Social Skills Training programs applied in Spanish-speaking countries

Programas de Entrenamiento en Habilidades Sociales aplicados en países Hispanohablantes

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Abstract:

Social skills are described as those behaviors that help the individual to maintain an interpersonal relationship, expressing personal elements (thoughts, opinions, emotions) adequately according to the context of the situation but also allowing him to respect the behaviors of others, minimizing possible problems or offering solutions for those that already exist. When there are deficiencies in these abilities, alterations in the social relationships that the person has can be generated, reaching in some cases even psychopathological disorders. Training in social skills is an option that has been effective for the treatment of various situations; for example, in psychopathologies such as social anxiety or schizophrenia, to generate the ability to resolve interpersonal conflicts, strengthen socialization. This work has the objective of carrying out a review of social skills training programs that have been applied in Spanish speaking countries. The search process was carried out from the databases Ebsco, Springer Link, Dialnet, and Google Scholar, to be able to collect the original articles published in which some type of training has been carried out, during the period of 2014-2020, 12 articles that met the analysis criteria were used for the review. From the reviewed articles, it can be observed that they obtained results of statistically significant difference in the pre-, and post-intervention, this is useful to characterize such training, and generate novel intervention programs.

Keywords:

Training, social skills, intervention, Spanish speakers

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Resumen:

Las habilidades sociales son descritas como aquellas conductas que ayudan al individuo a mantener una relación interpersonal, expresando elementos personales (pensamientos, opiniones, emociones) adecuadamente según el contexto de la situación pero que también le permite respetar las conductas de los demás, minimizando así posibles problemáticas u ofreciendo soluciones para las que ya existan. Cuando hay deficiencias en estas habilidades se pueden generar alteraciones en las relaciones sociales que tenga la persona, llegando en algunos casos hasta a trastornos psicopatológicos. Los entrenamientos en las habilidades sociales son una opción que ha sido eficaz para el tratamiento de diversas situaciones; por ejemplo, en psicopatologías como ansiedad social o esquizofrenia, para generar la habilidad de resolución de conflictos interpersonales, fortalecer la socialización. Este trabajo tiene el objetivo de realizar una revisión de los programas de entrenamiento en habilidades sociales que se han aplicado en los países de habla hispana. El proceso de búsqueda se efectuó a partir de las bases de datos Ebsco, Springer Link, Dialnet y Google Académico y así poder recabar los artículos originales publicados en los que se haya realizado algún tipo de entrenamiento, durante el periodo de 2014-2020, se utilizaron para la revisión 12 artículos que cumplieron con los criterios de análisis. De los artículos revisados, se puede observar que obtuvieron resultados de diferencia estadísticamente significativa en la pre y post intervención, esto es de utilidad para caracterizar dichos entrenamientos y generar programas novedosos de intervención.

Palabras Clave:

Entrenamiento, habilidades sociales, intervención, hispanohablantes

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INTRODUCTION

Caballo affirms that human beings are "social animals", and that interpersonal communication is an important part of their social interactions. It rises that at present when referring to the training of professionals, the trainers take great pains in the acquisition of technical skills rather than in social and interpersonal skills. This is reflected in health professionals, teachers, executives, etc., who are capable of excellently developing their work but are unable to maintain an efficient interaction with their patients, students or employees and this, as Caballo points out, would be solved by learning social skills that they do not have or, they are blocked by anxiety, negative thoughts, etc. Starting from the affirmation that the human being is a "social animal", there are few psychological disorders in which the social environment in which the individual performs is not involved.[1]

For Caballo, social skills are behaviours performed in an interpersonal situation, in which personal elements are expressed in a manner appropriate to the situation, and context, but at the same time respecting said behaviours in others, and also minimizing the likelihood of possible problems or solutions to those already present, areas that showed the importance of the socialization process by which social norms are internalized through interaction with others. Kirchner defines socialization as a process in which the behaviour patterns of own values are acquired with respect to the context to which he belongs or one he identifies himself with.[2,3]

