

SOCIAL SKILLS TRAINING WITH UNIVERSITY STUDENTS: A GROUP INTERVENTION PROTOCOL

*TREINAMENTO EM HABILIDADES SOCIAIS COM UNIVERSITÁRIOS:
UM PROTOCOLO DE INTERVENÇÃO GRUPAL*

*ENTRENAMIENTO EN HABILIDADES SOCIALES CON ESTUDIANTES
UNIVERSITARIOS: UN PROTOCOLO DE INTERVENCIÓN GRUPAL*

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RESUMO

Habilidades sociais são um conjunto de capacidades necessárias para o indivíduo viver bem em sociedade. Incluem assertividade, resolução de problemas, empatia e falar em público, entre outras. Estas habilidades são desenvolvidas desde a infância e sua aquisição pode ocorrer sem treinamento formal; contudo, problemas podem surgir em decorrência de falhas nessa aprendizagem. Os universitários caracterizam um grupo no qual as dificuldades relacionadas a essa área se tornam relevantes e podem trazer prejuízos. Assim, o treinamento em habilidades sociais surge como uma forma de superar tais dificuldades e promover uma melhor qualidade de vida aos participantes. Este artigo apresenta um protocolo para treinamento em habilidades sociais com universitários, desenvolvido com base na terapia cognitivo-comportamental em grupo e por autores reconhecidos na área, e proposto a partir de um levantamento prévio do repertório deficitário identificado. O procedimento

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em grupo amplia o leque de possibilidades do treinamento, proporcionando um contexto de treino com prática interpessoal *in loco* e com maior validade ecológica, incluindo técnicas como psicoeducação, atividades vivenciais e reestruturação cognitiva. Como alcance, esse protocolo pretende fornecer aos profissionais que atuam em psicologia clínica, em educação, inclusive no ensino superior, bem como na pesquisa, estratégias terapêuticas eficazes no campo das habilidades sociais.

Palavras-chave: habilidades sociais; treinamento em habilidades sociais; protocolo; universitários.

ABSTRACT

Social skills are a set of abilities necessary for the individual to live well in society. They include assertiveness, problem solving, empathy and public speaking, among others. These skills are developed since childhood and their acquisition can take place without formal training; however, problems may arise as a result of failures in this learning. University students comprise a group in which the difficulties related to this area become relevant and may lead to impairment. Accordingly, social skills training emerges as a way to overcome such difficulties and promote a better quality of life for the participants. This article presents a social skills training protocol for university students. It was developed by authors recognized in the field, based on cognitive-behavioral group therapy and was proposed from a previous study that identified the repertoire deficit. The group procedure expands the range of training possibilities, providing a training context with interpersonal practice *in loco*. It also presents good ecological validity, including techniques such as psychoeducation, living activities and cognitive restructuring. Regarding the scope, this protocol is intended for the use of clinicians, instructors, basic and higher education professionals, as well as researchers, and aims to provide them with effective therapeutic strategies in the field of social skills.

Keywords: social skills; social skills training; protocol; university students.

RESUMEN

Las habilidades sociales son un conjunto de habilidades necesarias para que el individuo viva bien en la sociedad. Incluyen asertividad, resolución de problemas, empatía y hablar en público, entre otras. Estas habilidades se desarrollan desde la niñez y su adquisición puede ocurrir sin entrenamiento

formal; sin embargo, pueden surgir problemas como resultado de fallas en este proceso de aprendizaje. Los estudiantes universitarios caracterizan un grupo donde las dificultades relacionadas con esta área se vuelven relevantes y pueden resultar en pérdidas. En consecuencia, el entrenamiento en habilidades sociales surge como una forma de superar dichas dificultades y promover una mejor calidad de vida para los participantes. Este artículo presenta un protocolo de entrenamiento en habilidades sociales con estudiantes universitarios, desarrollado en base a la terapia grupal cognitivo-conductual y por autores reconocidos en el área, y propuesto en base a un estudio previo del déficit de repertorio identificado. El procedimiento grupal amplía el abanico de posibilidades formativas, proporcionando un contexto formativo con práctica interpersonal *in loco* y con mayor validez ecológica, incluyendo técnicas como la psicoeducación, actividades vivenciales y reestructuración cognitiva. En cuanto al alcance, este protocolo intenta dotar a los profesionales que laboran en organizaciones clínicas, en docencia, incluida la educación superior, y en investigación, de estrategias terapéuticas efectivas en el campo de las habilidades sociales.

