem.\(^1\)

Psychological maltreatment appears to be more prevalent and potentially more destructive than other forms of child abuse and neglect. However, it receives little attention from the public and professional sectors and is seldom the focus for research or intervention. There is growing agreement that psychological maltreatment is the core issue of child maltreatment. The strength of this position rest on several assumptions that (a) psychological maltreatment is inherent in all forms of child maltreatment; (b) the major effects of child maltreatment are generally psychological in nature, affecting the victim's view of self, others, human relationships, goals, and strategies for living; and (c) the concept clarifies and unifies the dynamics that underlie the destructive power of all

forms of child abuse and neglect.\textsuperscript{2}

Conservative estimates of the incidence of psychological maltreatment from state reports and research projections are limited. Of the approximately 200,000 cases per year recorded by the American Humane Association and the National Center on Child Abuse and Neglect, there is an absence of a operational definition and the standards of severity are not clear. This makes it difficult to determine the extent to which psychological maltreatment occurs.\textsuperscript{3} Because psychological maltreatment is inherent in other forms of child maltreatment, in addition to existing in its own discrete forms, it may be evidenced in practically all of the 1.7 million cases of child abuse and neglect cases reported. Although most state statues include some reference to the concept of psychological maltreatment, it is seldom defined and few cases are processed under this standard.\textsuperscript{4}

The definitional dilemma surrounding child maltreatment has significantly affected what is considered maltreatment, how children feel about their victimization and how they are treated. The development of a working definition of psychological maltreatment at the International Conference on Psychological Abuse of Children and Youth in 1983 has achieved some progress in structuring the work with maltreated children. Psychological maltreatment of children and youth consist of acts of omission and commission which are


\textsuperscript{3}Ibid.

\textsuperscript{4}Ibid.
judged by community standards and professional expertise to be psychologically damaging. Such acts are committed by individuals, singularly or collectively, who by their characteristics (e.g., age, status, knowledge, organizational form) are in a position of differential power that renders a child vulnerable. Such acts, damage immediately or ultimately the behavioral, cognitive, affective or physical functioning of the child.

Examples of psychological maltreatment include acts of rejecting, terrorizing, isolating, exploiting and mis-socializing.5

Maltreatment frequently produces emotional and behavioral problems in children. The devastating effects on the social and emotional functioning of maltreated children extend beyond the general effects of daily living. Psychological maltreatment in its various forms, is associated with behavior problems and possibly with learning disorders. These problems manifest themselves through behaviors against others, lying, stealing, dependency, aggression, and homicide.6

The impact of maltreatment is intensified when the effects are internalized by the child or adolescent. Low-self esteem, emotional maladjustment, underachievement, suicide, failure to thrive and depression are detrimental affects of maltreatment that are carried with the child and may lead to distress in adulthood.7 Psychological maltreatment

5Ibid., p. 160.

6Ibid., p. 161.

7Ibid.
appears to interact with and exacerbate the effects of physical abuse, poverty, and inadequate provision of medical and educational service. It can also exert a destructive influence even when the child's physical needs are being met.  

The effects of low self-esteem are further devastating when maltreatment occurs. Low self-esteem leads to the lack of self-confidence in the ability to think; confidence in the ability to cope with the challenges of life; and confidence in the right to be happy. Altogether, these experiences create a feeling of being unworthy, undeserving, and an inability to assert one's needs and wants and to enjoy the fruits of one's efforts. Therefore, children dream less, risk less and try less.  

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8Ibid.


10American Association of University Women., p.10.
Significance of the Study

Psychological maltreatment of children and youth is a serious social problem that often goes ignored. The avoidance of the core of child maltreatment limits the number of reported cases and prevents the treatment of its victims and perpetrators. The difficulty with addressing the issue is grounded in how maltreatment is viewed and defined.

The definitional dilemma surrounding child maltreatment has significantly affected what is done about maltreatment. The definition is essential due to its impact on the development of social policy, legal regulations, research and case management. The definitional dilemma is the result of how the problem is defined and by whom. Believing that the attitude towards the problem is shaped by what is politically correct, hence tolerable by society, no one definition can meet all purposes. A "finite" number of formal definitions is needed. Each definition should be tailored to the major social aims and objectives for which it is intended.¹¹

This study is significant for validating the effects of psychological maltreatment on the development of self-esteem. It is a contribution to the focus on the damaging effects of child maltreatment and potential consequences for its victims.