To explain the process of socialization, Martorell, González, Aloy, and Ferris proposed the Hierarchical Model. This model includes important aspects of social interaction: the first of them refers to prosocial behaviour, which in turn is shaped by the dimension of consideration of others, and self-control, and the second aspect related to antisocial behaviour, which is shaped by the dimension of aggression.[4]

Silva, Martínez, and Ortet, argue that social behaviour can be considered in 2 types, and 4 aspects: the prosocial/antisocial type; the prosocial aspect is characterized by consideration towards others, and self-control of social relations; while the antisocial aspect is formed by aggressiveness, and antisocial behaviour, with resistance to social norms, and indiscipline. The second type is sociability/low sociability. The positive aspect groups social ancestry, and leadership, and the negative meets social withdrawal, social anxiety, and shyness.[5]

During childhood, the different sociocultural contexts in which children develop, such as poverty, marginality, scarce resources, dysfunctional families or access to drugs favour the development of abusive behaviours; so these children are exposed to developing deficient social behaviours. Another important aspect in the development of social skills during childhood is the importance of empathy, and positive emotions with the proper development of social skills, because these skills are strengthened by children who show adequate affective responses, adequate personal self-awareness, and high degree of empathy; In addition, positive emotions such as sympathy, gratitude, and joy have a strong impact on the infant's social development.[6]

For Zavala, Valadez, and Vargas adolescence is the period in which the most complex social skills are acquired, and practiced, since the adolescent leaves child behaviour, and replaces it with a more critical, and challenging behaviour in the face of social norms. The social skills presented in this stage play the most important role in the adolescent's social acceptance.[7]

Weissmann affirms that adolescence is the stage in which the individual reaches autonomy, and assumes responsibility for his own life. In the course of puberty to adolescence, transformations occur in which the individual seeks autonomy with respect to their parental figures, to the identification with their peer group to achieve a personal social support network.[8]

From his position Nuns suggests that social skills can be acquired or developed in different ways:[9]

- By direct experience: interpersonal behaviours are based on reinforces or adverse elements that the environment exerts after each repertoire of social behaviours.[9]

- Institutional or verbal form: The person learns by means of what he/she speaks, of the verbal type language characterized by questions, instructions, invitations, explanations, and suggestions.[9]

- For interpersonal feedback: This refers to the explanation by observers of how the behaviour has been performed by the person who is present in interpersonal interaction, allowing corrections in the repertoire of behavior.[9]

- By observation: Here you learn the repertoire by means of the expectation before the exhibition of significant models.[9]

Highlighting the importance of the development of social skills in the individual, Caballo's research has touched on other important points for the understanding of them, and the way in which social skills complement each other, and are raised as dimensions for the analysis, and observation of one´s behaviour.[1]

Social skills, as the name implies, are skills that are learned, and developed, but what happens when this learning, and training has not been done properly? Some authors mention the following:[9-12]

Authors such as Ison, Arias, and Fuertes, among others, found that children and adolescents who have difficulties in relating tend to suffer long-term problems related to school dropouts, violent behaviours, and psychological disturbances in adult life. These problems occur mainly in people who are not very close, avoiding social contact with other people or violent relationships with their peers.[9-12]

Lacunza, and Contini affirm that the deficit of social skills in childhood, and adolescence affects negatively in identity construction, as well as in the crystallization of psychopathological disorders. Thus, they affirmed that people who are deficiently skilled differ from those highly skilled in cognitive, and behavioural aspects, so it was necessary to detect

which one of these two dimensions was most altered to determine the most appropriate type of intervention.[13]

During childhood, the deficit of social skills has been associated with various conditions such as children with Attention Deficit Hyperactivity Disorder (ADHD), because in their interpersonal relationships, they have little time of activity, which leads to a deficit in social skills, implying consequences on a personal and social level.[14]