Palabras clave: habilidades sociales; entrenamiento en habilidades sociales; protocolo; estudiantes universitarios.

Introduction

Social skills (SS) are a set of behaviors that help individuals to interact in the different contexts in which they participate: family, school, university, work, and leisure, among others. They involve the ability to generate positive consequences for oneself and for others, balancing personal goals and external requirements, and connecting thoughts and feelings in an adaptive way for society (Del Prette & Del Prette, 2009). There are different categories of SS. These are complementary, depending on each other, and cover the individual's main interpersonal requirements. Communication skills, public speaking, empathy, assertiveness, problem solving, making friends, making decisions, defending one's rights, expressing feelings, and controlling anger are examples of SS (Caballo, 2016; Del Prette & Del Prette, 2009).

Learning these skills begins in childhood with the family and then extends to other contexts. They are necessary to relate in society in an effective way that is satisfactory for all involved. Social skills vary according to culture,

that is, behavior considered skillful in one place may be considered inappropriate in another. Many people have a deficient SS repertoire; however, once they are learned, they can be developed through practice (Caballo, 2016; Del Prette & Del Prette, 2009). Social skills training is an evidence-based strategy that has been widely investigated.

Social skills training (SST) consists of a type of intervention that aims to develop and practice the SS necessary to promote adaptive and pro-social behavior. Through more satisfactory relationships between people, this training aims to generate better coexistence in society (Caballo, 2016; Del Prette & Del Prette, 2017). It encompasses a set of previously structured techniques and activities, which can be used both for prevention and health promotion, as well as for treating established problems. As a treatment, it is one of the most used to resolve psychological problems involving interpersonal relationships. It provides positive results and an overall improvement in the quality of life of patients (Del Prette & Del Prette, 2017; Pureza et al., 2012).

Two important aspects to be considered when designing an SST protocol are the assessment of the training needs and the evaluation of the social skills, measured using standardized instruments. This assessment of the training needs consists of a tool used to identify performance problems from which solutions can be sought through educational means (Meneses & Zerbini, 2009). According to Caballo (2016), this stage constitutes an essential aspect of SST. Despite this recommendation, no studies with university students in which a needs assessment was carried out as a prior indicator for the elaboration of the SST intervention protocol were found in the literature.

Entering university implies diverse changes in the individual's life and can contribute to higher levels of stress and anxiety, bringing students' problems to the fore. Studies shows that university students present higher levels of stress and anxiety than the levels identified in the general population (Angélico et al., 2006; Lantyer et al., 2016). A fundamental requirement for good mental health in the university environment is the quality of the adaptation to this new context, which, to a large extent, depends on well-developed SS (Alvarenga et al., 2012; Olds et al., 2013). However, the presence of anxiety, characterized as an emotional state of apprehension or fear caused by the anticipation of an unpleasant or dangerous situation that leads to a set of changes in the body (Allen et al., 1995; Lantyer et al., 2016), can harm an individual's SS performance, even if they have already developed them. Therefore, SST, in addition to promoting the develop-

ment of SS, must work with strategies for the management and reduction of anxiety (Wagner et al., 2014).

Taking into consideration these data, cognitive-behavioral therapy (CBT) demonstrates relevant effectiveness indicators in the management of anxiety and other psychological demands, having an educational character focused on problem solving (Beck, 2013; Lantyer et al., 2016). The repertoire of CBT techniques, in addition to SST, also includes relaxation techniques. These are a group of intervention strategies that aim to reduce the feeling of anxiety and anxious responses. They are useful procedures in different situations, with each person adapting better to different techniques. Many of them have breathing as their main mechanism, since cardiorespiratory changes have already been shown to alter vagal control and slow down the body (Caballo, 2014). Other effects of relaxation techniques include improved concentration, increased feeling of control, improved sleep and enhanced performance in physical activities (Teixeira, 2014). These techniques support the SST, as they help the individual to remain less anxious and able to apply the SS that they have and to practice some new ones.