Purpose of the Study

The purpose of this study is to determine the impact of a social skills training program designed to enhance the level of self-esteem of a maltreated adolescent. The intervention program uses communication skills, problems solving skills and self control and stress management techniques, with structured task aimed at increasing the subject's self-esteem.
CHAPTER TWO

REVIEW OF LITERATURE

The development of self-esteem in young children is a complex process, influenced by race, gender, socioeconomic status, educational achievement and other external factors. In instances of maltreatment, self-esteem in developmental issues are further complicated. The literature on the effects of maltreatment on self-esteem is presented in the following manner: (1) Theoretical Perspectives, (2) Significant Studies, (3) Intervention Programs and Treatments, (4) Theoretical Framework, and (5) Definition of Terms.

Theoretical Perspectives

Several theories exist on the development of self-esteem and the impact of maltreatment on it's development. The attachment theory perspective of Ainsworth addresses the effects of maltreatment on young children's socioemotional development. According to attachment theory, supported by research, insensitive, unresponsive and rejecting parenting during the first year of life results in an insecure attachment relationship between and infant and his or her parents. In turn, an insecure attachment relationship has been found to predict later impairments in a number of stage-specific child tasks and competencies, such as interacting with friendly but unfamiliar adults, exploring the nonpersonal object world, and developing cognitive problem-solving abilities.¹

Conceptually, these impairments can be attributed to the parent's inability to provide the infant with a secure base from which to explore the world.

Parental inability, is addressed by Wahler in an attempt to understand child maladjustment. Wahler disputes the "child driving" hypothesis by presenting a view in which parental insensitivity sets the stage for child maladjustment. In this perspective, the children diminish parental nonsynchrony through antisocial behavior. Synchrony is defined by the degree to which two people match each other's responses.

Insensitive parents will create nonsynchrony in their environment which is conducive to the development of the child's antisocial behavior.\(^2\) Equally, a sensitive parent may foster a more positive course of child development with a more prosocial behavioral outcome. Wahler highlighted and endorsed the Lytton conclusion that the child outcomes are best explained by reciprocal and recurrent interactions overtime between organisms and the environment.

**Significant Studies**

Studies on the effects of maltreatment on children's development were largely atheoretical. Consequently, even the findings from the few well designed studies were difficult to put into scientific or practical use because they could not be placed in a meaningful theoretical context.\(^3\) However, recent emergence of rigorous studies of the effects of maltreatment on a children's development have sprung from several theoretical

\(^2\)Ibid., p.703.

\(^3\)Aber and Allen, p.406.
Aber and Allen designed a study as an extension of attachment theory, and research on maltreated children. The study explored attachment theory with preschool and early school-age years and attempted to integrate it with some experimental methods and findings from previous studies of the effects of social deprivation on early childhood development. The effects of maltreatment on early childhood development were examined in three domains suggested by attachment theory: relationships with novel adults, effectance motivation, and cognitive maturity. Three samples of children between the ages of 4 and 8 years of age were studied, with 93 maltreated children, 67 demographically matched nonmaltreated children from families receiving welfare, and 30 nonmaltreated children from middle-class families. The children's scores on 10 dependent variables across the three domains of interest were factor analyzed and two theoretically meaningful factors emerged in the findings. Maltreated children scored lower than welfare children, who in turn scored lower than middle-class children, on a factor measuring readiness to learn in the company of novel adults. Maltreated children and welfare children also scored higher than middle-class children, but did not significantly differ from each other on a factor measuring outer-directedness. Results indicate that during early

\[4\text{Ibid., p.407.}\]
\[5\text{Ibid., p. 406.}\]
\[6\text{Ibid., p.408.}\]
childhood maltreatment disrupts a dynamic balance between the motivation to establish safe, secure relationships with adults and the motivation to venture out to explore the world in a competency promoting fashion.  

