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ABSTRACT

Interventions for adolescent substance abuse currently include social skills training components despite the fact that the nature and extent of social skills problems among adolescents who abuse substances has yet to be documented in the research. In the current investigation, 95 adolescents who were in treatment for substance abuse were compared with 97 normal adolescents on self-reports of social skills obtained using the Social Skills Rating System--Student Form (SSRS-S). Boys in treatment self-reported significantly greater deficits than normal boys on total social skills and on all four subscales. Girls in treatment self-reported significantly greater deficits on subscales labeled cooperation and assertion than normal girls but did not differ significantly from normal girls on subscales labeled empathy and self-control. Despite these reported differences, a majority of adolescents in the substance abuse treatment groups did not self-report social skills problems. Discussion focuses upon implications for assessment, prevention, and intervention. (Author)

Comparing Social Skills of Adolescents in Substance Abuse Treatment and Normal Adolescents

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Abstract

Interventions for adolescent substance abuse currently include social skills training components despite the fact that the nature and extent of social skills problems among adolescents who abuse substances has yet to be documented in the research. In the current investigation, 95 adolescents who were in treatment for substance abuse were compared with 97 normal adolescents on self-reports of social skills obtained using the Social Skills Rating System - Student Form (SSRS-S). Boys in treatment self-reported significantly greater deficits than normal boys on total social skills and on all 4 subscales. Girls in treatment self-reported significantly greater deficits on subscales labeled cooperation and assertion than normal girls but did not differ significantly from normal girls on subscales labeled empathy and self-control. Despite these reported differences, a majority of adolescents in the substance abuse treatment groups did not self-report social skills problems. Discussion focuses upon implications for assessment, prevention, and intervention.

Summary

Substance abuse among young people has been described as "one of the greatest challenges of our time" (p. 612; Shedler & Block, 1990). In support of such a statement is the current evidence that teenage use of alcohol and drugs in the United States surpasses usage by the same age group in any other industrialized nation (Johnston, O'Malley. & Bachman, 1992). Not surprisingly, interest in research which furthers understanding of the problem of substance abuse among adolescents is growing. An example of such research is a recent prospective study which followed subjects from preschool ages through age 18 and identified a general pattern of psychological maladjustment which was associated with adolescent substance abuse (Shedler & Block, 1990). Specifically, one of three major patterns of maladjustment for the subjects who were substance abusers at age 18 was a pattern of problematic interpersonal relationships and this pattern was evident as early as age 7.

Thus, careful attention to social functioning is clearly merited in the interest of increasing our understanding of adolescent substance abuse. The current investigation sought to determine if adolescents in substance abuse treatment programs differed significantly from control adolescents on self-reports of social skills. This is an important issue because many prevention and intervention programs already include social skills training components (e.g., see Botvin et al., 1990; Morgan, 1993) despite the fact that the nature and extent of social skills problems among adolescents who abuse substances has yet to be documented within the research. Additionally, because social skills are discrete behaviors (as opposed to personality constructs) which are known to be trainable (see Dodge, 1989), the demonstration of differences between substance abusers and controls on self-reported social skills would have implications for assessment and for prevention and intervention planning.

Method

Subjects were 103 males and 89 females between the ages of 14 and 18 from an urban southeastern area. 54 of the male subjects and 41 of the female subjects were current participants in a hospital substance abuse treatment program or in an outpatient substance abuse counseling group. These subjects had a mean age of 16.01 and will be referred to as treatment subjects. The control subjects were 49 male and 48 females who were attending a "lab" school associated with a university. The control subjects had a mean age 16.28 years. Written parent and subject consent was obtained for all participating subjects

The nationally standardized Social Skills Rating System - Student Form (SSRS-S; Gresham & Elliott, 1990) was selected to measure self-reported social skills. On the SSRS-S, each subject is asked to rate the frequency with which he or she exhibits each of 39 prosocial behaviors. These 39 behaviors are further subdivided into 4 subscales labeled cooperation, assertion, empathy, and self-control. Low scores on the total scale and each of the subscales are indicative of deficient social skills. Internal consistency was reported to be $\underline{r} = .83$ for the total scale and to range from $\underline{r} = .67$ to $\underline{r} = .77$ for the subscales.