Considering the role of SS as a protective factor for the mental health of students, as well as their importance for adaptation and good socio-cognitive performance in the university, studies of SST with university students have shown evidence of a positive effect for this type of intervention (Bolsoni-Silva, 2009; Bolsoni-Silva et al., 2009; Ferreira et al., 2014; Lopes et al., 2017; Olaz et al., 2014). Despite this, a standardized and validated SST protocol for university students was not found in the literature. Therefore, this article presents a social skills training protocol for university students that was developed based on cognitive-behavioral group therapy and by authors recognized in the area, being proposed from a previous study of the repertoire deficit identified. It is expected that this protocol can be applied and evaluated in public and private universities, in Brazil and abroad.

Method

This protocol was developed based on a previous needs assessment carried out with 452 students from a federal university and was structured based on CBT. The results of the needs assessment will be published in another paper, since the main objective of this article is to provide a detailed description of the structure, strategies and techniques the treatment employs.

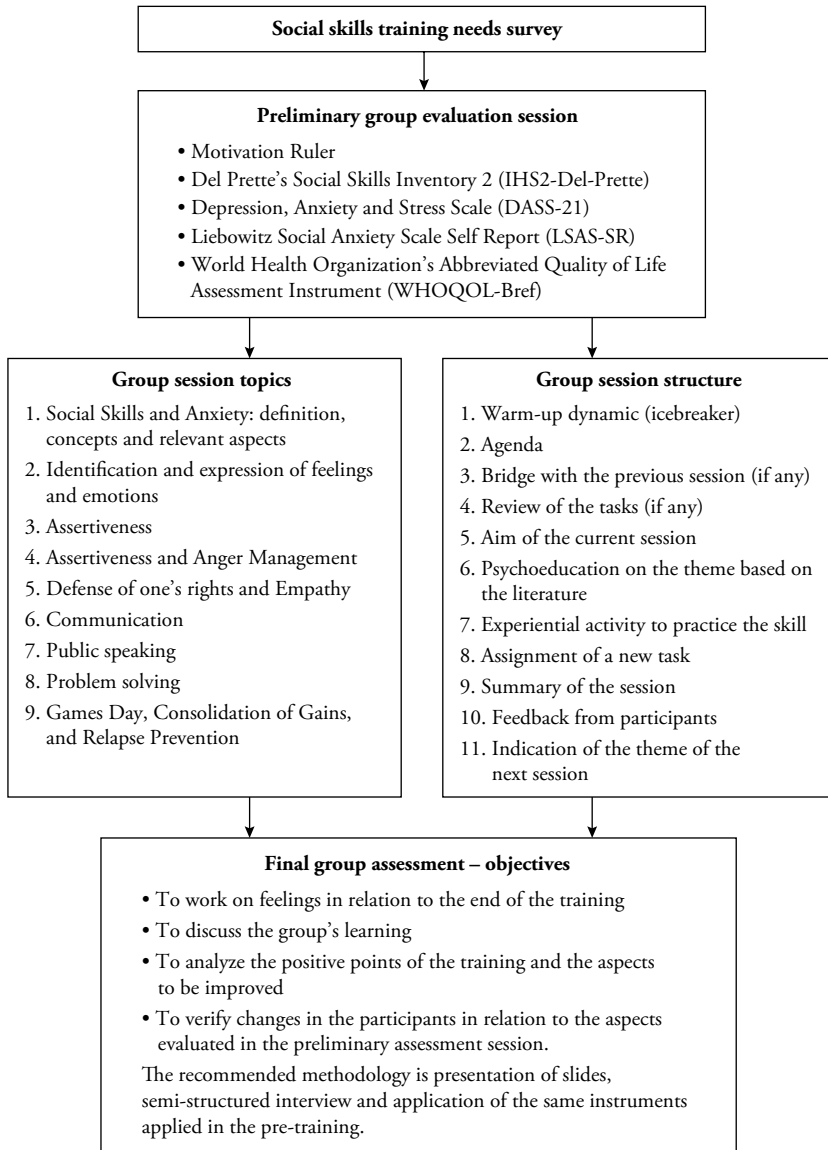
Results and discussion

Structure of the sessions

The basic structure of the training consists of a warm-up dynamic (ice-breaker), agenda, bridge with the previous session (if any), review of the tasks (if any), aim of the current session, psychoeducation on the theme of the meeting based on the literature, experiential activity to practice the skill, assignment of a new task, summary of the session, feedback from participants and indication of the theme of the next session (Beck, 2013; Neufeld et al., 2017). The promotion of an environment in which individuals feel free to participate in activities is recommended, as well as the emphasis on the role of the homework for the generalization of the skill learned (Neufeld et al., 2017).

Each session develops a theme, with the application of a psychoeducational strategy and practical activities to achieve the previously defined aims. Psychoeducation is a therapeutic intervention that consists of teaching the patient about their cognitive functioning and their possible deficits or disorders. For SST, it is also necessary to emphasize the different skills, so the patient understands their importance, the need for the training and the learning mechanisms of these skills (Beck, 2013). Another important strategy is the homework, that aims to train and consolidate what is learned in the program, since its duration is insufficient for the generalization of the behavior or skill. For this, forms are provided to be completed.

The training consists of ten meetings, one for the preliminary assessment, eight with a focus on skills development, and the final one for consolidating gains and preventing relapses, with assessment after the training. Figure 1 presents the description of the steps of the training program in a schematic way.

Figure 1 — Description of the steps of the training program

The following is a detailed description of each session, including the proposed objectives and strategies.

Preliminary group evaluation session