Ferol E. Mennen and Diane Meadow explored the devastating impact of childhood sexual abuse and maltreatment. In a study of 83 sexually abused children, the team found that girls' measures of depression, anxiety, and self-esteem were significantly different from those of standardization samples. These differences indicated higher levels of depression and anxiety and lower self-esteem. The sample of sexually abused children found that females had higher levels of depression and anxiety and lower self-esteem than did the standardized samples taken from the general population. The girls had elevated levels of anxiety in all measured areas of anxiety. Problems were noted in the areas of physical manifestations of anxiety, worrying and over sensitivity, concerns about relationships with others, and wanting to look good to others.

Mennen and Meadow also found that the girls' lower self-concept scores related to problems with their self-evaluation of worthiness, unhappiness with the way they looked, feelings as if they did not conduct themselves as they were supposed to, and lack of

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7 Ibid., p. 412.

8 Mennen and Meadow, p.74.

9 Ibid., p.79.

10 Ibid.
confidence in their scholastic ability.\textsuperscript{11}

Maltreatment also affects the way children view themselves. In a study of abused children's self-esteem, R. Kim Oates and associates found that abused children found themselves as having significantly fewer friends and that they played with friends less often than the comparison group of nonabused children.\textsuperscript{12} When the children were asked how many friends they saw themselves as having, there was a significant difference between the children.

Maltreated children also largely reported "not knowing" about their future. These results reflect a potential problem for maltreated children in adulthood. The abused children have fewer friends, lower ambitions and lower self-esteem. If carried into adulthood, poor social skills, lack of satisfaction in personal and professional relationships and other dysfunctional behaviors may arise.

In a study framed in symbolic interaction, Morrow and Sorel linked several variables with self-esteem, depression and other negative behaviors of female adolescent maltreatment victims. Their study found among female adolescent incest victims, self-esteem was lower and depression greater when molestation was more severe.\textsuperscript{13} Even

\textsuperscript{11}Ibid.


greater effects on self-esteem and depression were found when severe forms of abuse were combined with negative response of the mother. This pattern for self-esteem was particularly characteristic of younger victims.

This study concluded that the severity of abuse was the single most powerful predictor of self-esteem, depression and negative behavior in the victims. Noting that adolescent victims seem to be affected differently by the postdisclosure responses of mothers and perpetrators. Morrow and Sorell's work also reflects the widely accepted view of parental support on self-esteem. Negative responses by the mother were associated with lower self-esteem and higher depression, but denial and blame, on the part of the perpetrator, were associated with greater numbers of negative behaviors.\textsuperscript{14}

To further examine the repercussions of maltreatment on identity development and self-esteem, Salahu-Din and Bollman explored the effect of foster care on young adolescents. This study of 116 youth in foster care, a team examined the influence of identification with birth family on the ability to develop a self-identity and positive self-esteem.\textsuperscript{15} With data taken from a larger study, the authors found that placement of children in substitute care has profound consequences for the child, the parents, the foster family and the community.

Regardless of the physical or emotional pain that children experience in their own homes, it appears that most prefer to remain with their birth families. When youth

\textsuperscript{14}Ibid., p.683.

\textsuperscript{15}Ibid.
are separated from their family, without opportunities for personal contact or information, they may believe that their is no familial and cultural heritage with which to relate. Consequently, this sense of loss impacts the ability to establish a connectedness with the birth family, essential to attempts to complete one of the developmental task of adolescence-forming a self-identity and ability to establish positive relationships with their foster family.

Salahu-Din and Bollman concluded suggesting helping adolescents through this difficult period. They suggest that by helping placed adolescents understand that they are a part of more than one family and that it is appropriate to establish and maintain positive relationships with each family may facilitate development of a positive identification with the family, a healthy self-identity and subsequently the development of a positive self-esteem.

Much of the literature addresses self-esteem after maltreatment has occurred. In a rare look of self-esteem during maltreatment, Patricia Moran and John Eckenrode explored the concept of self-esteem and other personality characteristics as protective devices among female adolescent victims of maltreatment. In a survey of thirty-three maltreated adolescent females, with a comparison group of 112 nonmaltreated female

16 Ibid.

17 Ibid.

18 Ibid., p.134.
adolescents, that measured locus of control orientation, self-esteem and depression, Moran and Eckenrode found interesting results. The results revealed that personality characteristics interacted with maltreatment status in predicting depression, suggesting that they are protective factors. Results revealed that adolescents who first experienced maltreatment during childhood were significantly less likely than those who first experienced maltreatment during adolescence to have these protective personality characteristics.

