Effect of Providing Positive Feedback in One-on-One Interviews after Social Skills Training

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ABSTRACT

Aim: We examined the effect of feedback received after one-on-one interviews following social skills training (SST) on the social life of patients.
Methods: One-on-one interviews were held for approximately 10 min following SST. In each interview, the role-play contents and the positive aspects of the role-play were listed on a sheet of paper and reviewed with the patient. This intervention was performed for 6 months, and the level of social conformity was evaluated using Social Adjustment Scale (SAS) questionnaires administered prior to and after intervention.
Results: Individual patients' SAS scores before and after intervention were as follows: patient A, 3.00–3.06; B, 4.10–3.04; C, 2.56–2.50; D, 2.50–2.60; E, 1.55–1.35; and patient F: 3.04–2.83. The only significant improvement in SAS was shown by patient B.
Conclusions: For patients who do not remember the contents practiced in SST, review via interviews following SST helps promote skill acquisition. Positive feedback received following SST provides patients with a sense of reassurance and support to implement training with self-confidence. When issues addressed in SST involve patients' real-life troubles, and patients are assertive in solving these problems, the beneficial effects of one-on-one follow-up interviews are demonstrated, and change in lifestyles are observed.

Keywords: *social skills training, one-on-one interview, positive feedback, social conformity*

1. Introduction

Individuals with mental disorders not only have a mental disorder, but they often have impaired daily life behavior and interpersonal relationships, and consequently have difficulty with 'hardships in life'. Therefore, to solve various problems that arise in life, the department of psychiatry has been conducting social skills training (SST). At present, many mental health and welfare institutions are implementing SST as a method that uses cognitive behavioral therapy as a mean to improve interpersonal skills and to promote self-management and performance of activities of daily living. During SST sessions, patients' troubles are revealed through problem-solving skill training, and solutions are proposed. Thereafter, troublesome life situations are reproduced within the training environment, and solutions are demonstrated. The provision of positive feedback to patients through these role-play scenarios leads to effective learning (Nishizono, 2003). For patients with low self-esteem and mental disorders that impair interpersonal relationships, it is important for them to feel that they can "address" what they have learned through SST to their real-life troubles. In respect to this point, an earlier study suggested that the provision of positive feedback through role play is effective (Iwata, 2002). However, to date it has not been examined whether the feedback in limited scenarios during SST is adequate. In the present study, patients reviewed the content practiced during SST and subsequently received positive feedback in one-on-one interviews to help them implement the

2. Objectives

We examined the effect of feedback received after one-on-one interviews following social skills training on the social life of patients.

3. Participants

6 SST participants from a university hospital.

4. Methods

Study period

October 2009 to the last day of March 2010.

Data collection method

Study participants underwent one-on-one interviews for approximately 10 min upon completion of SST, only when role-plays were conducted during a SST session. The interviews were conducted with a sheet of paper listing objectives, role-play content, and positive aspects of the role-play; all these points were reviewed. The one-on-one interviews were conducted over a 6-month period. To examine the effect of the interviews related to social conformity, we administered a SAS questionnaire at the start of the intervention and 6 months later.

Data analysis method

Changes in the degree of social conformity for each participant were examined on the basis of the overall SAS mean and the SAS values. Furthermore, the effects of the interviews in the present study were examined according to the role-play content, the implementation of the content practiced during SST, and the state of SST participation.

Ethical considerations

The study was approved by the nursing research ethics committee affiliated with the hospital (A7066) . Written informed consent was obtained from the participants after explaining to them the purpose of the study. Further, they were informed that participation in the study was voluntary and they were free to withdraw from the study even after providing consent with absolutely no disadvantage incurred upon withdrawal of participation. Regarding the data, participants were assured that the study data would be securely maintained and would not be used for any purpose other than the present study, and that the results of the present study would be used in conference presentations and manuscript submissions, but in such a way that the individuals' identities will not be disclosed.

5. RESULTS

Figure 1 shows the overall mean values in the SAS of 6 patients (patients A–F), without any loss from SST withdrawal. Individual patient SAS scores before and after intervention were as follows: patient A, 3.00–3.06 (statistically unchanged); B, 4.10–3.04 (improved); C, 2.56–2.50 (unchanged); D, 2.50–2.60 (unchanged); E, 1.55–1.35 (slight improvement); and patient F: 3.04–2.83 (slight improvement)..