The preliminary session has five objectives: (a) to present the aim and functioning of the SST; (b) to start building the bond with and between the participants; (c) to evaluate the motivation and expectations regarding the participation in the group; (d) to jointly establish the group's rules of coexistence related to attendance, punctuality, participation and ethical aspects; and (e) to measure relevant aspects to evaluate the effectiveness of the program, such as level of anxiety, depression, stress and quality of life. For the final objective (e), the following instruments were applied: Motivation Ruler (Velasquez et al., 2001); Del Prette's Social Skills Inventory 2 – IHS2-Del-Prette (Del Prette & Del Prette, 2018); Depression, Anxiety and Stress Scale – DASS-21 (Lovibond & Lovibond, 1995; Vignola & Tucci, 2014); Liebowitz Social Anxiety Scale Self Report – LSAS-SR (Liebowitz, 1987; Santos et al., 2013); and the World Health Organization's Abbreviated Quality of Life Assessment Instrument – WHOQOL-Bref (WHOQOL Group, 1996; Fleck et al., 2000). For studies conducted in countries where these instruments are validated, we recommend their use in order to allow the comparison of the SST efficacy and its effectiveness results.

Objectives and strategies proposed in each session

The first training session is entitled “Social Skills and Anxiety: definition, concepts and relevant aspects” and aims to teach the participants to comprehend what SS are, what comprises them, their importance, and their applicability. It also aims to demonstrate what anxiety is and to teach relaxation techniques to help control it. Following the basic structure of the training, the strategies proposed to achieve these goals are:

1. Warm-up dynamic: participants are instructed to talk in pairs for five minutes to get to know each other and then to introduce each other to the group.
2. Slide presentation (dialogued exhibition) of the agenda and the aims of the meeting, and the psychoeducation regarding the theme of the session.

3. Presentation of five relaxation techniques for the management of anxiety: (a) passive relaxation (Caballo, 2014; Willhelm et al., 2015); (b) Jacobson's progressive relaxation (Caballo, 2014; Willhelm et al., 2015); (c) diaphragmatic breathing (Caballo, 2014; Willhelm et al., 2015); (d) calming images (Stallard, 2010); and (e) distraction (Stallard, 2010).
4. Practice of the skills: performing each relaxation technique interspersed with the description of an anxiogenic situation, so that the participants can understand the difference between relaxation and anxiety.
5. Set the homework. Task: Perform one of the five anxiety control techniques learned in this meeting per day. Make a note of the day, time, level of anxiety before and after using the technique and the feeling while doing it. Record which one was most identified with. Emphasis is on the fact that the task is to continue practicing SS between the sessions and to generalize this to the activities of daily living.
6. Session summary: asking participants to say words that summarize the meeting, with the therapist then performing a review summarizing the main aspects.
7. Session evaluation (feedback): ask participants about what they thought about the meeting, how they felt, what they thought about the way the session was conducted, whether they had any questions and whether they have any suggestions for improvement.
8. Present the theme of the next meeting: Identification and expression of feelings and emotions.

