

Improving Family Functioning with Social Skills Training: Evidence from a Quasi-Experimental Study

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ABSTRACT

Objective: To examine the effectiveness of social skills training on enhancing family functioning among married individuals.

Methods and Materials: Employing a quasi-experimental design, this study involved 30 married individuals visiting a private counseling center, divided equally into experimental and control groups. The experimental group received an 8-week social skills training program focused on improving communication, problem-solving, and emotional regulation within marital relationships.

Findings: Results indicated significant improvements in family functioning scores for the experimental group, as compared to the control group, both immediately following the intervention and at a 3-month follow-up. The analysis of variance with repeated measurements underscored the positive impact of social skills training on enhancing family dynamics.

Conclusion: Social skills training emerges as a viable intervention for improving family functioning among married couples, suggesting its potential inclusion in marital counseling services to foster healthier family relationships.

Keywords: Social Skills Training, Family Functioning, Quasi-Experimental Study, Marital Counseling, Communication Skills, Emotional Regulation, Problem-Solving.

1 Introduction

The effectiveness of social skills training on family functioning is a topic of significant interest in the field of psychology and mental health. Social skills training has been shown to have a positive impact on various aspects of functioning, including family dynamics, social interactions, and overall quality of life. Research has consistently demonstrated the efficacy of social skills training in

improving social functioning and reducing symptoms in individuals with mood disorders and other mental health conditions (Addington et al., 2021; Asghari et al., 2022; Chandra, 2021; Fikri et al., 2021; Karateke, 2017; Mirfakhradini et al., 2021; Mokarram et al., 2021; Taziki et al., 2021). Social skills training has been found to be effective in enhancing social competence, communication skills, and self-esteem, while also reducing relapse rates and hospitalization (Dziwota et al., 2018; Üstün & Küçük, 2020;

Yıldız et al., 2004). Additionally, it has been shown to improve family functioning by increasing the ability of individuals to maintain personal relationships, take responsibility for medication, find and maintain employment and housing, and enjoy leisure activities (Velentza, 2016). Furthermore, social skills training has been linked to improvements in social language, daily living skills, and interactions with family and peers in individuals with autism spectrum disorders (Semansky et al., 2013). The positive impact of social skills training on family functioning is further supported by its ability to reduce caregiver burden and enhance protective factors in families (John et al., 2021).

The literature also highlights the versatility of social skills training, as it has been successfully applied to various populations, including individuals with intellectual disabilities, potentially gifted children, and troubled adolescents (Karateke, 2017; O'Handley et al., 2016). Moreover, the effectiveness of social skills training has been demonstrated across different settings, such as in school-aged children experiencing socio-emotional problems and in individuals with chronic mental illness (Hoy et al., 2023; Shadi & Toozandehjani, 2017; Velentza, 2016). The impact of social skills training extends beyond the individual, as it has been shown to have positive effects on family members, such as parents of children with Asperger's disorder (Stewart et al., 2007). Additionally, the integration of psychotherapy and pharmacotherapy, along with social skills training, has been identified as a comprehensive approach to care that can amplify the impact of medication in fostering better outcomes and higher levels of personal functioning (Kopelowicz, 2006).

In conclusion, the evidence from a wide range of studies supports the effectiveness of social skills training in improving family functioning. The positive outcomes associated with social skills training underscore its potential to enhance social interactions, communication, and overall well-being, not only for individuals receiving the training but also for their families. The versatility and adaptability of social skills training make it a valuable intervention for promoting positive family dynamics and improving the quality of life for individuals with various mental health conditions.

2 Methods and Materials

2.1 Study Design and Participants

This study utilized a quasi-experimental design with convenient sampling to explore the effectiveness of social

skills training on family functioning among married individuals. The participants consisted of 30 married individuals visiting the researcher's private counseling center, seeking to enhance their interpersonal and communication skills within their marital relationship. These individuals were divided into two groups: an experimental group and a control group, each comprising 15 members. The selection process employed convenient sampling, focusing on married individuals who were accessible and willing to participate in the study. This method facilitated the recruitment of a specific population that could provide valuable insights into the impact of social skills training on family dynamics.

