

Incorporating Activity-Based Counselling at School-Level Counselling Interventions to Enhance Social Competence in Adolescents

Kamal Gulati Manwani^[1]

Abstract:

The primary goal of this research paper is to establish the fact that counseling interventions conducted in the form of activity-based sessions promise a better outcome to enhance social competence of adolescents as compared to lecture based group counseling. An experimental study was conducted over a period of 10 weeks on a randomly selected experimental group of 30 adolescent students of an NGO run school in Delhi NCR. During the study the experimental group went through activity-based counseling sessions developed by the researcher. The experimental group and the control group were subject to Pre and Post-tests on Strengths and Difficulty Questionnaire by Goodman et al, 1998. Statistical techniques were used to compare means and significant difference in two groups. Dependent t-test was used for both the groups. The results established that there is a significant increase in Strengths and decrease in Difficulties in adolescents as a result of activity-based counseling, rejecting the Null hypothesis. The paper also brings forth the suggestions with respect to school-based counseling interventions.

Keywords: Adolescents, Activity-based counseling, Strengths, Difficulties, Social competence

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According to WHO report, "Poor mental health can have important effects on the wider health and development of adolescents and is associated with several health and social outcomes such as higher alcohol, tobacco and illicit substances use, adolescent pregnancy, school drop-out and delinquent behaviours. There is growing consensus that healthy development during childhood and adolescence contributes to good mental health and can prevent mental health problems.

Enhancing social skills, problem-solving skills and self-confidence can help prevent mental health problems such as conduct disorders, anxiety, depression and eating disorders as well as other risk behaviours including those that relate to sexual behaviour, substance abuse, and violent behaviour."¹

This report clearly establishes the fact that in today's world, adolescents, irrespective of where they live, are faced by many challenges posed by the demands of their environment coupled with their rapidly changing physical, mental and emotional state. This, if not handled effectively, impairs their Social competence with a high likelihood of them resorting to risk taking behaviours like violence, substance abuse, sexual experimentation, suicide etc.

This fact sets the ground for taking effective action that is oriented towards empowering adolescents to overcome their threats and fears and enabling them to discover their strengths in order to enhance their social competence. This will also ensure their sound mental health, optimum performance and low instances of high risk behaviour. Out of numerous efforts targeted to achieve this result, school-based counseling was found to be the most effective intervention to address the issues faced by adolescents. However, it has been seen that in spite of school-based counseling there is a gap that exists between the desired and the actual state of adolescents.

On exploring the related literature further, it was discovered that brain-based researches reveal that adolescence is an age at which the brain is biologically dominated by limbic reward system and the pre-frontal cortex of the brain which is responsible for reasoning, consequential behaviour, judgement etc. is still not fully developed. Due to this, in an adolescent decision making is chiefly guided by reward system and anything that is action oriented and promises instant results is learnt and assimilated more effectively.ⁱⁱ Therefore, any form of intervention for adolescents that is activity-based and involves meaningful experiences and rewards is bound to yield better results than lecture-oriented interventions.

In-line with this idea the researcher took up an experimental study that was an attempt to identify the effectiveness of more meaningful and experience-oriented activity-based counseling sessions over conventional lecture type group counseling sessions to increase the social competence of adolescents.

This study is a step towards UNDP's vision of Youth Global Programme for Sustainable Development and Peace – Youth-GPS (2016-2020) ⁽ⁱⁱⁱ⁾

Title: Incorporating activity-based counseling in school counseling interventions to enhance social competence in adolescents.

The researcher made an attempt to review related literature before and during the study. The literature was reviewed majorly for two purposes, first, to gain a higher understanding of adolescent behaviour and second to design activity-based counseling modules to be used during the study. A brief discussion of the literature reviewed is given below:

^[1] Research Scholar, Amity Institute of Education, Amity University, Noida

According to Schab, L.M. in, *The self-esteem workbook for teens: Activities to help you build confidence and achieve your goals*, points out low self-esteem amongst adolescents is the major cause of emotional issues. Schab provides a workbook for adolescents through which they can assess their strengths and weaknesses and develop a healthy and realistic view about themselves. The book also contains exercises through which adolescents can deal with setbacks, self-doubt and criticism.