**Intervention Programs and Treatment**

A paucity of research exists concerning training programs for the development of interpersonal functioning in socially maladjusted adolescent females. In a study of females in a residential institution, Chalmers and Townsend attempted to rectify the lack of knowledge. In an intervention designed to enhance social perspective-taking ability, 16 females, ages 10 to 16 years old participated in a role-play program. In 15 sessions, girls were coached in specific social skills and acted out multiple role perspectives in typical problem situations. A control group of the same size, with a concentration on a fitness

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20 Ibid.

training program was used to measure the success of the program. In a comparison of the groups, girls in the role-play training program showed enhanced performance on measures of social-perspective taking. Generalized effects were also found for performance on test of interpersonal problem analysis, empathy and the acceptance of individual differences. Additional findings, indicated that role-play training resulted in increased prosocial behaviors.22

The literature implies that early experiences effect the development of children. Now more than ever, in a time where external factors of violence, crime, and economics are stressors, emphasis should be placed on parental influences, since they are the "leaders" and executive figures for development; and on the environment in which the family interacts.

Many different classes of treatment can be identified for use with maltreated children. The majority of interventions focus on the individual child or adolescent. These interventions are directed at altering a particular facet of functioning or processes within the person. Diverse approaches focus on changing the individual child including individual, family and group therapy, behavioral and cognitive therapies and pharamatherapies.23 The four techniques that appear to be the most successful are parent management training, functional family therapy, problem-solving skills training and

22Ibid., 181.

23Ibid., 181.
Empirical research on the psychosocial perspective of child maltreatment identified numerous and severe social skills deficits in abused and neglected children that have negative affects on healthy adjustment. Social skills training programs have been successful in helping adults and nonmaltreated children improve their skills in interpersonal communication, problem solving, self-control, assertiveness, and stress management. According to Howing and her colleagues, such training appears to be useful in interventions with maltreated children. Theoretically, social skills deficits that result from faulty learning can be remedied through instruction in specific components of social interaction. As Bandura postulated, specific skills are enhanced by providing encouragement and opportunities to perform new skills for which standards of performance are increased gradually. Until recently, very few maltreated children received direct services. Past attention was focused on the parents. However, concentration on parental roles, is an insufficient intervention to overcome established social deficits in the maltreated child. The recent National Clinical Evaluation Study of demonstration treatment projects found that 70 percent of the children and adolescents

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24Ibid., p. 74.


26Ibid.

27Ibid., 461.
treated achieved gains on all of the study's outcome measures. Among the most effective services provided were therapeutic day care, personal skills development classes and group counseling, all of which offer implicit opportunities to learn socialization skills.

**Theoretical Framework**

The theoretical framework for this study was shaped by the concept of cognitive restructuring. The basic premise of cognitive restructuring is that most social and behavioral dysfunction results directly from misconceptions that people hold about themselves, other people and various life situations. Cognitive restructuring is useful in assisting clients to gain awareness of dysfunctional and self-defeating thoughts and misconceptions that impair personal functioning and to replace them with beliefs and behaviors that are aligned with reality and lead to enhanced functioning.

Intervention in this study of social skills training is grounded in cognitive theory. This model's emphasis on cognitive patterns is important to the use of social skills training, in that it attempts to restructure the thought process through realistic terms and task. Social skills training, as a cognitive behavioral intervention, allows for the use of encouragement, modeling and daily task in the attempt to remedy low social skills.