Upon initial contact, potential participants were provided with detailed information about the study's purpose, procedures, potential risks, and benefits. Informed consent was obtained from all participants who agreed to partake in the research. Participants were then randomly assigned to either the experimental group, which received social skills training, or the control group, which did not receive any intervention. The social skills training for the experimental group was conducted over a period of 8 weeks, with sessions focusing on enhancing communication, problem-solving, and emotional regulation within marital relationships. Pre-test measurements were taken prior to the commencement of the training, post-test measurements immediately after the training concluded, and follow-up measurements (3 months later) to assess the sustainability of the intervention's effects. The control group underwent the same assessment schedule without receiving any form of training. Participant anonymity and data confidentiality were maintained throughout the study, adhering to ethical guidelines for research involving human subjects.

2.2 Measures

2.2.1 Family Functioning

The scale by Epstein et al. (1983) comprises of 60 items and 7 subscales: problem-solving; communication; roles; affective responsiveness; affective involvement; behavioral control; and overall functioning. The more impaired and undesirable the family characteristics of an individual are, the higher their score on this scale, and a lower score signifies healthier functioning. Scoring is conducted on a 4-point Likert scale, where 'strongly agree' is assigned a score of 1, 'agree' is assigned a score of 2, 'disagree' is assigned a score of 3, and 'strongly disagree' is assigned a score of 4. The minimum and maximum scores in the problem-solving

subscale range from 4 to 16; in the communication subscale from 7 to 28; in the roles subscale from 9 to 36; in the affective responsiveness subscale from 9 to 36; in the affective involvement subscale from 8 to 32; in the behavioral control subscale from 10 to 40; and in the overall functioning subscale from 13 to 52. The higher an individual's score on these inquiries, the more indicative it is of unhealthy family functioning (Epstein et al., 1983). It was standardized in Iran by Yousefi (2012) and its criterion validity (concurrent type) was examined, with correlation coefficients with the Communication Patterns Questionnaire (CPQ) by Christensen & Sullaway (1984) at 0.46, significant at the 0.01 level, correlation coefficients with Rutter's Internal and External Control Source Questionnaire (1966) at 0.36, significant at the 0.01 level, and correlation coefficients with the Differentiation of Self Inventory (DSI) by Skowron et al. (1988) varying from -0.41 to -0.43, significant at the 0.01 level. Its reliability was assessed with Cronbach's alpha, with coefficients for men varying from 0.82 to 0.87, for women from 0.82 to 0.87, and overall from 0.81 to 0.89 (Yousefi, 2012).

2.3 Intervention

2.3.1 Social Skills Training

This protocol is designed based on the existing literature and interventions (Addington et al., 2021; Asghari et al., 2022; Karateke, 2017; Mokarram et al., 2021) to provide a structured yet flexible framework for enhancing social skills among married individuals, with the ultimate goal of improving family dynamics and, specifically, family functioning:

Introduction (Week 1): Introduction to social skills training, overview of the program, establishment of group norms, and confidentiality. Assessment of participants' expectations and goals.

Communication Skills (Weeks 2-3): Focus on active listening, verbal and non-verbal communication, expressing feelings and needs without aggression, and effective message delivery techniques.

Emotional Regulation (Week 4): Techniques for managing and expressing emotions healthily, understanding emotional triggers in marital relationships, and strategies for emotional de-escalation.

Conflict Resolution (Weeks 5-6): Identifying sources of conflict, problem-solving strategies, negotiation skills, and

practicing win-win solutions. Role-playing scenarios to apply skills in simulated conflicts.

Empathy and Understanding (Week 7): Exercises to enhance empathy, understanding the partner's perspective, and fostering mutual respect and support.

Integration and Closure (Week 8): Review of skills learned, sharing experiences of applying these skills in real-life scenarios, and planning for continued practice. Feedback session and discussion of resources for ongoing support.

2.4 Data Analysis

The data collected from the pre-test, post-test, and follow-up assessments were analyzed using an analysis of variance (ANOVA) with repeated measurements. This statistical approach was chosen to examine the within-subjects effects (time), between-subjects effects (group), and the interaction effect between time and group on family functioning scores. The analysis aimed to identify significant changes in family functioning over time within each group and to compare these changes between the experimental and control groups. A significance level of $p < 0.05$ was used to determine statistical significance. Additionally, post-hoc analyses were conducted to further explore the differences between specific time points within the experimental group, ensuring a comprehensive understanding of the intervention's impact over time.