The Life Skills Education and CCE manual developed by CBSE talks of issues of adolescents related to Identity development, managing emotions, relationships, peer pressure and communication regarding sexuality. Based on the Ten core Life Skills laid down by WHO i.e Self-awareness, Empathy, Critical thinking, Creative thinking, Decision making, Problem Solving, Effective communication, Interpersonal relationship, Coping with stress and Coping with emotions, various techniques like discussions, brainstorming, guided practice, Role plays, educational games and simulations, case studies etc. have been designed by CBSE for developing adolescents.

In the report *Adolescence-An Age of Opportunity*, UNICEF has highlighted that to address the issues related to adolescents, an early recognition of emotional distress and the provision of psychosocial support is very much needed. Psycho-educational programs in schools, cognitive-behavioural therapy and supportive counseling is very helpful in ensuring sound mental health of adolescents. The report also emphasises the need to encourage adolescents to set-up their own, child-led organizations, for their meaningful participation.

Ronald E. Dahl during his keynote address in a symposium on *Adolescent Brain Development-A Period of Vulnerabilities and Opportunities*, mentioned that despite vigorous health, enhanced immune system and remarkable reasoning ability, there is a 200% rise in morbidity during adolescence. This shocking fact pertains to suicide, depression, violence, substance abuse, health problems related to risky sexual behaviour during this phase in life. He also talked of role of Neuroendocrinology and Neuroplasticity in hijacking the adolescent brain into emotion loaded behaviour. Adolescent brain under its pubertal influences cannot develop abilities through strategies, planning, goal setting and learning social rules. He urged that for positivity, self-esteem, self-awareness development adult scaffolding is very much needed by adolescents. Also new neural connections are formed in adolescents through imagining themselves as successful individuals which helps in stress management and prevention of high risk behaviour.

Roni Jay, in the book, *How teenagers think: An insider's guide to living with a teenager*, talks of school, labels, sex and money related issues faced by adolescents. The book also encompasses the adolescent-parent relationship and looks at reasons behind rebellious behaviour through an adolescent's perspective. It includes interpersonal competencies of adolescents with parents, teachers and peers.

Though the book, *Guidance and counseling in India* by R.N. Sharma and R. Sharma, mainly talks of vocational guidance and professional counseling for adolescents, it gives valuable insights into aspirations and requirements of adolescents belonging to different categories.

Devendra Agochiya, in his training manual, *Life competencies for adolescents: Training manual for facilitators, teachers and parents*, mentions the key areas of concern with respect to adolescents to be identity crisis, peer pressure, relationship with parents and influence of media. He also emphasises the importance of interpersonal communication and barriers to effective communication. In his training manual he suggests means to build interpersonal competencies amongst adolescents through team work, anger management, self-awareness, self-esteem and self-confidence, perseverance and goal setting. His manual includes strategies for stress management and development of entrepreneurial competencies like problem solving, decision making and conflict management. The exercises and activities in the manual are well researched and extensive.

The revision paper of part I of E.G. Williamson's work, *Counseling adolescents -how to counsel students*, advocates the use of clinical method in counseling adolescent. The method includes analysis, synthesis, diagnosis, prognosis, counseling and follow-up. Williamson's work is based on use of real situations and experiences with loaded emotional quality, in adolescent counseling. This approach, though dates back to mid-20th century still promises effective counseling outcomes. According to his practical approach, social forces are at the base of risky behaviour displayed by adolescents. Through this approach he aimed at helping adolescents better understand themselves and use the opportunities and alternatives that exist for them.

I. OBJECTIVE

The objective of the study is to assess the effectiveness of activity-based counseling sessions as compared to lecture based counseling with adolescents to enable them to deal powerfully with their difficulties and help them display high Social competence by bringing forth their strengths.

II. NULL HYPOTHESIS

There is no significant increase in Strengths and decrease in Difficulties in adolescents as a result of activity-based counseling.

III. METHOD

Design

Experimental design was used for the study using pre-test, post- test on randomized experimental and control group.

Sample

A sample of 30 Grade 8 students of both the genders (19 boys and 11 girls) of an NGO run school in NCR were selected to form an experimental group. The sample was selected using Simple random sampling method. Another set of 30 students (18 boys and 12 girls) selected randomly formed the control group. The sample was controlled on variables like age, socio-economic status and type of school. At the time of the study the school had no permanent counsellor and hence, students forming the sample were new to these counselling areas.