Table 1 lists daily life troubles, role-play content practiced during SST, praise given during interviews, and state of problem implementation. Figure 2 depicts the SAS values for patient B, who showed considerable improvement. Prior to intervention, patient B's scores were particularly low, as shown with the dark shading, with 4.25 points for performance, 5.00 for interpersonal relationships, 4.00 for work, 4.29 for social life, and 4.00 for nonfamily relationships. All scores improved by 1.00 or more points after intervention.

6. Discussion

In the present study, on examining the effect of interviews while reviewing the content of examples, patient B showed an improvement in SAS, whereas the other 5 patients showed almost no change.

Patient B suffered from social-anxiety disorder and exhibited characteristics of extremely intense interpersonal stress with an SAS interpersonal relationship score of 5.0. According patient B's SAS values (Figure 2), communication with nonfamily individuals was particularly poor, and in the workplace, he was unable to ask his supervisors about work, an anxiety that manifested into a strong tic. We believe that practicing such situations through role-plays and then implementing lessons learned in real life enabled the tic to be reduced and may have led to improved SAS.

SAS improved only in patient B, who participated differently to the problems undertaken during SST compared to the other 5 individuals. His participation differed in that he voluntarily shared his problems, he was able to implement the content of the problem in his real life trouble, and the skills he learned during SST were useful. None of the patients other than patient B met all of these conditions. Thus, we believe that these conditions are necessary for SST to improve patients' real-life situations.

Patient B was able to implement lessons learned in SST because of the influence of the interview in the present study. Upon completion of the study, patient B said that he "wanted to continue the interviews. Even with the

role-plays, I don't remember much due to being stressed. It would be very helpful if I am able to confirm what I've learned in the end." Therefore, for SST participants who do not remember the content practiced because of anxiety or stress, review following SST helped participants learn the skills. Furthermore, the fact that patient B requested support through interviews suggests that the interviews provide a sense of reassurance and self-confidence.

7. Conclusion

For patients who do not remember the content practiced in SST, review via interviews following SST helps promote skill acquisition. Positive feedback received following SST provides patients with a sense of reassurance and can support implementation of the feedback with self-confidence. When issues addressed in SST involve patients' real-life troubles, and patients are assertive in solving these problems, the beneficial effects of one-on-one follow-up interviews are demonstrated and change in patients lifestyles are observed.

ACKNOWLEDGEMENTS

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Figures

Figure 1: Overall mean SAS values for patients A–F before and after intervention.
(The lower the score on a 5-point scale, the better the social conformity.)
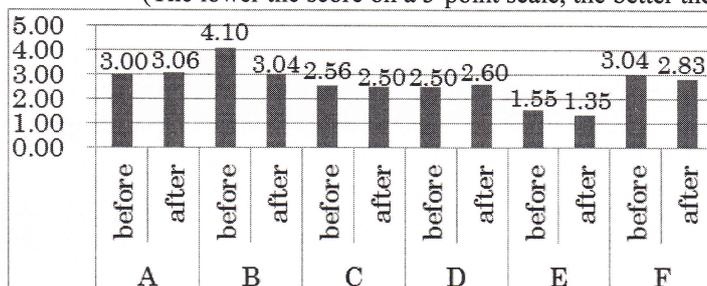
3.00	3.06	4.10	3.04	2.56	2.50	2.50	2.60	1.55	1.35	3.04	2.83
before	after	before	after	before	after	before	after	before	after	before	after
A		B		C		D		E		F	

Figure 2: SAS values for patient B

Overall	work	social	Ex family	Marital	Parental	Family
before 4.10 after 3.04	4.17 3.00	4.29 3.18	4.00 3.00	not applicable	not applicable	3.00 2.00
Performance before 4.25 after 3.00						
Interpersonal before 5.00 after 3.83						
Friction before 1.00 after 1.50						
Feelings before 3.86 after 2.86						