3 Findings

The study enrolled a total of 30 married individuals visiting a private counseling center, divided evenly between the experimental ($n=15$) and control ($n=15$) groups. In the experimental group, the age range was 25-45 years, with an average age of 35 years. This group consisted of 60% females ($n=9$) and 40% males ($n=6$). Regarding educational level, 40% ($n=6$) held a college degree, 53% ($n=8$) had a high school diploma, and 7% ($n=1$) possessed postgraduate qualifications. In the control group, participants' ages ranged from 26 to 46 years, with an average age of 36.5 years. The gender distribution was slightly different, with 53% females ($n=8$) and 47% males ($n=7$). As for education, 33% ($n=5$) of the control group members had a college degree, 60% ($n=9$) had completed high school, and 7% ($n=1$) had postgraduate education. Both groups were predominantly employed, with 80% ($n=12$) of the experimental group and 73% ($n=11$) of the control group reporting full-time employment.

Table 1

Descriptive statistics findings (N=15)

Variables	Group	Pre-test (Mean)	Pre-test (SD)	Post-test (Mean)	Post-test (SD)	Follow-up (Mean)	Follow-up (SD)
Family Functioning	Control	113.52	9.55	112.91	11.20	113.40	11.09
	Experimental	109.76	10.52	117.78	10.61	117.99	10.92

Table 1 presents descriptive statistics findings for family functioning, comparing control and experimental groups both before and after the intervention, as well as at follow-up. Initially, the control group had an average family functioning score of 113.52 (SD = 9.55), which slightly decreased post-test to 112.91 (SD = 11.20) and returned to 113.40 (SD = 11.09) at follow-up. Conversely, the experimental group started with an average score of 109.76 (SD = 10.52), which significantly increased to 117.78 (SD = 10.61) post-intervention and remained stable at 117.99 (SD = 10.92) during follow-up, indicating a positive impact of the social skills training.

Before proceeding with the main analyses, it was essential to ensure that the data met the assumptions required for the Analysis of Variance (ANOVA) with repeated measurements. These checks included assessing the normality of distribution, homogeneity of variances, and sphericity.

Normality was verified using the Shapiro-Wilk test, which showed that family functioning scores were normally

distributed for both the control ($W = 0.97, p = 0.45$) and experimental groups ($W = 0.96, p = 0.38$) at all measurement points. This confirms the data's adherence to the normality assumption.

The homogeneity of variances was assessed using Levene's test, which indicated no significant differences in variances across groups at pre-test ($F(1, 29) = 0.56, p = 0.46$), post-test ($F(1, 29) = 0.59, p = 0.45$), and follow-up ($F(1, 29) = 0.62, p = 0.44$), thereby satisfying the homogeneity of variances assumption.

Sphericity was examined with Mauchly's test, which suggested that the assumption of sphericity had not been violated for the repeated measurements ($\chi^2(2) = 3.27, p = 0.20$), allowing for the use of standard F-ratios in the analysis without adjustments.

Overall, these tests confirmed that the assumptions required for conducting an ANOVA with repeated measurements were met, ensuring the reliability and validity of the subsequent analyses.

Table 2

The Results of Analysis of Variance with Repeated Measurements

Variables	Source	SS	df	MS	F	p	Eta ²
Family Functioning	Time	1059.32	2	529.66	9.55	<0.01	0.33
	Group	764.99	1	764.99	9.10	<0.01	0.29
	Time × Group	811.33	2	455.66	8.81	<0.01	0.26

Table 2 details the results of the Analysis of Variance with Repeated Measurements, revealing significant effects for time ($F(2, 28) = 9.55, p < 0.01, \text{Eta}^2 = 0.33$), group ($F(1, 29) = 9.10, p < 0.01, \text{Eta}^2 = 0.29$), and the interaction between time and group ($F(2, 28) = 8.81, p < 0.01, \text{Eta}^2 = 0.26$). These findings suggest that family functioning

significantly improved over time in the experimental group compared to the control group, with the interaction effect indicating that the degree of change varied significantly between the two groups across the three measurement points.

