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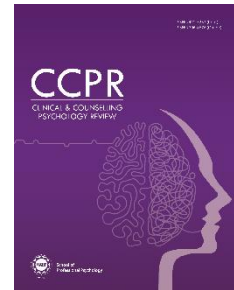
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Author (s): Ayesha Asghar


Affiliation (s): Support For Your Life, Sacramento, California, United States

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Effectiveness of Social Skills Training Program on a Withdrawn Child from a Shanty Town: A Case Study

Ayesha Asghar*

Support For Your Life, Sacramento, California

Abstract

The current case study describes the effectiveness of social skills training in enhancing the academic performance of a 7 years old girl studying in a shanty town school. Family history and academic history showed the gradual development of her problem. Assessments via observation, clinical interview, and portage guide to early education (PGEE) further confirmed that she tended to be socially isolated, lacked initiative and participation in class activities, and had no friends. Numerous techniques were used to achieve the goal, such as physical prompts, modeling, and play therapy (drawing and painting). A remarkable change was observed both in her academic and social functioning after 12 sessions. The therapist faced many challenges including difficulty in building rapport and absence of contact with parents while dealing with the particular child.

Keywords: academic performance, shanty town, social functioning, social skills

Introduction

Childhood is the time for social expression. Ideally, children are supposed to learn new social skills by interacting with their peers during their childhood (Vila et al., [2021](#)). However, for some children, it is very difficult to make new friends and interact with others. Failure to do so may result in social isolation and withdrawn behavior (Coplan et al., [2021](#)). At an early age, these social difficulties experienced by the child may go unnoticed, particularly when the child is cooperative and compliant. A child who experiences such social challenges while interacting with others is likely to benefit from social skills training (Shamsaei et al., [2017](#)). Therefore, the identification and enhancement of social skills during childhood is very important. This is because the children who can communicate effectively or have adequate social skills are likely to have successful social relationships (Schlotman, [2023](#)). As supported by

*Corresponding Author: ayeshaasghar011@gmail.com

evidence, parents play a crucial role in children's life because they are the first and most frequent individuals with whom children interact (Wilder et al., [2023](#)).

The current case study examines the difficulties in social interaction and academic difficulties faced in early childhood. The literature defines social skills as different verbal and non-verbal behaviors learnt at home and from family members through observation, feedback, rehearsals, and modeling. Moreover, it shows that if social skills are not learned during childhood, then it affects academics, creates social adjustment problems, and impacts other learning in the future (Wentzel et al., [2021](#)). It may also lead to adjustment problems and serious psychological problems in later life. The children lacking social skills are less assertive and have a low efficiency level as compared to other children (Bandura, [1978](#)). Children observe others' behavior and imitate it. If the outcome of that behavior is socially appreciated, then they may do it again. The efficiency of the children also increases in those situations if they are successful in fulfilling those behaviors/Successful behavioral outcomes also increase the efficiency of children (Meenakshi et al., [2022](#)). Appreciation enhances children's social skills, their self-efficiency, and their possible positive behaviors in the future (Rashid, [2010](#)). If the child does not get positive feedback, or appreciation from their home environment and the society, then there is a chance that the positive behavior would decrease in the future. Negative outcomes reduce the chances of interaction in a similar situation in the future and positive outcomes or feedback increase the chances of interaction in a similar situation.

This case study shows how different developmental areas of life are linked to each other and how problems in one area can impact performance in other areas. It also explains what social skills are and how they can be enhanced in children. It can also be helpful for parents and teachers to identify the problems of their children in their early years, so they may get the help of a clinical psychologist or school counselor.

Method

Research Design

Single-case ABA research design was used to assess the efficacy of play therapy to improve the social and cognitive skills of the concerned child.

Sample

The sample consisted of a single case ($N=1$). The child was referred for psychological sessions to improve her social and cognitive skills, since she was facing difficulty in socializing and preferred to stay alone.