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Tables

Table 1: Problems to be addressed in SST for Patients A–F

	Trouble	Role-Play Content	Praise	Problem Implemented	Participation
Patient A In his 20s Male Social-anxiety disorder	When he cannot find a book that he is looking for in the library, he is unable to ask the librarian. He does not know how many books he can borrow from the library. He does not know how to get a library card.	1st item: He said to the librarian, "Excuse me, but I can't find a book that I'm looking for." After receiving help, he gave thanks by saying, "Thank you." In general, his voice is very meek, so we helped him become more conscious of using a louder voice. 2nd item: He asked the librarian, "Excuse me, do you have the book called XXX?" 3rd item: He asked the librarian, "How many books can I borrow?" 4th item: He asked the librarian, "I'd like to get a library card. What all do I need to get it?" 5th item: He said to the librarian, "I have everything I need to get a library card. Can I please borrow this book?"	1st item: He made eye contact and spoke with a clear voice. 2nd item: He spoke politely. He did a good job in clearly asking a question. 3rd item: He spoke very politely and naturally. 4th item: He had a good loud voice. 5th item: He spoke politely and made eye contact.	1st item: Not implemented. 2nd item: Not implemented. 3rd item: Implemented. 4th item: Implemented. 5th item: Implemented.	Attendance: 14 sessions Problems were not shared voluntarily; only after staff encouragement. However, they were not profound problems. Homework was partially implemented.
Patient B In his 20s Male Social-anxiety disorder	Sometimes at work, he does not know what to do and does not ask his supervisors because he thinks he will disturb the supervisor. He thus gets stressed, which manifests into a strong tic. After quitting work, he was at a loss as to how to reply when asked, "What do you do at work?"	1st item: At work, he asked his supervisor, "Sorry for disturbing you while you're busy, but what should I do next?" 2nd item: If possible, he does not answer but says, "I'm a little busy." Or, depending on who is asking, he replies, "I'm not well, so I'm taking a day off." 3rd item: He inquired again by saying, "Sorry, it was a little hard to catch what you said. Could you please repeat it more slowly?"	1st item: He asked clearly. From the perspective of the supervisor, there was no ill feeling. 2nd item: He replied clearly. 3rd item: He gave no impression of rudeness, speaking politely and clearly.	1st item: Implemented. His stress at work eased, and the tic manifestation were reduced. 2nd item: Although not implemented, he understood how to answer and was relaxed. 3rd item: Although not implemented, it was good that he understood how to answer.	Attendance: 13 sessions He voluntarily shared his problems. The homework was partially implemented, and the skills learned during SST were useful.

	When he gets anxious, he does not understand what the other person is saying. He gets upset about not being able to have a conversation.				
Patient C In his 30s Male Schizophrenia	He performs poorly at small talk

He does not know how to end a conversation. | 1st item: He made small talk with SST members. He greeted them and then spoke about the weather.

2nd item: He made small talk with SST members. He greeted them with "Hello. It's hot, isn't it? It's hot, but did you go anywhere?" Then he talked about movies.

3rd item: He made small talk with the SST members and ended the conversation by saying, "Please tell me about that again next time." | 1st item: His expression was bright. While he spoke, he looked straight at the other person.

2nd item: He conveyed how he was feeling. He questioned with interest what the other party was talking about.

3rd item: He was able to end a conversation naturally. | 1st item: Not implemented.

2nd item: Not implemented.

3rd item: Not implemented. | Attendance: 9 sessions Although he shared his problem, it was not particularly detriment in his life. |
| Patient D In his 40s Male Depression | None. | None. | None. | | Attendance : 14 sessions Absolutely no problems were shared. He gave advice to the other members. |
| Patient E In her 40s Female Schizophrenia | She does not know how to end a phone call with a friend. | 1st item: After remaining silent for a while, she cut in with, "We've spoken for a long time. Should we hang up?" After the other party said, "Yes," she said, "Thanks. Well, talk to you next time." | 1st item: She was able to end the phone call naturally. | 1st item: Not implemented. | Attendance : 12 sessions Although one problem was shared voluntarily, it was not a serious problem. |

Patient F In his 50s Male Depression	He talks to his wife about his illness, wanting her to understand his hardships. But she gets angry, saying, "I don't know anything about that!" This makes him go silent.	1st item: He talked to his angry wife, saying, "Sorry for asking about something you don't know. I've been sick for so long already that I am worried about whether I'll ever get better." 2nd item: He invited his wife to talk by saying, "Have you got time? Can we go for a walk?" Then he talked about his illness by cutting in with, "I just want you to listen and don't necessarily want any answers. Can you just listen without getting angry?"	1st item: His expression was good, and he conveyed the feeling of being sorry. He spoke slowly, being careful of how he spaced his words. 2nd item: He was able to converse with a bright, easy aspect.	1st item: Not implemented. 2nd item: Not implemented.	Attendance : 13 sessions The problem was shared voluntarily; however, the homework was not implemented.
		3rd item: He said to his wife, "I'm worried about whether I will ever be able to return to work. Can we think about it together? It doesn't matter if you don't have any answers, I would just like to talk."	3rd item: He understood that his wife was troubled and was able to talk with an easy aspect.	3rd item: Not implemented.	