Duration of study

The study was conducted over a period of 10 weeks. The researcher conducted the sessions during 2 CCA periods every week. One period was taken with experimental group and 1 with control group.

Tools

Strengths and Difficulties Questionnaire (One-sided self-rated SDQ for 11-17 olds) by Goodman et al,1998.

The **Strengths and Difficulties Questionnaire (SDQ)** One-sided self-rated questionnaire is a self-report behavioural screening questionnaire for 11-17 year olds developed by child psychiatrist Robert N. Goodman et al,1998.

It consists of 25 items on psychological attributes which are divided into 5 scales:

- 1) emotional symptoms (5 items)
- 2) conduct problems (5 items)
- 3) hyperactivity/inattention (5 items)
- 4) peer relationship problems (5 items)
- 5) prosocial behaviour (5 items)

First 4 constitute the Total Difficulties score based on 20 items and 5th one constitutes Strengths score based on 5th items.

Technique: Prior to the study permission was sought from the school authorities. The purpose of the study was transparently shared and confidentiality of the respondents was ensured.

Experimental group- At the start of the study in the first week, students of experimental group were made comfortable and some ice-breaking and rapport building exercises were conducted with them. They were also briefed about the questionnaire to be distributed to them. After that a Pre-test was conducted with the experimental group. The data was collected and this was followed by 8 weeks of activity-based counseling sessions relating to real life situations, especially designed by the researcher on the following topics:

1. Stress management
2. Dealing with difficult emotions
3. Peer relationship
4. Relationship with people in authority
5. Self-image
6. Social engagement
7. Play therapy
8. Mindfulness

During the sessions students were encouraged to bring forth their concerns. They were involved in specific activities targeted at decreasing their difficulties related to emotions, conduct, hyperactivity and peers and also increasing their strengths with respect to Pro-Social behaviour. They were also given task-based home assignments to be completed over the weekend.

After 8 weeks of sessions, a post-test was administered with the same tool and data collected to assess the effectiveness of activity-based counseling sessions conducted.

Control group- A Pre-test and a Post-test were conducted with the control group at the same time as experimental group but between the two tests, no activity-based counseling sessions were conducted for them. They were subject to only talks and lectures for the above mentioned 8 areas.

Statistical Analysis

Researcher used Mean, Standard Deviation and Dependent t-test to test the null hypotheses that was formulated.

IV. RESULTS

Table-I: Mean, Standard Deviation and Variance for Experimental group

	Test	Mean	Standard Deviation	Variance
Pre-test	Strengths	6.30	1.73	2.98
	Difficulties	14.43	4.49	20.19
Post-test	Strengths	7.03	1.38	1.89
	Difficulties	12.30	3.16	10.01

Table-II: Dependent t-test and p-values for Experimental group to assess the effect of counseling on increasing Strengths and reducing difficulties of adolescents

N	df	Strengths t-value	Difficulties t-value	Strengths p-value	Difficulties p-value
30	29	4.25	-5.33	0.0002	0.00001

Table-III: Mean, Standard Deviation and Variance for Control group

	Test	Mean	Standard Deviation	Variance
Pre-test	Strengths	5.87	1.36	1.84
	Difficulties	13.47	3.31	10.95
Post-test	Strengths	5.73	1.11	1.24
	Difficulties	13.57	3.11	9.70

Table-IV: Dependent t-test and p-values for Control group to assess the effect of counseling on increasing Strengths and reducing difficulties of adolescents

N	df	Strengths t-value	Difficulties t-value	Strengths p-value	Difficulties p-value
30	29	-0.93	0.56	0.36	0.58

Critical value of t at:

0.05 level of significance- 1.699

0.01 level of significance- 2.462

V. DISCUSSION

As shown in Table-II above, the calculated t-values for change in Strengths and Difficulties in Experimental group. The calculated value of t for Strengths (4.25) as well as calculated value of t for Difficulties (5.33) are much higher than the Critical values of t at both 0.05 and 0.01 levels of significance (1.699 and 2.462 respectively). This means that as a result of activity-based counseling sessions there was a significant increase in Strengths and significant decrease in Difficulties of adolescents.

The p-value for Strengths is 0.0002 and that for Difficulties is 0.00001 which is very low and signify that there is a significant change in pre and post-test results and thus Null hypothesis is rejected.