Case Presentation

The case study is of a 7-year-old girl referred by her teacher for counselling, mainly due to the problem of lacking in social skills. Her teacher explained that she was less responsive and showed no initiative and involvement in group or other class and playground activities, even after repeated requests by the teacher. She reported that the child preferred to sit alone and stay in class during breaktime, rather than playing with classmates. Further, she also started crying and showed resistance if insisted. She never asked questions and avoided group activities regarding lessons.

Initial observation revealed her physical appearance which seemed according to her age. She was dressed up neatly in a seasonally appropriate school uniform. In her class, she was observed to be sitting silently in a corner. She replied only by nodding her head when her teacher asked the question “did you complete the lesson or not?” During the session, she sat at the edge of the chair and made only sporadic eye contact. Initially, she showed resistance and remained silent when the therapist tried to interact with her. Later on, she gave brief responses to a few questions asked by the therapist in a low tone of voice. The therapist had to lean down to hear her voice.

She belonged to a joint family. There were 7 family members including 4 children. Her mother got remarried after getting divorced from her father before she was born. She did not meet her real father even a single time in her life; however, her stepfather sometimes came to meet with her. Therefore, the child had to live with her maternal grandmother and her uncle’s family. Her maternal uncle was the authority figure at home and she was very reserved with him because of his harsh attitude. Her mother was a housewife. Although she knew about her mother but she used to call “mom” only her grandmother. She had four cousins in her home. With them, she enjoyed good relations and they were her playmates.

Her grandmother was working in a hospital as a helping staff. She was the elder child at home and very much attached to her grandmother. She often told her grandmother, “You are old, if you will die where will I go?” Her grandmother was very caring and very much concerned about the child. She was very helpful to her and all the time she tried to fulfill her needs.

S. T. was delivered normal in a hospital and she achieved all her developmental milestones at an appropriate age. She was interested in studying and enjoyed artistic (coloring and painting) activities. Moreover, she liked different types of jewelry. She had no fast friend in the school. She was only attached to her grandmother and spent most of her time with her or played with her cousins. She called them her sisters and brothers instead of cousins. She played with them but when anyone scolded her then she cried a lot.

The child started her schooling at the age of 6 from the village school. After a few months, they moved from village to city and her school was also changed. Earlier, she used to spend her time with kids in her home and with her grandmother and gained no formal education. During her initial days in the new school, she did not want to leave her grandmother. She insisted that her grandmother stay with her in school and used to weep when she left. Although, after two months she adjusted. At the time of referral, she was studying in prep class for the last five months and within this duration, her class teacher was changed twice. She was also facing some academic issues, such as writing alphabets and numbers in mirror images. These issues were detected by the therapist during assessment sessions. Her teacher said that she was good in her studies and finished her classwork on time. Moreover, she was a regular and punctual student; however, her social skills were not age-appropriate. The child used not to participate in class activities where social engagement was needed. As her teacher reported she didn’t hear her voice in class. At home, she enjoyed tasks related to her studies and seemed to actively participate in household tasks also.

Provisional Formulation

According to bio-psycho-social model, the absence or lack of an effective role of a caregiver may develop fear, which is revealed through excessive crying. This may cause her to develop fear of strangers and

difficulty in adjusting to a complex social situation. Consequently, such situations affect her academics.

Assessment

The following assessment methods were used to explore the child's problem in detail.

Informal Assessment

The observation outcomes reported above were used to identify and clarify the problems of the child in detail. The participant and non-participant observation was done when the child was involved in her daily activities. This method revealed the client's general attitude, learning style, and attitudes toward her classmates during the session, classroom, and playtime.

A clinical interview was conducted to assess the information about the progress and history of client's problem. For this purpose, the clinical interview was conducted with the grandmother and teachers to assess the problem of the client. Her grandmother was very concerned and cooperated efficiently in providing all the necessary information. Her teacher discussed the issues regarding social skills with her grandmother, who wanted to solve them. The teacher was also very concerned and explained all the behavioral issues in detail.

Reinforcer identification was used to deal with the client's problem and was necessary to establish a relationship with her, therefore, her reinforcement was identified through observation and a clinical interview with the teacher and mother. Reinforcement was used to modify the children's behavior by reinforcing the desired behavior. The child's reinforcement was identified in a few sessions. The drawing and coloring activities were the prior reinforcement for her. She also showed interest in making bubbles with water. Verbal praise and stars were also reinforcing her activities and her progress.