The second training session, entitled "Identification and expression of feelings and emotions", aims to teach the participants to identify and express positive or negative feelings and emotions. Following the basic structure of the training, the strategies proposed in session two to achieve these goals are:

1. Warm-up dynamic: Receiving a compliment is good and I like it (Del Prette & Del Prette, 2017). The therapist asks one of the par-

ticipants to compliment another member of the group. The quality of the compliment and the response to it are evaluated in the group, highlighting the positive aspects and what needs to be improved. The activity ends when everyone has given at least one compliment.

2. Slideshow of the meeting's agenda, bridge with the theme of the previous meeting and review of the task. Positive reinforcement for those who performed the task (giving a compliment), encouragement for those who did not do so, and, if necessary, correction/direction for those who performed the task incorrectly.
3. Presentation of the aim of the meeting and psychoeducation regarding the theme of the session.
4. Practice of the skill: Recognizing and communicating emotions (Del Prette & Del Prette, 2014). One of the participants is invited to leave the room and, when returning to the group, instructed to express a certain emotion in any way, except verbally. The other members of the group need to identify the emotion, name it and express it as well. In the final step, the difficulty or ease in demonstrating, representing and identifying emotions is discussed. Emotions explored: happiness, sadness, anger, fear, disgust, surprise, contempt, shame, relief, calm, confusion, and boredom.
5. Set the homework. Task: Tell five different people in different situations how you feel at that moment. Talk about feelings and emotions. Make a note of the day, time, level of anxiety in the situation, the person spoken to, the feeling or emotion and how the person reacted.
6. Session summary: The same as session 1.
7. Session evaluation: The same as session 1.
8. Present the theme of the next meeting: Assertiveness.

The third training session, entitled “Assertiveness”, aims to help participants comprehend and develop the assertiveness skill, and proposes the following strategies:

1. Warm-up dynamic: Dancing to the music (Del Prette & Del Prette, 2017). The therapist puts on a song with a certain rhythm and asks the participants to move according to the music, moving the whole body, until the music is interrupted and they must remain still, like a statue. The rhythms are interspersed (fast or slow) and require participants to quickly adapt to the changes.
2. Slideshow of the meeting's agenda, bridge with the theme of the previous meeting and review of the task (reinforcing, encouraging and correcting when necessary).
3. Presentation of the aim of the meeting and psychoeducation regarding the theme of the session.
4. Practice of the skill. Activity 1 – Neither passive nor aggressive: assertive! (Del Prette & Del Prette, 2014). Participants are divided into three small groups and three cards are presented to each subgroup, each containing a situation and three response options. They are asked to talk about the answers and indicate which is the most assertive and why. Activity 2 – Practicing assertive responses (Del Prette & Del Prette, 2017). In this activity, six situations are presented with a non-assertive answer for each one. Participants are divided into three small groups and each receives two situations. The groups need to create an assertive response that fits each situation and act them out for the larger group.
5. Set the homework. Task: Perform some tasks related to the assertiveness skill, such as: giving and accepting compliments, making and refusing requests, expressing affection, expressing an opinion and displeasure, asking for information from strangers, apologizing. Make a note of the day, time, description of the situation, level of anxiety, the thoughts at the time, the feelings and how the person reacted.
6. Session summary: The same as session 1.
7. Session evaluation: The same as session 1.

8. Present the theme of the next meeting: Assertiveness and Anger Management.

The fourth training session, “Assertiveness and Anger Management”, aims to help the participants to continue to develop assertiveness and learn to deal with anger, through the following strategies.