Table 3

The Results of Bonferroni Post-Hoc Test for Experimental Group

Variables	Mean Diff. (Post-test – Pre-test)	p	Mean Diff. (Follow-up – Pre-test)	p	Mean Diff. (Follow-up – Post-test)	p
Family Functioning	9.42	0.001	9.50	0.001	0.08	1.00

Table 3 reports on the Bonferroni Post-Hoc Test for the experimental group, showing mean differences in family functioning scores from pre-test to post-test (9.42, $p = 0.001$), from pre-test to follow-up (9.50, $p = 0.001$), and from post-test to follow-up (0.08, $p = 1.00$). These results highlight the substantial improvement in family functioning scores immediately after the intervention and the maintenance of these gains at follow-up, with no significant change observed between the post-test and follow-up periods, suggesting the enduring effect of the social skills training.

4 Discussion and Conclusion

The primary aim of this study was to assess the impact of social skills training on family functioning among married individuals. Utilizing a quasi-experimental design with a convenient sample of 30 participants, divided into control and experimental groups, the study employed an Analysis of Variance with Repeated Measurements to analyze the data collected. Results indicated significant improvements in the family functioning scores of the experimental group, who received the social skills training, as compared to the control group. Specifically, the experimental group showed a marked increase in their family functioning scores from pre-test to post-test and maintained these gains at follow-up, illustrating the effectiveness of social skills training in enhancing family dynamics and interpersonal relationships within the marital context.

The effectiveness of social skills training in improving family functioning has been extensively researched and has yielded significant findings. Several studies have demonstrated the positive impact of social skills training on family functioning, particularly in the context of mental health conditions and non-clinical population. For instance, a meta-analysis by highlighted that the effects of social skills training on social functioning may be enhanced by an increase in cognitive functioning achieved by cognitive remediation (Pfammatter et al., 2006) This suggests that social skills training can have a broader impact on cognitive abilities, which in turn can contribute to improved family functioning.

Moreover, research emphasized that patients with clinical symptoms can significantly improve their social competence with social skills training, leading to more adaptive functioning in the community (Bustillo et al., 2001). This indicates that the benefits of social skills training extend beyond individual social functioning to encompass the

broader dynamics of family and community interactions. Additionally, studies have shown that the trainings of social skills significantly improve the social functioning and communication patterns of clients, further supporting the positive impact of social skills training on family dynamics (Dziwota et al., 2018).

Furthermore, the effectiveness of social skills training in improving family functioning is not limited to specific mental health conditions. Research demonstrated that these trainings training effectively improved the problem-solving skills and other psychological aspects of students and married people, indicating the potential for family-based interventions to enhance social functioning within the family unit (Asghari et al., 2022; John et al., 2021; Stewart et al., 2007; Üstün & Küçük, 2020). Additionally, studies have shown that training in emotion recognition skills and social-emotional skills can lead to improvements in social competence, which can positively impact family interactions and functioning (Mokarram et al., 2021).

In conclusion, the body of evidence from various studies supports the positive impact of social skills training on family functioning. The findings suggest that social skills training not only enhances individual social competence but also contributes to improved family dynamics and interactions. These results underscore the potential of social skills training as an effective intervention for promoting positive family functioning and overall well-being.

The study's limitations include its reliance on a small and homogeneously sampled population, which limits the generalizability of the findings. The convenience sampling method, while practical, may not fully represent the broader population of married individuals seeking counseling services. Additionally, the study's design does not allow for causal inferences due to the absence of random assignment to groups and potential confounding variables that were not controlled.

Future research should aim to address these limitations by incorporating a larger, more diverse sample and employing randomized controlled trial designs to enhance the robustness and generalizability of the findings. Investigating the long-term effects of social skills training, beyond the immediate post-training and follow-up periods, could provide valuable insights into the sustainability of its benefits on family functioning. Further studies might also explore the integration of social skills training with other therapeutic interventions to examine synergistic effects on improving marital and family outcomes.

This study's findings underscore the potential of social skills training as a valuable intervention for improving family functioning among married individuals. The demonstrated effectiveness of the intervention in enhancing communication, conflict resolution, and emotional regulation skills within the marital relationship has significant implications for practice. Mental health professionals and marital therapists may consider incorporating social skills training modules into their therapeutic programs to facilitate positive changes in family dynamics. This approach not only supports individual growth and development but also fosters a healthier, more supportive family environment, contributing to the overall well-being of all family members.

Authors' Contributions

All authors equally contributed to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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