Formal Assessment

Portage Guide to Early Education (PGEE) was used to assess the functional age of the child in developmental areas and to develop a curriculum accordingly (Bluma, [1976](#); Saygili, [2014](#)).

Table 1
The Functional Level of the Child on PGEE

| Areas of PGEE | Functional Level (Years) |
|---------------|--------------------------|
| Cognitive | More than 5-6 |
| Language | 5-6 |
| Motor | 5-6 |
| Self Help | 4-5 |
| Socialization | 2-3 |

Qualitative Interpretation

The overall age discrepancy of the child in different areas of development was found to be 4-5 years. The cognitive and motor areas were found to be the most strengthened areas of functioning, while she performed less for her age in the socialization area which was consistent with observation and teacher's reporting. Important findings were revealed in the cognitive domain of PGEE which included items related to academics, problem-solving, reasoning, and general knowledge. She knew about animals, body parts, and shapes and could solve simple puzzles, however gave fewer responses on reasoning items. It was found that although she could write her name but she made a mirror image of it. She could write and count rote up to 20 but made mirror images of digits 2, 3, 4, and 10. She was able to write capital and small alphabets but again she reversed or made mirror images of the letter Y, D, J, R, P, Q, and G. This problem was not identified or reported by the teacher.

She had well-developed fine motor skills equivalent to a child of 5-6 years old. However, she was found to be fearful of jumping rope, standing on one foot, and riding a bicycle. She was independent in feeding, toilet training, and dressing though was dependent on her grandmother for bath, combing her hair, and preparation of meals.

Although her language area was developed at the sentence level but there was a difference in her performance at home and school. She is involved in playing activities with her cousins. She was good in receptive language skills, however, lacking in expressing her needs. Although she doesn't know her home address and phone number and even if she knew something, she would tell it only after repeated requests.

Her socialization area was impaired in imitating verbal and non-verbal behaviors, participating in group activities, and communicating with adults and peers. She shared food and other things on request and cooperated with adult requests because she showed compliance and made a choice when asked. She did not say sorry, please, and thank you without a reminder. She was facing difficulty expressing or conveying her needs, desires, and feelings, which resulted in frustration. She struggles to understand gestures, facial expressions, and body language leading to misreading or not noticing social cues that were crucial for age-appropriate social communication. Overall assessment showed that her social skills were not according to her age and it also affected her studies.

Ethical Considerations

- Parents and teachers were informed about the procedure of therapy, the number of sessions, and timings of the sessions.
- Informed consent was taken from the caregiver and child and debriefed her about the procedure of the session.
- Confidentiality and anonymity of the information were ensured and maintained.

Case Conceptualization

This case study was conceptualized in light of the bio-psycho-social model. From her background information especially her personal and educational history, it seemed as if client had an introverted temperament style. The physical and psychological absence of her parents precipitated the introverted features of her personality. The early parental absence can have a very significant effect on a child's personality as the early parental interaction instills social reciprocity while the brain matures. The child's understanding of the world comes from the parents when they help the child to explore the surroundings. If parents fail to provide a secure environment and guidance, then mistrust will be the result followed by fear and doubts as seen in the client's case (Erikson, [1950](#)). Therefore, instead of expressing her feelings, she started weeping when anyone scolded her showing her absence of a coping mechanism. It seems as her trust was not developed with her primary caregivers due to which she took time to establish relation and attachments with other people (Akbarian et

al., [2020](#); Bowlby, [1979](#)). This might be the reason that she could not establish trust with her school teacher.