In this study, it is suggested that despite the fact that due to biological issues of ADHD there is a deficit in the social skills resulting from biological issues of ADHD, it does not imply that these can't be developed throughout their lives, allowing for a better social adaptation; because intellectual abilities are not affected by ADHD.[14]

González, Ampudia, and Guevara confirm in their study the possibility that institutionalized children in Mexico are at risk of suffering various psychological problems of individual, and social importance. The results found to provide evidence of the effectiveness of the program to develop social skills in this population, including the reduction of aggressive patterns of behaviour, the acquisition of skills for solving problems, recognition, and expression of feelings, all of which involved a restructuring of thought.[6]

This approach is verified in a study in which 90 Mexican children participated with an age range between 6, and 12 years old, 30 who lived under the permanent care of an institution, 30 in shelter, and 30 who lived with their families. The results showed that the 3 groups presented a pattern of aggressive behaviour, with few skills to relate to others; being the children who lived with their families those who presented lower scores of aggressiveness, followed by the institutionalized, and the minors who lived in shelter due to family abuse were those who presented the highest score of aggressiveness.[6]

Regarding self-esteem, the children who presented the lowest score were the institutionalized, and those who scored highest were those who lived with their families. In the anxiety variable, institutionalized, and sheltered children obtained the highest scores, and higher than the average range in which the children who lived with their families obtained their score. This same situation was obtained with the variable depression. In conclusion, institutionalized children living in shelters have higher levels of anxiety, depression, and deficiency of social skills, compared to those who live with their families.[6]

Due to this, it is permissible that biopsychosocial intervention programs are generated from the populations that are aimed at the development of social skills.[6]

In a study conducted by Morales, Benitez, and Agustin, showed that most of the young interviewed people have difficulty identifying feelings, and problems, low ability to react calmly in aversive situations related to self-control, insufficient social understanding of civility.[15]

It was also observed in this study that young people showed little capacity to deal with interpersonal situations that demand assertiveness, unsatisfactory contact, and conversation skills for

friendship relationships, and to enter into school or work groups, social inconsistency occurs in conditions of social exposure and conversation, specifically with people of authority; in addition to a greater evasive coping, which indicates that the possible immaturity generates the adoption of non-functional strategies to cope with stress, and as it grows, more adaptive strategies are adopted.[15]

Another study of Amaral, Maia, and Bezerra in 2015 raises the association between the contexts of social vulnerability, school desertion, and delinquent behaviours in adolescence with the deficiency in social skills necessary for an adequate social interaction.[16]

Regarding the evaluation for the detection of the type of social skills in an individual, it is given as a process divided into phases. Monjas states that the first phase of the evaluation encompasses identification, classification, and diagnosis. The second phase is the planning of the intervention programs, and the third refers to the evaluation of the effects of the intervention. Without forgetting the monitoring before, during, and after the intervention. Garaigordobil mentions that for the monitoring of social skills teaching, a summative evaluation (which identifies the result or change produced by the intervention program), and training (ongoing evaluation of the implemented program) is necessary.[9,17]

To decrease the deficiency in social skills, Vallejo, and Ruiz in 1993 have argued that the solution is the training of them; but for this, it will be necessary to be clear about what is, and how training is developed.[18]

The training in social skills proposed by Vallejo, and Ruíz consists of a set of techniques that will allow the individual to acquire those skills that allow him to have adequate, and satisfactory social interactions when he develops in his daily context. With training you can learn skills that are not in the repertoire or even modify those that are already available but that are inadequate.[18]

What Monjas says is that social skills training is a teaching, and learning strategy that is shaped by cognitive, and behavioural techniques that are aimed at the acquisition of repertoires of effective, and appropriate behaviours that the person does not yet possess. You can modify it so that you can develop effectively in your interpersonal relationships.[19]

Ovejero says that the objective of training in social skills is the improvement of the ability to cope with interpersonal problems, this through the strengthening of their social skills. One of the applications of this training is to guide the training of professionals that a large part of their working life is developed through face-to-face interactions.[20,21]

