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ABSTRACT

This study was conducted to determine the relationship between self-reported social skills, anxiety, and depression in adolescents. Participants were 97 students from a private high school in New York City. They were administered the Reynolds Adolescent Depression Scale (RADS), the Social Skills Rating System-Study Form (SSRS-S), and the Revised Children's Manifest Anxiety Scale (RCMAS). Twelve of the SSRS-S items were significantly negatively related to both RADS and RCMAS ratings. The results indicated that depressive and anxious symptomatology was related to poorer social skills in adolescent high school students. Social skills training in anger management, dating behaviors, and time management were suggested as ways to reduce anxiety symptoms. (JDM)

Relationship of Social Skills, Depression, and Anxiety in Adolescents

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Abstract

This study was conducted to determine the relationship between self-reported social skills, anxiety, and depression in adolescents.

Participants were 97 students from a private high school in New York City. They were administered the Reynolds Adolescent Depression Scale (RADs; Reynolds, 1986), the Social Skills Rating System - Student form (SSRS-S; Gresham & Elliot, 1990), and the Revised Children's Manifest Anxiety Scale (RCMAS; Reynolds & Richmond, 1985). Twelve of the SSRS-S items were significantly negatively related to both RADs and RCMAS ratings. The results indicate that depressive and anxious symptomatology is related to poorer social skills in adolescent high school students.

Relationship of Social Skills, Depression, and Anxiety in Adolescents

Several studies have shown that children who score higher on self-rated depression are rated by their teachers as having social skills deficits relative to children who score lower on self-rated depression (Shah & Morgan, 1996). Children with anxiety disorders also have been found to have social skills deficits (Francis, 1989). Social skills deficits in childhood negatively affect interpersonal relationships (Kennedy, Spence, & Hensley, 1989) and have been linked to mental health problems in adulthood (Roff, 1961). Thus, it is important to identify and treat children and adolescents with social skills deficits so that their interpersonal relationships may improve. Most research on the relationship of social skills to problem behaviors has been done with children. This project was done to extend this research to adolescents by examining the relationship of self-rated internalizing symptoms of depression and anxiety to self-rated social skills. The study also identified specific social skills deficits associated with depression and anxiety that could be used in designing social skills interventions.

Method

Subjects

Subjects were 97 students (52 boys, 45 girls) in a private high school in New York City. Their average age was 16.24 years ($SD = 1.21$). Twenty-three were first-year students, 13 were sophomores, 28 were juniors, and 33 were seniors. The majority, $n = 61$, were Caucasian, with 5 students listing themselves as non-White Hispanic, 6 African Americans, 7 Asian Americans, 6 of

mixed races, and 12 listing themselves as “other”. The mean score on the Hollingshead Index of Social Class was 57.67 ($SD = 10.96$) indicating that the average students’ parents were employed in major business and professional jobs.

Procedure

In the Spring of 2000, all high school students in human resources classes were given consent and assent forms for participation in the study. Health classes were sampled, because all students are required to take them. The following week a total of 148 forms were distributed with 97 students (65.5%) returning to health class with completed forms. These students completed the Revised Children’s Manifest Anxiety Scale (RCMAS; Reynolds & Richmond, 1985) to assess self-reported anxiety, the Reynolds Adolescent Depression Scale (RADs; Reynolds, 1986) to assess self-reported depression, and the Social Skills Rating System - Student form (SSRS-S; Gresham & Elliot, 1990) to assess self-rated social skills.

Results

Students achieved an average score on the RADs of 58.05 ($SD = 12.73$) with 10 student scoring above the cutoff point of 77 that is suggested by Reynolds (1986) to indicate possible clinical depression. As per consent and assent agreements, the parents of these 10 students were notified and provided with referrals for further assessment of their children. Students’ self-ratings of depression were significantly, negatively related to self-rated social skills, $r(94) = -.45, p < .01$. Students achieved an average score of 9.36 ($SD = 5.55$) on the

RCMAS out of a possible total score of 39. Students' self-ratings of anxiety were also significantly, negatively related to self-rated social skills, $r(95) = -.48, p < .01$. Self-ratings of depression and anxiety were positively related, $r(94) = .84, p < .01$. Fifteen of the 39 SSRS-S items were significantly negatively related to RADS depression ratings. Table 1 presents these 15 items.

Sixteen of the 39 SSRS-S items were significantly negatively related to RCMAS anxiety ratings. Table 2 presents these 16 items. Comparison of Tables 1 and 2 shows that 12 of the SSRS-S items (item numbers 4, 13, 16, 17, 18, 20, 22, 31, 32, 33, 34, and 38) were significantly negatively related to both RADS and RCMAS ratings.

Discussion

The results indicate that depressive and anxious symptomatology is related to poorer social skills in adolescent high school students. Several studies with adults (reviewed by Segrin, 2000) have shown that social skills training results in decreased depression. The present results identified specific social skills that were most related to depression. These items (see Table 1) indicate that in this population of private school students, social skills training should address anger management, dating behaviors, and time management. The present study also found, as have others (i.e., Cole, Martin, Peeke, Henderson, & Harwell, 1998), a substantial relationship between ratings of depression and anxiety, and the majority of specific social skills items that related significantly to depression also related significantly to anxiety. This suggests that social skills training in the areas specified above might reduce anxiety symptoms as well. This study was

done in a competitive New York City private school. Results are best generalizable to similar populations.

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Table 1

SSRS-S Items That Related Significantly to RADS Depression Ratings

SSRS-S Item	Correlation with RADS Total
4. Dating Confidence	-.24*
5. Ignoring others who tease	-.26*
13. Doing homework on time	-.31**
16. Being involved in school activities	-.35**
17. Finishing class work on time	-.33**
18. Compromising with parents and teachers	-.28**
19. Asking for a date	-.32**
22. Ending fights with parents calmly	-.36**
27. Accepting punishment calmly	-.34**
31. Using free time constructively	-.43**
32. Controlling temper with angry others	-.25*
33. Getting attention of opposite sex	-.28**
34. Taking parental criticism without anger	-.31**
35. Using a nice tone in class discussions	-.23*
38. Starts conversations with classmates	-.33**

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

Table 2

SSRS-S Items That Related Significantly to RCMAS Anxiety Ratings

SSRS-S Item	Correlation with RCMAS Total
2. Complimenting others	-.24*
3. Dating confidence	-.25*
6. Listening to adults	-.22*
9. Asking before using things belonging to others	-.27**
13. Doing homework on time	-.32**
16. Being involved in school activities	-.39**
17. Finishing classwork on time	-.28**
18. Compromising with parents and teachers	-.26**
19. Asking for a date	-.28**
22. Ending fights with parents calmly	-.33**
31. Using free time constructively	-.37**
32. Controlling temper with angry others	-.24**
33. Getting attention of opposite sex	-.23*
34. Taking parental criticism without anger	-.31**
36. Following teacher's directions	-.26**
37. Starts conversations with classmates	-.30**

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



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