Further, the attitudes of the teacher precipitated her reserved attitude and lowered her confidence which further inhibited her in developing her relationships with peers. As far as her academic performance was concerned, it seemed that due to her late joining of school and not practicing her laterality and directionality, she was still not mature enough. Although there were a lot of risks and precipitating factors, but there were some protective factors also such as, her grandmother's supportive and concerned attitude towards her. She was very caring about her needs and provided emotional and economic support to her. The child was also very attached to her grandmother. The grandmother spends a lot of time with her and tries to fulfill her needs and wishes. Her previous teachers were also very concerned about her and wanted to improve her social skills. They tried to help her and with their support and encouraged her to stay in the school. Resultantly, the child took serious interest in her studies, therefore the teachers' role proved to be a protective factor for her. Hence, it can be said that the child's problem can be managed by enhancing her social skills.

Child's Prognosis

The prognosis of the child was satisfying because there were a lot of chances of improvement. She had the learning ability and can learn a lot of things with practice. Her motivation related to studies was excellent and was found interested in studies-related activities.

Case Management

The focus of the therapy was to enhance the child's interaction with other people and enhance her social skills as it was hindering her academic performance. For this purpose, behavior modification techniques, play therapy, and group activities were used to modify her behavior. Through these techniques, her interactions with other children and teachers will be enhanced.

Goals

To enhance her basic social skills, following different goals were selected.

- Rapport building and maintaining

- Psycho-educate the teacher about the emotional issues and teaching strategies necessary for the child and also guide the teacher about the implementation of effective strategies for managing behaviors.
- Say *Salam* and *Allah hafiz* without a reminder to the therapist, teacher, and co-therapist.
- Say please and thank you without a reminder to the therapist, teacher, and co-therapist.
- Take permission from the teacher before leaving the class.
- Learn a small rhyme to achieve a sense of achievement and to sing rhyme for confidence-building.
- Enhance self-awareness to introduce herself, for instance “My name is _____ and I am studying in prep class”.
- Write her name with the correct spellings.
- Insight building related to name and alphabets.

Implementation of the Therapeutic Strategies

According to the child’s needs, the following therapeutic strategies were used for achieving the above-mentioned goals.

Rapport Building and Maintaining

Rapport is used to build relationships with client to gain her trust and confidence. The client was very silent and it was difficult to build rapport with her. However, through games and coloring activities, she started to respond. For building rapport, 2 to 3 sessions were required as she did not respond on first interaction.

Psychoeducation

It is the process in which education is provided to the parents and teachers regarding the problem(s) faced by the child. In this case, teacher was given psychoeducation to deal with the problems of the child and different ways were also introduced to help her deal with the issues faced by the student. Through the required knowledge, the teacher would be able to indulge the client in productive activities, such as group activities and others.

Physical Prompts

The child could not write her proper name and was given a mirror image. Through physically assisting her in writing her full name, a physical prompt involving hand-over-hand guidance was provided. In this guide, the target was to make client write her name with her own hand. In the beginning, physical prompts were provided to assist client in holding pencil and writing her name on the paper. Later, as soon as the client was able take control of the pencil, tracing was started.

Modeling

For ensuring appropriate behavior, such as saying *Salam*, *Allah hafiz*, please, and thank you, modeling technique was used. With modeling and verbal prompts, the demonstration of *Salam* and *Allah hafiz* in front of the child made her observe and imitate the behavior. Initially, she was hesitant even with the therapist but later on, she even learned to say welcome also.

Play Therapy

Play therapy was used with the client to let her open up because she had been very quiet. The play therapy was effective for those who have a problem with expressing themselves. In this session, 5 children were also included and different activities were performed in the group as how to introduce herself, how to interact with other people, how to make new friends, how to tell her choices, and how to perform well. Resultantly, the client was able to introduce herself and spoke the names of her friends as well.

Group Activities

The child was very quiet so different group activities were used to generalize her social skills and her goals. She only communicated in one-to-one sessions, so the purpose of group activities was to enhance her interaction with other classmates. The group activities, such as art and drawing, role-playing, and greeting others in the group, were arranged with peers and taught the child how to interact with other classmates, teachers, and elders. The child's response was good and she was able to communicate with other group members.