Since social skills are also strongly determined by culture, their understanding requires an explanation of multiple causes that integrate cognitively, motor, and autonomous factors; Caballo is one of the authors who proposes a training model in social skills that has been considered as basic training, composed of 4 dimensions, and explained below.[22]

1. Training in social skills. In this aspect, specific behaviours are taught, which are then practiced, and integrated into the person's behavioural repertoire. These trainings are structured by techniques whose execution is directed to the fulfilment of particular objectives. The techniques, the objectives, and the sequence of application have the following points:[22]

- Instructions, and modelling: The purpose of this is to inform, and demonstrate appropriate behaviour repertoires. [22]

- Behavioural test: This consists of the person reproducing, and repeating the behaviours that are being learned.[22]

- Feedback, and reinforcement: Here we try to mould the behaviours carried out by the individual so that they progressively become more appropriate.[22]

- Generalization strategies: It facilitates the maintenance, and transfer of learned behaviors.[22]

2. Reduction of anxiety: What is intended to achieve in this process is to reduce anxiety indirectly, putting into practice the new behaviour that has been learned, and that is incompatible with the anxiety response. But in the case that the level of anxiety is high, you can resort to the use of relaxation techniques.[22]

3. Cognitive restructuring. They try to modify values, beliefs, cognitions, and / or attitudes of the individual; it also takes place indirectly since the subject's cognitions are modified by the acquisition of new behaviors.[22]

4. Training in problem-solving. It teaches the subject to perceive, and process "values" of all the situational parameters that generate potential responses to obtain the ability to select one of these responses, and maximize the probability of achieving the objective driven by interpersonal communication.[22]

Due to the importance of the interventions, and programs, the present article was carried out with the objective of knowing the characteristics of the social trainings that have been applied in Spanish-speaking countries.

MATERIAL AND METHOD

The search of the articles was made in the following databases: Ebsco, Springer Link, Dialnet, and Google Scholar. The search was carried out using markers, in Spanish social skills training, intervention in social skills, and social skills program, and in English social skills training, social skills intervention, and social skills program.

Other criteria used in the search were: temporality from 2014 to 2020, in any type of population of Spanish speaking countries with pre-, and post-training evaluation, which were original articles, and which specified the following training characteristics: Number of sessions, time per session, frequency per session, and techniques used.

The search process was based on the consultation of 1,130 results, then, the articles that were potentially relevant for the review were selected, reviewed by titles, and abstracts based on the specified criteria, obtaining at the end 12 articles.

RESULTS

Of the 12 articles that were reviewed, 9 were carried out in Spain, 1 in Ecuador, 1 in Argentina and 1 in Peru. Figure 1 shows the publications per year.
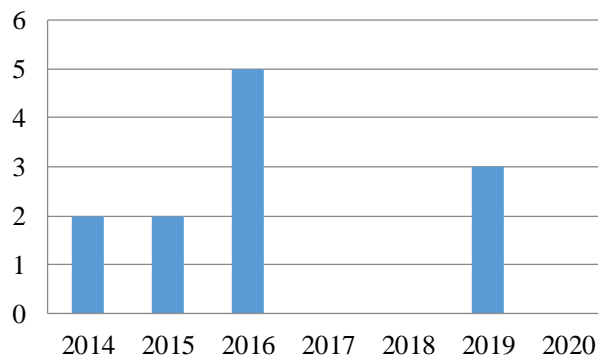

Figure 1. Articles published in each year.[23-34]
Source: Self-made

The graph shows that the years in which most articles were published were in the years of 2016 and 2019.

In what refers to the sample on the populations in which the training in social skills was applied, Table 1 indicates the characteristics of the same.

As it can be seen in Table 1, most of the training in social skills were applied in the adolescent population, mostly high school students, added in this age group to those who worked for Caddies due to their social vulnerability and those who attend secondary school; the gender that counted with the highest percentage of participants in the training sessions was women, and the most frequent condition or diagnosis was social anxiety.

