Practice Evaluation Report: A Social Skills Training Group for People with Severe-Grade Mental Handicap

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Abstract

This practice evaluation report aimed to evaluate the effectiveness of a six-session social skills training group which was targeted at four members with severe-grade mental handicap. Social skills were found to be a common deficit of people with mental handicap, yet an essential component to achieve rehabilitation. The group was held at a day activity and residential facility and was designed to improve the skills of social smile and eye contact of group members when interacting with others. The intervention was designed based on the integration of Skinner's behavioural contingency model, Bandura's social learning theory and Argyle's social skills model. The intervention was assessed by natural and analog observation, as well as a pre-post test based on the Traver's scale. Most of the members had shown improvement in facial expression and eye contact based on the scale. The improvement of members' performance had suggested that the members had room to develop but their opportunity of receiving similar trainings was limited in agency. Agency was recommended to provide opportunities for members to attend training in a continuous manner. Group learning experiences were different from individual training, especially effective in developing social skills. Members required long-term training to reach their optimum level.
Keywords: social skills training; group work; severe-grade mentally handicapped; rehabilitation; behavioural contingency model

Introduction

This is a group practice evaluation report of a six-session social skills training group that was run for 4 members (41-48 years old) who were severely mentally handicapped and demonstrated skills deficits in social smile and eye contact when interacting with others in a day activity centre cum hostel setting.

The American Association on Intellectual and Developmental Disability (AAIDD, 2012) has defined intellectual disability as "a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills and it originates before the age of 18" (p.).

Quality of life has been stressed recently in rehabilitation service. Social life is also one of the domains that determine the quality of life of people with mental

retardation (Schalock, Gardner, & Bradley, 2007). Improving the social skills of people with mental retardation can help them gain better quality of life and satisfaction in meeting different situations.

Literature Review

Characteristics of Mentally Handicapped People

People with mental retardation are commonly weak at social interaction due to various factors, both innate and environmental.

For innate factors, people with mental handicap have cognitive deficits and therefore leads to limitation in various adaptation skills, such as conceptual, social and practical skills. As shown in the figure below (Figure 1), it is believed that a cognitive deficit would result in other negative consequences. These consequences would negatively affect one another and create a vicious cycle.

Figure 1. Factors affecting social skills of people with mental handicap (Virtual Medical Centre, 2009)

Socialization is an important process in learning social skills. Through interacting with others, people learn with a control system of reinforcement at first, and internalize some values and norms afterwards (Kellxner-Pringle, 1965). However, people with intellectual disability have weak perceptual capacity, internalization ability and generalization power. Therefore, they fail to internalize the values and norms and generalize them into future behaviour, therefore resulting in the delivery of inappropriate social behaviour, including both verbal and non-verbal (Davidson & Neale, 1986).

For environmental factors, from the observation of the worker, it is found that people with mental retardation has relatively limited opportunities to participate in group activities which require intensive interaction with other people. They are usually protective and more withdrawn to avoid possible social stigma. Therefore, they have inadequate modelling target, reinforcement and opportunities to practice (Heiman & Margalit, 1998). Under a non-stimulating environment and learning deprivation, social skills of people with mental retardation soon deteriorate.

However, people with mental handicap also possess such functioning and can be improved through a systematic learning process. Under different principles of

rehabilitation, like normalization and integration, it is essential for people with mental retardation to enhance their social competence in order to lead a more typical life like others. Thus, a social skills training group was planned to bring about improvement in the social skills of the service targets so that they could have more opportunities to interact with others and have a better quality of life.

Importance of Social Skills for People with Mental Handicap

There are different definitions about social skills. Ladd and Mize (1983) defined the skills as "the ability to organize cognitions and behaviours into an integrated course of action directed towards some culturally acceptable social or interpersonal goals" (King & Kirschenbaum, 1992, p. 8). In addition, Combs and Slaby (1977) added not only the ability to be socially accepted, but also being personally beneficial, mutually beneficial, or primarily beneficial to others.

Mischel (1973) referred to social skills as an adaptive behaviour relating to desirable outcomes in specific settings or environments. It is an ability that can be reinforced through positive and negative outcomes, while Walker, Colvin and Ramsey (1995) mentioned that it is an important condition for people to start and sustain relationships with others.

The concept of social skills is based on the assumption that specific identifiable skills form the basis for socially competent behaviour (Hops, 1983). In other words, a person is said to be competent when he or she possess some specific skills. Therefore, to help people with mental retardation enhance their social competence, it is necessary for them possess some skills.

Social skills are highly related to the mental health of people because it is a very important component in adaptation to the community as well as self-concept (Cheung & Lam, 1998). People with mental retardation have poor self-concept and poor group involvement as they are treated as incompetent to handle relationships. Gradually, they develop learnt helplessness (Hung, 1998). Social skills can help them to have successful experience in interacting with others, and rebuild self-concept and adaptation in their peer groups and community. Secondary gains like gaining more attention and appreciation from other people is also rewarding for them.