On the other hand, Table-IV shows the calculated t-values for change in Strengths and Difficulties in Control group. The calculated value of t for Strengths (0.93) as well as calculated value of t for Difficulties (0.56) are much lower than the Critical values of t at both 0.05 and 0.01 levels of significance (1.699 and 2.462 respectively). This means that as a result of lecture-based counseling sessions there was no significant increase in Strengths and significant decrease in Difficulties of adolescents.

The p-value for Strengths is 0.36 and that for Difficulties is 0.58, which is very high ($p < 0.05$) and signify that there is no significant difference in pre and post-test results in Control group.

Since, this is a Two-tailed test there is no significance of negative sign of t -value. Hence, we ignore the signs and compare them to Critical t -values as absolute numbers.

VI. CONCLUSION

The purpose of the study was to establish the fact that counseling interventions conducted in the form of activity-based sessions promise a better outcome to enhance social competence of adolescents as compared to lecture based group counseling. The results of the study provided the evidence that activity-based interventions witnessed an increase in Strengths and decrease in Difficulties in adolescents. Through the identification of difficulties related to their emotions, conduct, hyperactivity and peers, adolescents can be given targeted activity-based counseling sessions that relate to real life situations. At the same time their strengths with respect to pro-social behaviour with enhanced Social Competence can be increased through such sessions. Such interventions can be incorporated in the school counseling with ease. This study also contributes to the understanding that there is an urgent need to conduct more studies of this kind to increase the efficacy of counseling interventions for adolescents.

VII. REFERENCES

- Agochiya, Devendra. (2010). *Life competencies for adolescents: Training manual for facilitators, teachers and parents*. Sage Publications India Pvt Ltd.: New Delhi.
- CBSE. *Life Skills Education and CCE*. Retrieved from http://www.cbse.nic.in/cce/life_skills_cce.pdf (Retrieved on 10/08/2017)
- Dahl, Ronald. E. (2004). *Adolescent Brain Development- A Period of Vulnerabilities and Opportunities*. Retrieved from https://www.researchgate.net/profile/Ronald_Dahl2/publication/8457353_Adolescent_Brain_Development_A_Period_of_Vulnerabilities_and_Opportunities_Keynote_Address/links/0c960515db7da63dfa00000/Adolescent-Brain-Development-A-Period-of-Vulnerabilities-and-Opportunities-Keynote-Address.pdf (Retrieved on 2/11/2017)
- Goodman et al. (1998). *Strengths and Difficulty Questionnaire*. Retrieved from [http://www.sdqinfo.org/py/sdqinfo/b3.py?language=Englishqz\(UK\)](http://www.sdqinfo.org/py/sdqinfo/b3.py?language=Englishqz(UK)) (Retrieved on 18/07/17)
- Jay, Roni. (2010). *How teenagers think: An insider's guide to living with a teenager*. Viva Books Pvt, Ltd.: New Delhi.
- Manwani, Kamal. G. (2017). *Innovative Teaching Strategies That Ensure Effective Learning*. International Journal of Education and Psychological Research (IJEPR) Volume 6(2), Pages 93-96
- Schab, L.M. (2008). *The anxiety workbook for teens: Activities to help you deal with anxiety and worry*. New harbinger publications, Inc.: Oakland, CA.
- Schab, L.M. (2013). *The self-esteem workbook for teens: Activities to help you build confidence and achieve your goals*. New harbinger publications, Inc.: Oakland, CA.
- Sharma, R.N; Sharma, R. (2007). *Guidance and counseling in India*. Atlantic: New Delhi
- UNICEF. *Adolescence-An Age of Opportunity*. (2011). Retrieved from https://www.unicef.org/adolescence/files/SOWC_2011_Main_Report_EN_02092011.pdf (Retrieved on 16/11/2017)
- Williamson E.G. (1950). *Counseling adolescents - Revision of part I of how to counsel students*. McGraw-Hill: New York, NY.

VIII. CITATIONS

- i http://www.who.int/maternal_child_adolescent/topics/adolescence/mental_health/en/ (Retrieved on 30/04/18)
- ii Manwani, Kamal. G. (2017). *Innovative Teaching Strategies That Ensure Effective Learning*. International Journal of Education and Psychological Research (IJEPR) Volume 6(2), Pages 93-96
- iii <http://www.undp.org/content/undp/en/home/librarypage/democratic-governance/Youth-GPS.html> (Retrieved on 5/05/18)