1. Warm-up dynamic: Dancing to the music (Del Prette & Del Prette, 2017). The same as the previous meeting.
2. Slideshow of the meeting’s agenda, bridge with the theme of the previous meeting and review of the task (reinforcing, encouraging and correcting when necessary).
3. Presentation of the aim of the meeting and psychoeducation regarding the theme of the session.
4. Practice of the skill. Activity 1 – Toasted sandwich (Del Prette & Del Prette, 2014). The therapist talks about the difficulties of giving and receiving criticism. They explain the “sandwich technique”, which consists of indicating something positive first, then something negative and finally something positive again. A participant is asked to criticize another using this technique, and the latter, in turn, criticizes another colleague and so on until everyone has applied the technique. In the second stage, the therapist asks a participant to recall the criticism received, express whether they agree or not and what feelings they had when they heard it. There is also a discussion about impulsiveness, the propensity to immediately reject criticism, the ability to self-analyze and choosing to respond to it or not. Activity 2 – Bursting with rage: half-fill a balloon and explain that it represents how angry people can get. Ask participants what makes them angry, what situations and what types of behavior. For each answer, fill the balloon a little more. Fill until it is full and bursts naturally (or disguised with a pin). Ask why they think the balloon burst and how they burst when they get angry, emphasizing that it is normal to burst and lose emotional control when we don’t understand and control our anger.

5. Set the homework. The same as session 3.
6. Session summary: The same as session 1.
7. Perform the evaluation of the session: The same as session 1.
8. Present the theme of the next meeting: Defense of one's rights and Empathy.

The fifth training session, “Defense of one's rights and Empathy”, aims to teach the participants to defend their own rights and to understand and put themselves in someone else's shoes. Following the basic structure of the training, the strategies proposed in this session to achieve these goals are:

1. Warm-up dynamic: Good is good (Del Prette & Del Prette, 2017). The therapist asks participants to close their eyes and imagine themselves doing something they know how to do very well, then asks them to open their eyes and report what they have imagined. Then the therapist asks them to imagine doing something good for someone. Finally, they are asked to report what they thought and realized about the two situations.
2. Slideshow of the meeting's agenda, bridge with the theme of the previous meeting and review of the task (reinforcing, encouraging and correcting when necessary).
3. Presentation of the aim of the meeting and psychoeducation regarding the theme of the session.
4. Practice of the skill. Activity 1 – The therapists give each participant a summary of all articles in the declaration of human rights. Each of them is asked to read a right and tell the others what they understand about it and their opinion. The group debates and decides whether it agrees or not with the opinion expressed. Finally, the therapists complement the participant or correct the meaning if necessary. Activity 2 – Human and interpersonal rights (Del Prette & Del Prette, 2014). The therapists ask the participants to carefully read the list of human rights and circle the most

important one. Then, they ask the group to close their eyes and imagine a society in which everyone, without exception, respects and exercises this right. After imagination, participants need to write down on paper how they felt and what their main emotions and imagined actions were. In the second part, participants are asked to circle another right that they consider fundamental and then imagine a society in which that right is not respected. The process of noting how they felt and what their main emotions and imagined actions were is repeated. Finally, each person's perceptions are discussed in a group and the importance of knowing and respecting each other's rights is emphasized.

5. Set the homework. Task: Talk to three people about human rights. Write down the day, time, describe the situation, level of anxiety, who was spoken to, what was felt and the person's reaction.
6. Session summary: The same as session 1.
7. Session evaluation: The same as session 1.
8. Present the theme of the next meeting: Communication.

The sixth training session, entitled "Communication", aims to teach the participants to develop communication skills, including initiating, maintaining and ending conversations, and making and refusing requests. The strategies proposed to develop these skills are:

1. Warm-up dynamic: Wireless telephone. Objective: To realize the importance of good communication. Development: The therapist asks the group to form a circle and whispers a phrase to one of the participants. The participant is asked to pass on the same sentence whispering it to their colleague on the right, and so on until it reaches the last member of the circle. The latter, upon hearing the phrase, must repeat it aloud to the others.
2. Slideshow of the meeting's agenda, bridge with the theme of the previous meeting and review of the task (reinforcing, encouraging and correcting when necessary).