Rehabilitation Principles and Social Skills Training

Normalization. Wolfensberger (1972) mentioned that normalization is the provision of daily lifestyle for people with mental retardation, which is as close as possible to the patterns of mainstream society. It is believed that people cannot live without a social life and interaction with others. The same as ordinary people, social interaction and interpersonal relationships are very important components for people with mental retardation to lead a more diversified and enjoyable life. In order to facilitate people with mental retardation to have a better quality of social interaction with others and enjoy a higher satisfaction during the interaction process both for the mentally retarded and non-mentally retarded, social skills training helps to equip them with better competence and skills.

Integration. One of the ultimate goals for rehabilitation service is to have people with mental retardation reintegrate into the community (Gardner & Chapman, 1993). The initial step that leads to community integration is to have contact with the community. However, it is difficult for people with mental retardation to have a good interaction with non-mentally retarded people before they equipped with social skills. Therefore, a social skills training group helps them to develop more skills to interact with others and learn to perform an appropriate role in their daily life in different situations, no matter if they are at home, at a day activity centre, boarding facility or in the community.

Independence. Skill enhancement also aims to help service users to reach independence, which is another important goal of rehabilitation. Mentally retarded persons face limitation in their social skills, which restrict them from independently and competently facing different situations that require social interaction with others. However, they deserve to be given the opportunities to improve and be trained. A social skills training group serves as a beneficial method to enhance their social skills to meet the expectation of the general society.

Learning Social Skills in a Group Setting

It is believed that group settings have a lot of advantages in training social skills (Curran, 1979). First, members have a more intensified modelling experience as they are able to look at each other and learn from them. Moreover, the reinforcement is more effective. It is believed that members can get more feedback of what is appropriate behaviour because they do not only get feedback from the social worker but also other members. Through interaction, members usually get more stimuli. Sometimes, group pressure can help members to achieve better and faster improvement. The members will also feel safer and more comfortable to try out new behaviours and practice in the group. They feel less threatened than practise in public places. From the management perspective, a group setting is also more desirable as it is more efficient and serves more clients at the same time.

However, some researchers criticize that group settings will create a sense of dependence on the members because of the protective group atmosphere and support and consequently, they will not be able to generalize the skills learnt in other settings (Philips, 1978). To remove such doubt, the worker has to determine how to help members to generalize their learning to their daily habits. This may require other staff to help at first so that group members can put the learning into habits.

Social Skills Learning and Specific Components

"Social skills" is a term that inclusively describes all abilities that enable a person to perform competently at particular social tasks. They can range from verbal and nonverbal language, self-assertive skills, and opposite-sex relationships. These skills can be learnt through interpersonal relation processes in socialization or through a structured training programme. The intervention model of the structured training

programme is called social skills training.

Social skills training includes receiving skills, which means how to perceive the information given by the environment and others; processing skills, which means the cognitive steps of choosing among different alternatives of skills to handle the environment; and lastly sending skills, which means the behaviour done for the interaction. However, for social skills training for the mentally retarded, it mainly focuses on receiving skills and sending skills; processing skills are trained minimally.

There are many components of social skills. Schumaker and Hazel (1984) divided it into covert behaviour, which involves cognitive functions like empathizing, understanding and evaluating, and overt behaviour, which includes nonverbal and verbal behaviour. Trower, Bryant, Argyle and Marzillier (1978) also divided social skills into four types, namely nonverbal behaviour, verbal behaviour, affective behaviour, and cognitive skills.

Social smile and eye contact are considered as nonverbal behaviour. However, in the social skills training, the members not only learn the overt behaviour, they also learn the covert behaviour in the process by understanding the cues given by others so that they can generate behaviour according to the environment. These are some cognitive skills that are generally lacking by mentally retarded people.

The reason for choosing social smile and eye contact as the skills to learn is that social smile shows a friendly attitude and politeness while eye contact shows respect and attention. They are also the first step in interacting with others. They are skills that cannot be avoided and they happen everywhere. Therefore, after acquiring the skills the members exhibit high frequency of practicing them in their social life.

Moreover, it is difficult to be aware of these skills, like other nonverbal behaviour (Hong Kong Christian Service, 1997). Therefore, the training group serves as a platform for members to be aware of their ability of social smiling and eye contact with others. Besides, facial expression can help group members to seek attention from others. When other people give more attention to them and are willing to approach them, they also get more opportunities to interact with others.