Terminating the Therapy

The client was terminated after 12 sessions. The client was informed that there will be no further meetings and a therapist will come to visit you after a few months. The goals of the client were achieved in 12 sessions. Psycho-education was provided to client's teacher so that she could continue practicing targets achieved during therapy and work on achieving long term goals while effectively using reinforcement strategies. A workshop was arranged in which her performance, worksheet used, and outcomes were discussed with school authority which was highly appreciated.

Table 2

Summary of Sessions and Therapeutic Techniques Used

| Session 1 | Session 5 |
|--|---|
| Rapport Building | Group of 3 to 4 children was invited in art activity |
| Observation | Observe the child interaction |
| Interview with teacher | |
| Session 2 | Session 6 |
| Psychoeducation of family and teacher | Identification of goals from socialization area |
| Interview with family member (grandmother) | Modeling technique introduce and rehearsal social goals |
| Interact with child to build rapport | |
| Session 3 | Session 7 |
| Identification of reinforcers | Encourage child to practice social skills goals in front of class fellows |
| Introduce art material with the child | Monitor the progress of the child |
| Administration of Portage Guide to Early Education | |
| Prepare baseline of the therapy goals | |
| Session 4 | Session 8 |
| Introduce art activities | Share outcomes of the therapy session |
| | Termination of the session |

Results

The outcome of the client was measured after eight sessions through post-assessment and from the performance record sheet. Observably, the performance of the client was excellent. At the start, she was about to cry when she came to join a group but later on, she had the confidence to introduce herself to the group. During the starting sessions, she did not

take initiative in saying *Salam* or *Allah hafiz* but later she took initiative without reminder. She also sang a rhyme in front of a group.

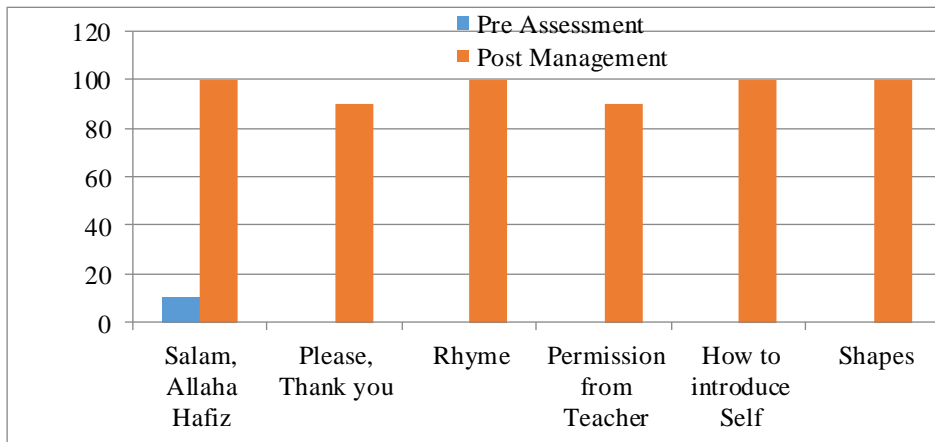
Table 3

The Pre and Post Comparison of Goals Achieved

| Goals | Pre-assessment | Post management |
|--------------------------------|--|--|
| <i>Salam, Allah hafiz</i> | She never initiated to say <i>Salam</i> or <i>Allah hafiz</i> even with repeated request she responded 2/10 times. | After sessions, she was able to say <i>Salam</i> and <i>Allah hafiz</i> without reminder 100 % |
| Please, Thank You | She did not express these words | Sometime need reminder |
| Full name verbal | Only 1 st name | Now can tell her complete name |
| Full name in writing | Mirror image | Can write her name |
| Alphabet practice | Mirror image in some letters | Able to write correct alphabets |
| Rhyme | 0 | 2 rhymes |
| Taking permission from teacher | 0 | She can take permission with reminder |
| How to introduce yourself | 0 | She can introduce herself |
| How to make new friends | 0 | With <i>Salam</i> , with sharing |
| Shapes | 0 | Able to recognize and name the shape |

Teacher's Account

Overall, 12 sessions were done with the client. The teacher reported the child's problem at the start and after every session, teacher gave feedback about the child's progress. Reportedly, after four sessions, the child's voice was heard for the first time. After that, the teacher observed vast change in child's behavior and was pleased to see that she has now developed social skills and started playing with her classmates.