The instruments that were used to measure the pre, and post levels of social skills are shown in Table 2.

A difficulty that occurs when observing the instruments of social skills evaluation, a difficulty occurs because of the fact that each of them is measured in different amounts or is named the same.

Another aspect that hinders the measurement is that depending on the theoretical perspective of each author there will be a difference when evaluating these skills, generating that the same training measured with two different instruments can obtain different measurement results, and that these instead of complementing the measurement, turn out to be confusing elements.

Regarding the objective of this article that was to know the characteristics of social training that have been applied in Spanish speaking countries in the period from 2014 to 2020, Table 3 presents the elements that were used in each training.

Table 1.
Samples of the populations in which some training in Social Skills was applied.

Sample	Quantity	Occupation	Age (Rank or Average)	Men	Women	Diagnosis or other specific Condition
Teenagers[23]	41	High School Students	14-17 years	36.59%	63.41%	Generalized Social Phobia
Teenagers[24]	50	Caddies (Golfer's Assistant)	14-18 years	100%	0%	Social Vulnerability
Children[25]	112	Primary students	9-12 years	58%	42%	Social Anxiety
Adults[26]	56	Different occupations	Men =50 years Women=38 years	19.6%	80.4%	Myasthenia
Young Adults[27]	149	Undergraduate students	18-28 years	9.4%	90.6%	Social Anxiety
Young Adults, and Adults[28]	21	Users of an occupational therapy unit.	19-58 years	62%	38%	Intellectual Disability
Teenagers[29]	54	High School Students	X=14.9 years	47%	53%	Alcohol Abuse
Teenagers[30]	108	High School Students	14-17 years	37%	63%	Social Anxiety
Young[31]	130	Undergraduate students	X= 21.6 years	7.7%	92.3%	Take the subject social skills
Young Adults[32]	216	Undergraduate students	X=33.12 years	39.4%	60.6%	Take a bachelor's degree in Health
Children[33]	6	Primary students	X=10 years	100%	0%	Attention deficit hyperactivity disorder
Teenagers[34]	60	Secondary students	13-16 years	No data	No data	Teen Risk Behaviours: Drug Use, Teen Pregnancy and Bullying

Source: Self-made

Table 2.
Instruments to measure Social Skills.

Instrument Name	Authors	Year	Skills it evaluates
Cuestionario de evaluación de dificultades interpersonales en la Adolescencia (CEDIA)[23]	Inglés, Méndez e Hidalgo	2000	Assertion Relations with the other sex Relations with peers Public speaking Family relationships
Escala de Habilidades Sociales (EHS) (Used in five articles)[24,26,27, 31, 32]	Gismero	2000	Self-expression in social situations Defence of one's rights as a consumer Expression of anger or disagreement Say no, and cut interactions Make requests with the opposite sex Start positive interactions with the opposite sex
Cuestionario de interacción social para niños (CISO-NIII)[25]	Caballo, Carrillo, y Ollendick	2011	Interaction with the opposite sex Discuss interactions with teachers in public Be in evidence or ridiculous Interaction with strangers Expression of annoyance, dislike or anger
Características Psicosociales (CAPs)[28]	López	2010	Psychosocial knowledge and attitudes.

Cuestionario de habilidades sociales de equipos de aprendizaje (CHSEA)[29]	León, Felipe, Mendo e Iglesias	2015	Self-affirming social skills, Social skills of information reception Social skills of information emission.
The Rathus Assertiveness Schedule (RAS)[30]	Rathus	1973	Assertiveness
Test de evaluación de habilidades cognitivas en la solución de problemas interpersonales (EVHACOSPI)[33]	García y Magaz	1998	Interpersonal problem-solving
Escala de Comportamiento Asertivo (CABS)[33]	Wood, Michelson y Flynn	1983	Aggressive behaviour Passive behaviour Assertive behaviour
The Matson Evaluation of Social Skills in Youngsters (MESSY)[33]	Matson, Rotatori y Helsel	1983	Appropriate social skills Inappropriate assertiveness Impulsiveness Overconfidence Jealousy / loneliness
Cuestionario de Habilidades de Interacción Social (CHIS)[33]	Monjas	2009	Basic social skills Skills for making friends Conversational skills Emotional and expressive skills Troubleshooting skills Adult related skills
Observation[34]	Cacho, Silva y Yengle	2019	Decision making Control of emotions Self esteem Assertiveness