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29 Ibid.
Definition of Terms

**Psychological Maltreatment**: acts of omission and commission which are judged by community standards and professional expertise to be psychologically damaging. Such acts are committed by individuals, singly or collectively, who by their characteristics (e.g., age, status, knowledge, organizational form) are in a position of differential power that renders a child vulnerable. Such acts damage immediately or ultimately the behavioral, cognitive, affective or physical functioning of the child. Examples of psychological maltreatment include acts of rejecting, terrorizing, isolating, exploiting and mis-socializing.\(^{30}\)

**Self-efficacy**: confidence in the functioning of the mind, the processes by which one judges, chooses and decides; confidences in one's ability to understand the facts of reality that fall within the sphere of one's interest and needs; cognitive self-trust; cognitive self-reliance.\(^{31}\)

**Self-Esteem**: an individual's experience that they are appropriate to life and to the requirements of life. More specifically, self-esteem is confidence in the ability to think; confidence in the ability to cope with the challenges of life; and confidence in the right to be happy, the feeling of being worthy, deserving, entitled to assert one's needs and wants.

\(^{30}\)Branden, p. 1.

\(^{31}\)Ibid.
and to enjoy the fruits of one's efforts. 32

**Self-respect:** assurance of self value; an affirmative attitude toward the right to live and be happy; comfort in appropriately asserting thoughts, wants and needs; the feeling that joy is a natural birthright. 33

**Social skills:** the specific abilities (such as smiling, initiating interactions and using problem solving skills) that enable a person to perform competently in social situations. 34

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32 Ibid., p. 160.

33 Ibid.

34 Howing, p. 460.
CHAPTER THREE
METHODOLOGY

The methodology section is organized in four sections: (1) study design, (2) case information, (3) treatment hypothesis and (4) intervention strategy and plans.

Study Design

This study answered an evaluative question through the use of an A-B design. According to Bloom and Fischer, the A-B design is often seen as the foundation of single-system designs because of the basic distinction between, and the combining of, a baseline observation period, A, and an intervention period, B.¹ This basic single-system design is widely applicable to many types of problems and settings as well as to all levels of interventions. It is the "work-horse" of practice evaluation for several reasons. Foremost among these is that A-B designs can reveal clearly whether there has been a change in target events, providing both monitoring and evaluation information.² This information can provide the practitioner with insight on the success of the interventions. As a monitoring device, the A-B design monitors on-going events and determines whether to modify or terminate a particular intervention. As an evaluator, the A-B design provides information to the practitioner and to the client about outcome, and also provides


²Ibid., p.353.
information to the agency and to society at large.³

A maintenance phase was also used in this study. This phase was used to monitor and reinforce the tasks achieved during the intervention phase. Bloom and Fischer recommend the development of a maintenance plan to ensure that the changes produced by the intervention program are lasting changes⁴. The maintenance phase involved the client in the monitoring progress and continued growth and success. This final phase of the intervention also allowed the subject to transfer the changes to their natural environment after the intervention was completed. The addition of a maintenance phase was also beneficial to the researcher.⁵

The data obtained in this study is graphically displayed. According to Richard M. Grinnell, Jr., data obtained from studies conducted following single-system designs are presented in a simple graphic format.⁶ The data is displayed in a line graph, for the baseline phase and during the treatment phase. The graph also displays the results of the maintenance phase.

Case Information

³Ibid., p.353.

⁴Ibid., p.307.

⁵Ibid., 308.

For purposes of confidentiality, the subject is referred to as Ada. Ada is a sixteen years old African-American female. She has been in the custody of the Department of Family and Children Services (DFACS) since the age of five. She currently resides in a group home operated by a leading social service agency. Ada was placed in the care of DFACS as the result of maltreatment by her parents negligent and abusive behavior. She was the victim of physical abuse that resulted in a permanent scar on her ear. There is also a record of sexual abuse by her father, dating back to age four.

She has accounted for seven different placements, by reporting that she did not get enough attention. This is the same sentiment that she has expressed about the quality of the relationship with her mother. She is the middle child of a family of eight children. Her older siblings are adults and reside in the maternal home state of North Carolina. Two of her younger siblings are also in DFACS custody and the youngest reside with their mother. She reported negative feelings about the lack of a relationship with her mother and blamed herself for their separation.

Ada reported feeling "bad" about not being more involved with her parents and family. She expressed anxiety about her siblings and there whereabouts. These feelings are heightened by her acknowledgement of not being able to make friends and trusting in people. She stated that she has "nothing" to say to others and not being sure of other's responses for not communicating.