Figure 1*Histogram Showing Pre and Post Comparison*

Discussion

The current study focused to develop and enhance social skills of the client who came with the complaints of a lack of response in class, avoidance of interact with class fellows and teachers, and a preference to stay alone. The therapeutic relationship was built through one-to-one interaction and the introduction of art activities and reinforcements. Although there was great resistance to interacting with her, but constant assurance of confidentiality and art activities remained helpful in building the therapeutic alliance.

There is research evidence that individuals who are distant from their primary caregivers reveal avoidant behaviors (Akbarian et al., [2020](#)). Similarly, avoidance in early childhood hinders the development of social skills, which later on leads to loneliness or avoidance of developing age-appropriate social relationships (Vila et al., [2021](#)). In the current study, client was facing a similar situation which appeared in the form of lack of basic social skills, such as greeting others (*Salam* or goodbye), or lack of social words (thank you, please) and sitting in the corner of the classroom and not have friends/isolated behavior in the class. The therapist mainly targeted to work on social skills of the client through art therapy techniques.

According to research studies, techniques of art therapy found effective in developing social skills in children. Through art therapy

techniques, children learn to express themselves and build important interpersonal skills (Kossak, [2021](#); Meenakshi et al., [2022](#)). In the current case, initially, the child resisted communication, however after introducing art material she took a keen interest. The art activities made her comfortable and she started connecting herself with the therapist and group members. The structured art activity was organized with a group of 5 children and after 3 to 4 sessions, client started to interact with other group members and seemed relaxed. In art therapy, the activities, such as storytelling and nature art were included. In storytelling art, the group created a story through pictures in which each child drew a picture to represent one part of a story. After that they passed their drawing to the next child who added to it and so on. Through this activity children enhanced creativity, storytelling, and communication. With the activity of nature art, the therapist used objects from the nature. Children collected leaves, flowers, and stones from nature and after that, they arranged them into patterns and glued them onto a large sheet of paper to create a collaborative nature-inspired artwork. This encouraged outdoor exploration, creativity, and teamwork. Therefore, art therapy technique provided a safer way to convey her feelings and thoughts non-verbally and it helped in discussing her artwork with other group members also.

Conclusion

It is concluded that the young child demands great attention to manage emotional and behavioral issues. Art therapy allows the children to express their feelings through non-verbal mediums as children feel safer this way. The intervention yielded significant improvement in both the academic and social domains of the child's life, demonstrating the effectiveness of social skills training. The use of physical prompts, modeling, play therapy, and creative activities, such as drawing and painting was instrumental in engaging the child and fostering positive behavioral changes. Despite challenges, such as limited parental involvement, the progress observed highlights the value of persistence in therapeutic approaches and school collaboration. Future work should aim to strengthen the family-therapist relationship to further support the child's growth in both academic journey and social development. However, to better conceptualize the case and determine the effectiveness of therapy, there is a need to work more on conceptualizing the case.

Limitations and Recommendations

Unavailability of an in-depth history of the child and frequent changes of class teachers are some of the major therapist concerns during therapeutic sessions. However, there are a few recommendations for the betterment of the child, such as in future there is a need to practice therapy goals for the continuation in daily life. Furthermore, the generalization of tasks is needed and the contribution of the class teacher can play a vital role. Constant approval and close attention from the class teacher can enhance her confidence level and class performance. In a follow-up plan, the therapist continues the social skills training and focus on practicing these skills in different social settings. The therapist can collaborate with teachers and parents and educate them on the importance of reinforcing social skills at home and in the classroom. Teachers can assist all classmates to interact positively with the child, helping her build social friendships and confidence. Teachers can assess the child's academic performance regularly and assist the therapist in adjusting the intervention according to the child's needs.

Conflict of Interest

The author of the manuscript has no financial or non-financial conflict of interest in the subject matter or materials discussed in this manuscript.

Data Availability Statement

The data associated with this study will be provided by the corresponding author upon request.

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