3. Presentation of the aim of the meeting and psychoeducation regarding the theme of the session.
4. Practice of the skill. Activity 1 – Ask for what you want (Del Prette & Del Prette, 2014). The therapist divides the group into two subgroups and asks them to make five reasonable requests and five absurd requests. Then, each participant of the subgroup presents a request to the other subgroup and someone different needs to respond and explain their answer. Finally, feelings and possible difficulties in carrying out the requests and in denying or accepting them are discussed.
5. Set the homework. Task: Ask someone for something. Ask a stranger for information on the street. Compliment classmates and/or workmates. Telephone and talk to someone for five minutes. Talk for five minutes with a stranger on the street. Make a note of the day and time, describe the situation, assess the level of anxiety, what was thought, what was felt and how the people reacted.
6. Session summary: The same as session 1.
7. Session evaluation: The same as session 1.
8. Present the theme of the next meeting: Public speaking.

The seventh training session, entitled “Public speaking”, aims to help the participants develop communication skills, especially public speaking, by applying the following strategies:

1. Warm-up dynamic: Watching (Del Prette & Del Prette, 2017). The therapist asks participants to walk randomly around the room and then to walk on tiptoes. Then, they must repeat this process, but this time, observing a specific colleague from the group as discreetly as possible. Finally, the therapist asks: (1) did the person watched identify who was watching them? (2) in which condition was the observation easier? (3) did being observed affect the performance?

2. Slideshow of the meeting's agenda, bridge with the theme of the previous meeting and review of the task (reinforcing, encouraging and correcting when necessary).
3. Presentation of the aim of the meeting and psychoeducation regarding the theme of the session.
4. Practice of the skill. Activity 1 – Collective oral story (Del Prette & Del Prette, 2014). The therapist divides the group into two sub-groups. One group must tell a story based on the objects that the therapist presents and the other group observes. The therapist starts the story and the participants continue talking to the group. At the end of the story, the difficulties presented by the participants and the group's observations are discussed. Finally, the group is asked to provide a compliment for each participant and those complimented asked to elaborate an acknowledgment. Activity 2: Each person registers thoughts about what could go wrong while they are presenting a piece of work and things that generate anxiety. Each writes one or more thoughts on strips (pieces of cut paper). All the strips are put into a bag and taken out as a sort of draw. Each thought is read (without authorship) and the group has to give suggestions on what to do to change the thought (alternative thinking) or to deal with the anxiety (at least two suggestions).
5. Set the homework. Task: Ask three questions in the classroom/in public. Make a note of the day, time, level of anxiety, what was thought, what was felt and what happened next. Write down a list of five thoughts that generate anxiety and five alternatives for dealing with them.
6. Session summary: The same as session 1.
7. Session evaluation: The same as session 1.
8. Presenting the theme of the next meeting: Problem solving.

The eighth training session, “Problem solving”, aims to teach the participant to develop problem solving skills, and create adaptive alternatives for problematic situations, by applying the following strategies:

1. Warm-up dynamic: Balloon on the foot. Objective: To promote group relaxation and the perception that communication is a very important aspect and that there is more than one solution to the same problem. Development: The therapist asks the group to stand in a circle in the center of the room and gives each person a balloon and a piece of string. Each participant fills their balloon, ties it and attaches it to their right ankle. The therapist starts the music and says to the group “You can pop each other’s balloons, the one who gives me a full balloon wins”. Suggestions for reflection: How many balloons are left? What did I say was the purpose of the activity? Why didn’t you give me your own balloon?

2. Slideshow of the meeting’s agenda, bridge with the theme of the previous meeting and review of the task (reinforcing, encouraging and correcting when necessary).

3. Presentation of the aim of the meeting and psychoeducation regarding the theme of the session.

4. Practice of the skill. Activity 1 – Entrance into heaven (Del Prette & Del Prette, 2014). The therapist draws a line representing the entrance into heaven. One person is picked to be the guardian of the entrance and the others must present justifications as to why they should enter paradise. The therapist advises the guardian not to let people in who present their justification in an arrogant way, in a very loud tone of voice, show little sincerity, or use flattery or appeals. The activity ends when everyone enters paradise. Finally, the ability to solve problems is discussed, along with the different justifications explaining that there is not only one correct solution to a problem. Activity 2 – In small groups, the participants need to create problematic situations that they have to face in their daily lives (related to SS). Then the groups exchange situations and provide alternative solutions for each situation. Finally, they return them to the initial groups and read aloud to everyone the problem and the solution.