Source: Self-made

Table 3.
Characteristics of training in social skills.

Name of the intervention	Number of Sessions	Session Time	Session Frequency
IAFS—EHS Program[23]	12	90 min	1 weekly
Social Skills Program[24]	48	45 min	3 weekly
"Playing, and learning social skills" (JAHSO)[25]	14	60 min	1 weekly
Social, and emotional skills program for people with myasthenia[26]	11	30 min.	1 weekly
Training in social skills.[27]	22	90 min	2 weekly
Social skills training program[28]	9	75 min	1 weekly
Social skills strengthening intervention[29]	16	60 min	1 weekly
IAFS—EHS Program[30]	12	90 min	1 weekly
Social skills course[31]	39	No data	2 weekly
EHS Program[32]	12	60 min	1 Semanal
Program for teaching cognitive solutions in interpersonal problems (ESCEPI)[33]	12	30 min	1 Semanal
Tutorial workshop on social skills[34]	12	120 min	No data

Source: Self-made

As to the number of sessions, the most frequent was 12 sessions, in terms of time per session the majority was between 60 to 90 min. Range, the frequency per most recurrent session was 1 session per week.

The techniques used were Assertiveness, Behavioural, and Modellling trial, Brainstorming, Cognitive restructuring, Conceptualization, Debate, Decision making, Discernment, Emotional intelligence, Exhibition of concepts, Feedback, Group discussion, Group play dynamics, Group workshops, Homework, Modelling, Playful, and Practical dynamics, Problem resolution, Psychodrama, Role playing, and Work in pairs.

The most used techniques are mode, role play, homework, cognitive restructuring, and psychoeducation.

The objectives of the training application are focused on being able to compare the effect before, and after the application and the effect in particular in each diagnosis or specific condition of the sample that received it, either to improve quality of life or the reduction of the presence of some psycho-emotional disorder, anxiety or social phobia, myasthenia, etc.

Sixty seven percent of the applied trainings had a control group, 75% of the trainings used Student's T as a statistical test to verify if they had significant differences in the pre, and post training measurements, the other 25% used non-parametric test based on the statistical tests, 92% of the workouts obtained statistically significant differences with values of p from 0.05 to 0.001.

DISCUSSION

The results that were obtained by these trainings confirm what has been stated in the theory, that the use of them allows the improvement in social skills, as well as the reduction of the symptomatology of the psycho-emotional disorders that have their origin in the deficiencies of their development. [1, 2, 6, 7]

In some trainings the use of novel activities, specifically playing activities, which included the adaptation of board games or group games, facilitated the acquisition, and development of social skills in the process of the I implemented intervention.[6,13,14]

Another aspect that potentiates the use of these trainings is that they are designed according to the characteristic needs of each population in terms of the age group, the diagnosis of some psychopathology, certain types of practices that can be harmful such as excessive consumption of alcohol, or the contexts of vulnerability to which people are exposed. As reported in the literature in cases of ADHD or Social Anxiety.[2,13]

A further adjuvant for maintaining the effectiveness of training is the time in which people are exposed to such treatments, considering in this exposure process the subsequent follow-up. [9, 15-17]

However, to obtain the multiple benefits they get through programs or interventions in social skills, it must be considered that there are difficulties that hinder the process, like the following:

1. The instruments that are used for the measurement of social skills and the variety of instruments with which the measurements have been obtained, the values of measurement points; because not all evaluate the same capabilities. This refers to Caballo in 2017 when he refers to evaluation as the training of Social Skills which are in constant development and evolution; however, regarding evaluation there are aspects that still need some work.[2, 20-25]

The main aspect is the great variety of social skills that the diverse authors pose, and the instruments that have been designed to evaluate them. This is because there is no agreement on which and how many skills must be evaluated. This aspect is observed in the instruments reviewed: [23-34]

The most widely used instrument was the Escala de Habilidades Sociales (EHS) of Gismero which has a reliability of 0.88 α of Cronbach, it evaluates 6 skills. The reliability of the other instruments was: Cuestionario de evaluación de dificultades interpersonales en la Adolescencia (CEDIA), 0.91 α; Cuestionario de interacción social para niños (CISO-NIII), 0.96 α; Cuestionario de habilidades sociales de equipos de aprendizaje (CHSEA), 0.82 α; the adaptation in Spanish of the Rathus Assertiveness Schedule (RAS), 0.80 α.[23-27, 23-32]

The reliability of the following instruments was not reported: Características Psicosociales (CAPs), Test de evaluación de habilidades cognitivas en la solución de problemas interpersonales (EVHACOSPI), Escala de Comportamiento Asertivo (CABS), The Matson Evaluation of Social Skills in Youngsters (MESSY) and Cuestionario de Habilidades de Interacción Social (CHIS). [28, 33]

Looking at the reported reliability scores, most have a good score; the problem is the factorial inconsistency, which refers to the problems that arise. One is that a lot of further factors is generated even when the items per factor are few, which is influenced because there is no standard that unifies how many items there must be per factor, and one last aspect is that the factors are named in a similar way when the measurement items could be designed differently.[23-34]

In a study, Caballo, and his collaborators designed a new self-report measure, with the aim of standardizing the measurement, and evaluation of social skills. The said instrument has the following characteristics:[1, 2, 22, 25]

This instrument evaluates the factors Interacting with strangers, Expressing positive feelings, Coping with criticism, Interacting with people I am attracted to, Keeping calm during embarrassing situations, Speaking in public / Interacting with

superiors, Coping with situations of ridicule, Defending one's own rights, Asking Apologies, and Reject Requests. It has a reliability of $\alpha = .88$. Its reagents are designed on a Likert scale ranging from 1 to "Very little characteristic of me" to 5 which is "Very characteristic of me" This is the scale used in this investigation. The research suggests that this instrument can be useful for clinical application, and research.[2, 25]

2. The willingness of people to participate in these interventions, which may vary from not participating until they leave the process. This is associated with the motivation that each person has to participate in these processes. It is proposed in the research studies evaluating the motivation of the participants to generate attachment to the intervention. In some other types of psychological intervention, the recommendation is made to include their social networks in the process as a motivational element.[23, 28,35]

3. That the quality, and conditions are optimal, referring to the most appropriate material, technical, and human resources. This depends on the capacity of the person applying the training, the place, and context where it is applied, the culture, and other variables that hinder, and that have not yet been studied. [17,23-25, 35]

CONCLUSIONS

Through the analysed articles, it can be observed that the training in social skills is effective; this is confirmed by the comparison of the pre and post measurements with a statistical test obtaining statistically significant differences.

The analysis will allow other researchers to have bases, and be able to design training in social skills or replicate the aforementioned for purposes similar to those mentioned or generate or find other areas of opportunity to implement these interventions.

In spite of the diversity of measurement instruments for social skills, a strategy can be generated which allows obtaining novel ways of measuring, and reducing the theoretical, and evaluative biases; and in this way, generate solid measurement, and solid intervention designs. This strategy could be a study in which in different populations the same instruments are applied, to evaluate the reliability and validity of each instrument.

Regarding future studies some alternative is to start generating new types of measuring tools for social skills such as the one developed by Caballo and his team, but that may be applicable to Spanish speaking countries, and that are according to the age groups.

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