Ada also displays self-mutilating behaviors when faced with difficult situations. The social worker for the group home in which she currently resides, reported that when Ada cannot have her way in a situation, she physically hits, scratches, bites or harms
herself. She also damages property in fits of anger. Ada reported her self-mutilation is for attention and avoidance of dealing with the current problem.

After consulting with her caseworker, DFACS files and her social worker, it was agreed that Ada needed assistance with social skills and other forms of problem-solving to address issues of self-esteem.
Treatment Hypothesis

Social-skills training activities will increase the subject's feelings of self-esteem.

Intervention and Strategy Plans

Theoretically, social skills deficits that result from faulty learning can be remedied through instruction in specific components of social interaction; the effectiveness of this approach has been demonstrated for adults, socially withdrawn children and aggressive children. Social skills training intervention in this research consisted of five components that involve the development of interpersonal communication skills, problem solving skills, self-control training, appropriate assertiveness and stress management. Social skills training activities, with task aimed at increasing the subject's self-esteem was substituted for appropriate assertiveness training.

Baseline Phase

During the baseline phase, the subject was observed by the researcher for two, one hour sessions for a week prior to intervention. Observation took place at two different time intervals, 3 O'Clock in the afternoon after school and at 10 a.m. on a Saturday morning. Observations and the intervention components were conducted in the secluded study lounge of the group home. The researcher also reviewed DFACS and agency files, evaluations and other nonreactive measures pertaining to the subject. During the baseline

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phase the subject completed a section of the Multi-Problem Screening Inventory (MPSI), developed by Walter W. Hudson, Ph.D.. The subject completed the subscale for self-esteem with the title of the scale withheld, to ensure the validity of the responses.

The MPSI was also administered at the beginning of each session to monitor the subjects progress. The subject kept a log for exploratory and relaxation purposes. Bloom and Fischer recommend the use of logs for pinpointing and defining problems, as a measure of change in the frequency, duration or intensity of self-monitored targets, and finally as a tool that gives the subject responsibility and a reflection of their progress.8

During the baseline phase, the researcher and the subject decorated bound notebooks, that were used throughout the study as logs. This activity was used to foster rapport and comfort level for all involved.

Each session concluded with an affirmation statement relating to the task of the session. This affirmation was to be repeated four times daily by the subject and at least four times during that session. The statements were excerpts from Acts of Faith: Daily Meditations for People of Color, by Iyanla Vanzant. Iyanla Vanzant is a Yoruba Priestess, a Cultural Custodian and Spiritual-life Counselor. The aim of the affirmation was to compliment the tasks which are designed to touch the cognitive patterns. Upon the completion of the study, the subject received a copy of affirmations on a poster, to further encourage her growth. The application of each component of the intervention program was administered on a weekly basis, beginning a week after the baseline phase.

8Bloom and Fischer, p.275.
Day 11

**Thought for the session:** "Today is a new day. I refuse to get off to a bad start."

The foundation of the social skills training lies in effective interpersonal communication skills. Ada was asked to identify situations that she has problems communicating in. Ada selected (1) initiating a conversation with a stranger, (2) making and refusing request and (3) impulsive or spontaneous expressing of feelings.

After discussing her responses in the identified situations, the researcher modeled several techniques for initiating a conversation with a stranger. Ada engaged in role-play with the worker, which gave her the opportunity to practice the techniques. We also discussed ways in which to make and refuse request. Once again we used role-play and modeling techniques of appropriate, pleasant and positive ways of communicating.

Ada expressed a great deal of concern with regard to her ability to control her impulsive and spontaneous expressions. She cited that intense and uncomfortable situations, such as arguments, apologizing and excitement are difficult for her. First, she demonstrated how she would normally respond in any of the given situations. Her responses were loud, her facial expressions were tight and revealed confusion in thought, i.e. she would either not respond or use obscene language. Through the use of role-play, the worker modeled appropriate responses to the identified situations. Ada then practiced the responses several times.

The thought for the session was repeated several times throughout the session by myself and Ada. We discussed the meaning and its relationship to communicating. Ada interpreted it to mean "that each day is different and by communicating with yourself and
others it can be a nice day." The session concluded with the administration of the MPSI and assignment of a weekly task aimed at improving Ada's communication skills. She agreed to introduce herself to a stranger at school and report the results.