5. Set the homework. Task: Identify and describe three problems you are experiencing. Create three alternative solutions for each problem. Indicate strengths and weaknesses of each solution.

6. Session summary: The same as session 1.
7. Session evaluation: The same as session 1.
8. Present the theme of the next meeting: Games Day, Consolidation of Gains, and Relapse Prevention.

The last training session, entitled “Games Day, Consolidation of Gains, and Relapse Prevention”, aims to conduct a review of all the topics worked on during the eight training meetings, consolidate gains, work on relapse prevention, and to perform the evaluation after the intervention. This session also follows the basic structure of the training, by using the following strategies:

1. Warm-up dynamic: Don't let the balloons fall. Objective: To realize that communication is important, that living in society you end up sharing your problems and helping others to solve their difficulties. To develop the perception that sharing tasks makes them easier. Development: Each participant is given a balloon and they are asked to start throwing the balloons up and not letting them fall. Then, the therapist indicates that no balloon can touch the ground and withdraws people from the activity until there is only one participant balancing as many balloons as possible. It is expected that as the number of participants is reduced, a greater number of balloons will reach the ground. Suggestions for reflection: How many balloons are left? Was it easier to keep the balloons in the air at the beginning or at the end of the activity? What means did you use to communicate and not drop the balloons or bump into each other?
2. Slideshow of the meeting's agenda, bridge with the theme of the previous meeting and review of the task (reinforcing, encouraging and correcting when necessary).
3. Presentation of the aim of the meeting and brief summary of all the training.
4. Consolidation of gains: Board game. Use of a board game designed for this training with the aim of exercising and fixing the themes worked on during the previous sessions. This game consists

of a course divided into parts and cards with questions or tasks. Each participant has their piece that they move along the route through the generation of random numbers. To advance along the board they have to answer a question or perform an activity from a randomly chosen card. Examples of tasks for the game: give a compliment/request/criticism to one of the participants; express an emotion for the group to guess; react to a criticism; guess the emotion expressed by the therapist; talk about how you are feeling with the end of the training; express your opinion on a controversial topic; simulate a request to an authority figure; talk about an activity that was difficult for you to do; dance in a funny way for thirty seconds; tell a joke or funny story; state some basic rights; define social skills/empathy; describe a relaxation technique.

5. Session summary: The same as session 1.
6. Perform the evaluation of the session: The same as session 1.
7. Move on to the assessment part after the training.

Final group assessment

This stage occurs after the end of the last session and has four objectives: (a) to work on feelings in relation to the end of the training; (b) to discuss the group's learning; (c) to analyze the positive points of the training and the aspects to be improved; and (d) to verify changes in the participants in relation to the aspects evaluated in the preliminary assessment session. The recommended methodology is presentation of slides, semi-structured interview and application of the same instruments applied in the pre-training.

Conclusions

This protocol follows the group CBT structured model, using its strategies and techniques to achieve the objectives proposed in each meeting. This approach has positive results in the training and acquisition of SS (Caballo, 2016; Guimarães, 2008). Therefore, this protocol appropriates techniques and strate-

gies directed toward the development of the participants and an improvement in their quality of life and interpersonal relationships.

The main positive points of this study to be highlighted are the evaluation of the protocol by two specialists on the theme and the training carried out in the group modality. The group context allows a more intense, real and immediate experience in relation to the skills practiced; participants feel more understood by people in similar situations; more advanced members display an improvement that others can also achieve; and time is optimized (Neufeld et al., 2017). A limitation to be pointed out is the absence of protocol validation tests. However, new studies will be able to apply these tests and analyze the efficacy and effectiveness of the training. It is believed that the detailed presentation of this protocol may contribute to higher education institutions offering SST as a health-promotion practice. By integrating technical and interpersonal training, university students will be prepared for the job market and their chances of professional success will be improved.

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