Results and Discussion

The SSRS-S has separate norms for males and females because sex differences were evident during standardization in male versus female responses. Therefore, the analyses which follow were completed separately for males and females. Table 1 presents the results of one-way ANOVAs completed with group status (i.e., treatment versus control) serving as the independent variable and the SSRS-S variables serving as dependent variables. As can be seen from Table 1, for the male subjects, all of the Fs were significant. For the females, Fs were significant for total social skills, cooperation, and assertion, but not for empathy or self-control. Next, in order to further understanding of the extent of social skill problems among the adolescents in substance abuse treatment, table 2 presents the percentages of male and female

subjects from the treatment and control groups who scored 1 standard deviation or more below the mean for the national standardization sample on each variable.

Thus, having self-reported social skills deficits was found to be significantly related to being in treatment for substance abuse. The association among these variables was stronger for boys than for girls as treatment boys differed from control boys on all 4 subscales while treatment girls differed significantly from control girls on just 2 of the subscales. That the boys had deficits on all subscales suggests that the social skills deficit of the treatment boys may be more global. It is perhaps more interesting that girls did not have deficits on 2 of the 4 subscales. This finding raises the possibility, which requires further study, that, for girls at least, some domains of social skill functioning may be more important in explaining substance abuse than others. Inspection of the percentages on table 2 suggests that cooperation problems may be especially salient in relation to substance abuse among girls. 41% of the girls in treatment self-reported deficiencies in cooperation compared to 18% of girls in the control group. Cooperativeness is known to be important to peer standing among preadolescent girls (see Coie et al., 1990, for review). The current finding is consistent with speculation that cooperation may continue to have prominence in the adjustment of girls into adolescence.

The percentages on table 2 raise another practical issue. Specifically, a majority of adolescents in the treatment groups do not self-report social skills problems. Thus, even though treatment subjects differed significantly from control subjects in their social skills, the blanket application of social skills training to adolescents presenting for substance abuse problems may be both unnecessary and inefficient. A preintervention assessment which includes an assessment of social skills may benefit both the efficiency and the efficacy of the intervention. A multisource assessment (i.e., parent, teacher, and self-reports) would be useful because some adolescents may be reluctant to self-report problems.

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Table 1.

Summary of results of One-Way Analysis of Variance for Groups on Self-Reported Social Skills[a]

	Males			Females		
Dependent variable	Treatment group	Control group	F	Treatment group	Control group	F
Total social skills	43.78 (9.39)	53.38 (8.78)	(1,90) 25.71*	50.63 (10.25)	55.30 (10.20)	(1,79) 4.21**
Cooperation	11.42 (3.13)	14.02 (2.69)	(1,95) 19.31*	13.18 (3.24)	14.68 (3.30)	(1,84) 4.48**
Assertion	11.92 (3.23)	14.13 (3.56)	(1,95) 10.24*	12.27 (3.17)	13.69 (3.22)	(1,84) 4.24**
Empathy	12.64 (3.88)	15.69 (2.87)	(1,98) 19.78*	16.29 (3.07)	17.44 (3.21)	(1,87) 2.91
Self-control	8.58 (3.79)	10.67 (3.31)	(1,97) 8.55*	9.23 (4.08)	10.57 (3.48)	(1,84) 2.71

[a]Values in table represent group means and standard deviations (in parentheses) for raw scores. Values for degrees of freedom differ from variable to variable within same sex groupings because scores could not be obtained for some subjects on some variables due to subjects nonresponding on some items within that variable.

*$p < .01$. **$p < .05$.

Table 2.

Percentage of Males and Females from the Substance Abuse Treatment Groups and Control Groups Who Scored More Than 1 Standard Deviation Below the Mean[a] on Each Social Skills Variable

	Groups			
	Male		Female	
Variable	Treatment	Control	Treatment	Control
Total social skills	36%	4%	26%	16%
Cooperation	31%	11%	41%	18%
Assertion	14%	6%	14%	7%
Empathy	25%	4%	17%	11%
Self-control	31%	16%	25%	15%

[a]Means for the same sex from the national standardization sample as reported in the Manual for the Social Skills Rating System were used. The raw scores that were equal to 1 standard deviation below the mean were the same for both sexes on Assertion and Self-Control. On the other 3 variables the raw scores equal to 1 standard deviation below the mean were higher for females than for males.