**Day 18**

**Thought for the session:** "Know the goal and live for that!"

The session began with a review of the previous session and assigned task. Ada expressed her anxiety with introducing herself to another and admitted to being uncomfortable with the task. However, she completed the assignment and reported feeling awkward. Once she began talking to the person she selected, she found that using the modeled facial expressions and statements relaxed her.

The focus for the session involved enhancing problem solving skills. Ada identified situations in which she made poor decisions. The most stressful situation for Ada was during confrontations with the other girls in the home. We discussed how to recognize a problem and what could be done to resolve problems. Positive and nonthreatening behaviors and responses were modeled and used during role-play. Ada also identified steps that she could take in making good decisions. She suggested not arguing, not being influenced by other's behavior and staying calm.

The task for the week involved intensive usage of her personal log. There she was to identify daily problems and record what the outcome was and what could have been different. The thought for the session and week was interpreted by Ada as a "message of being able to control how problems were solved". She also completed the MPSI.
Day 25

**Thought for the session**: "I am going to create a great day".

The session began with a review of the previous two sessions and the impact of the intervention thus far. Ada felt as if she was making progress. She reported that writing in her log was relaxing and it gave her the chance to see the problem on paper and to think it through.

The components covered involved exercises on self-control and stress management. Ada identified the stressors in her life that provoked anger and subsequently undesirable behavior. Ada felt that she had an "attitude" problem that often manifested when she was made angry by others. Specifically, when people talked negatively to her or about her were most difficult. Her responses in these situations were hurt feelings, arguing, saying negative things back or ignoring them.

Ada also identified stressful situations in which she felt she could manage herself better. She cited having a low tolerance for the screaming and noise from her housemates, school work in class when she's being timed and when she thinks about her future.

In addressing her attitude and level of self-control, we discussed alternative responses to the situations when people talked negatively to her. Through role-play, the worker modeled several appropriate responses to negative situations. Ada agreed to remove herself from the situation, to remain calm and to consult an authoritative figure. She also agreed to not to react physically or using obscene language.

Relaxation techniques such as counting, meditating, deep breathing, self-praise, and self-talking through the situation were also modeled to Ada. She particularly enjoyed
the deep breathing, self-praise and the meditation techniques. She agreed to employ all three and report her feelings. She also completed the MPSI.

This was the final session of the program. Ada was encouraged to combine the task taught throughout the program collectively. She informed me that she had already been using them and felt more confident in herself.

**Maintenance Phase Days 32 and 46**

The two weeks that followed the conclusion of the intervention phase concentrated on the reviewed the components of the social skills training program. It was conveyed to Ada that the program was a foundation that should be continuously built upon. She reported finding the program helpful and the tasks beneficial in improving how she felt about herself. She cited feeling confident in talking to others and had made two new friends in school. She reported feeling angry about some situations, but found that by deep breathing and meditating before responding, gave her the time to think about the situation before reacting.

A change in her behavior was also reported by the house parent. Where Ada was once identified as "quite" and "easy going", the house parent noticed that she has become more assertive and inquisitive about situations. She also reported that Ada is taking her time planning and writing down her ideas.
CHAPTER FOUR
PRESENTATION OF FINDINGS

The data from this study is graphically displayed. The attached graph is a display of the severity of the deficit of self-esteem in the subject. The MPSI was administered to the subject at seven day intervals.

The baseline phase of this study demonstrated clinical need for intervention. According to the scoring manual, a score of 30 or more represents the need for clinical intervention, the higher the score, the higher the level of severity of the problem being measured. There was little variance in the data during the baseline phase. Due to the results, the baseline phase was discontinued and the intervention program started during the next session.

The data gathered on day 11, the first day of the intervention program, demonstrates a representation of the severity of the subject's low level of self-esteem. At this administration, the subject was more relaxed and the client-worker relationship was secured, therefore the subject answered more open and honestly.

There was a slight decline in the scores of during the intervention days 11 and 18. This is significant in understanding the restructuring of the subject's cognitive patterns. The applied intervention at this phase concentrated on communication skills, the
LEVELS OF SELF-ESTEEM

SCORE

SEVERITY LEVEL

0 2 4 6 8 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46
1 3 5 7 9 11 13 15 17 19 21 23 25 27 29 31 33 35 37 39 41 43 45 47

DAY
foundation of social skills training. The subject reported feeling "better" about being able to talk with others. This sentiment increased her confidence in her ability to communicate and marked the beginning of her progress.

The decreased score on day 25 further validated an increased level of self-esteem. This score, demonstrated a minor decrease from the previous sessions, and is a significant decrease from the baseline results. The subject had completed the communication and problem solving skills components at the time of this administration. The results indicated that increasing self-esteem is a gradual process, that requires careful and specific instruction.

The increase of self-esteem in the subject is evidenced in the data from the maintenance phase. During this stage the subject practiced and maintained tasks of the intervention program without supervision. Her decreased score at the end of this phase revealed a significant decline in the severity of her self-esteem problem. The final data indicated that an increase in self-esteem had occurred and became stronger as time passed.

The final data reveals that the social skills training intervention program had a significant and successful impact on increasing the self-esteem of the subject. The subject displayed enhanced communication skills, more confidence in her ability to solve problems and improvement in her responses to stressful situations.
Limitations of the Study

The limitations of the study exist in the structure of the A-B design, element of time and interference of the agency guidelines on the mobility of the researcher.

The limitations of the basic single-system design are the converse of its strengths. The A-B design can provide clear information only on the changes in the problem between the baseline and intervention phases; it appears to, but does not necessarily, provide strong evidence about whether or not the intervention caused the observed change.

Time constraints also placed limits on the study. Due to the severity of the presented issue, the baseline phase was discontinued and the intervention program was implemented. An extended baseline period, would have allowed for more intense issues to emerge, therefore giving the researcher a better understanding of the extent of the self-esteem deficit.

Finally, the involvement of DFACS and the social service agency also contributed to the limitations on the mobility of the researcher. The policies and procedures for transporting the subject to activities outside of the home, that would have included exposure to structured activities aimed at increasing the subject's cultural identity, required weeks of investigation and the completion a training program, for which the time limited intervention program did not provide.
CHAPTER FIVE

CONCLUSION

The findings of this study suggests that social-skills training is an effective intervention strategy with maltreated children. The goal, at the commencement of this study, was to increase the subject's self-esteem. This was achieved during the intervention phase and continued throughout the program and maintenance period. The success of the social skills training package lies in the gradual building and enhancement of skills through structured and specific tasks.

In conclusion, the subject of this study demonstrated a an enhancement in self-esteem. There was also evidence that her overall behavior improved. A recent report card reported less problems in behavioral areas than those earlier in the school year. The subject's self-esteem continued to increase during the maintenance phase. The practicing and reinforcement of the intervention tasks confirms the importance of time in the restructuring of cognitive patterns and self-esteem.
Implications for Social Work

Social skills training programs have been successful in helping adults and nonmaltreated children improve their social skills and self-esteem. It is therefore a promising intervention for child victims of maltreatment with issues of self-esteem.

This study has shown that social skills training can be used successfully with maltreated children. Since social skills training concentrates on realistic and daily confronted situations, it's impact produces immediate results. The subject's active role in the program, provides the subject with the opportunity to observe and participate in progress. The intervention program can be structured to meet the subject's needs, placing emphasis on the issues that are the most detrimental to the subject.

Finally, social skills training is advantageous to the clinician as an intervention due to the flexibility in structure and the creativity of the intervention package. Further use of social skills training with maltreated children is needed to determine the effectiveness of the program with such a population, but when coupled with the wealth of research on similar populations, social skills training programs appear favorable.

Recommendations for Future Use

A recommendation for future use of this intervention program would be to use social skills training with a larger subject population and in conjunction with other treatment modalities. The larger subject population is suggested as a measure of support for the subjects. This support may provide them with the support and encouragement of others in similar situations.
In conjunction with other treatment modalities, social skills training can serve as a creative task in the treatment process. It is important to remember in treating maltreated children, that there are a variety of factors that contribute to their problems and that no one approach alone can address the problems. Workers should be eclectic in their treatment modality, treating the individual and not just the problem.
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