Traditional Theoretical Models Useful for Training People with Mental Handicap
Skinner's Behavioural Contingency Model (Operant Conditioning Theory)
Skinner's operant conditioning theory focuses on overt observable and measurable behaviour. It emphasizes the stimuli-response relationship to understand the antecedent stimuli and consequent behaviour. Moreover, the theory contingently applies reinforcement and punishment in order to affect the occurrence of desirable behaviour (Matson & Ollendick, 1988). Behaviourists regard all behaviour as a response to stimuli, which come from either internal stimuli or external stimuli. They believe that people are born with innate reflexes and people learn new behaviours through interacting with the environment. People learn new behaviours through the consequences of things they do. It is believed that there are a lot of different variables that would affect the behaviour of a person; therefore, to control or change behaviour, changing variables through different strategies is important (Hung, 1998) (Figure 2).

	Stimuli (antecedent events)	→ Operant (the person)	→ Response (consequent event)
Reasons and variables	Learning materials Environmental factors Time Significant others	Physiological state Ability Emotions Psychological needs	Reinforcement (positive and negative)
Strategies in the group	- Effective learning activities - Venue setting - Equipment and materials - Learning time schedule - Group rules	- Replacement of positive behaviour - Cognitive ability	- Use constant reinforcement until the behaviour is learnt - Use effective punishment - Modify the degree of reinforcement accordingly

Figure 2. Different changeable variables in the behavioural contingency model

Bandura's Social Learning Theory
The social learning theory emphasizes vicarious reinforcement and self-reinforcement. Vicarious reinforcement is to learn from observation. There are primarily four processes in the model of social learning theory, namely attentional process, retention process, motor reproduction process and motivational and reinforcement process (Bandura, 1977).

Attentional process. This means to pay attention to a particular behaviour of a model. To help the members learn a behaviour, the worker has to catch their attention. Therefore, it may be necessary to use some props to help the worker catch members' attention.

Retention process. The members have to learn through remembering the scene of the model doing the behaviour. People with mental retardation usually have short-term memory and workers need to use different means to help members recall the scene as well as frequently practice the behaviour.

Motor reproduction process. Members will modify their own behaviour after observing others' behaviour so that the two are more identical. Mirroring and frequent practicing can help them to learn from each other and themselves.

Motivational and reinforcement process. Members will enhance their motivation to learn actively. This can be through external reinforcement (primary or secondary reinforcers) or internal reinforcement (feeling satisfied by looking at their own behaviour). (Hong Kong Christian Service, 1997)

Argyle's Social Skills Model
This theory claims that motivation is the driving force for members to learn social skills. It has been shown that members have low motivation in learning social skills (Argyle, 1969). Argyle has developed another model that emphasizes motivation, perception, planning, motor performance, and feedback with the outside world (Figure 3).
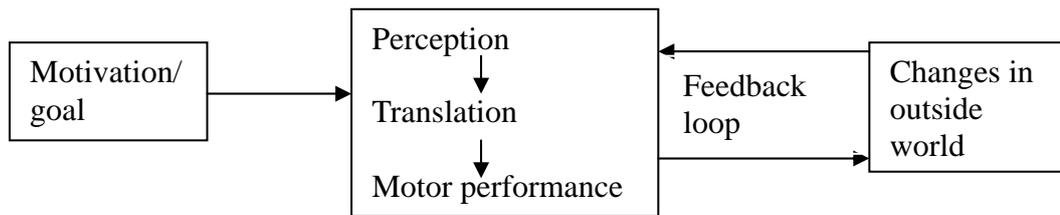
Figure 3. Different components and procedures of Argyle's social skills model (Argyle, 1969, p. 4)

This model helps to understand how the learning of an action can be broken down into different components.

Motivation. Members interact with others because they have some needs that they want to satisfy, including extrinsic and intrinsic needs.

Perception. The member has to have sufficient and accurate information to facilitate the process of what behaviour he or she should do to deal with external stimuli. So they must learn how to be selective towards the external stimuli, like whether he or she should smile at others when looking at others. The members should not be too selective or too general.

Translation. This process requires complex cognitive ability. It refers to evaluating the situation and selecting the best alternative among the learnt behaviour.

Motor performance. It refers to the consistency between the thought and the behaviour patterns. When a member knows what to do, he or she must acquire the skills of behaving according to what he or she thinks.

Feedback. The feedback can encourage or discourage a member to continue his or her behaviour. This creates a feedback loop.

Thorndike's Laws of Learning
The process of understanding the basic skills of eye contact and the performance reflect the three laws of the learning process (Thorndike, 1932). The law of exercise is the consistency of instruction and practices that enhances learning. The law of readiness is the internal motivation of the participants that makes learning effective. Last but not least, the law of effect is the operant conditioning that took place in the learning process.

Treatment Group Goals and Objectives
The social skills training group aims to teach and reinforce specific skills for those service users who demonstrate a skill deficit of inadequate or lack of social smile. The group's objectives are to help members to maintain social smile when looking at others and to display a social smile when members are called by their names.

Conceptual Framework
Wilkinson and Canter (1980) and Trower et al. (1978) proposed a framework for illustrating the essence of social skills training that is it can be re-learnt from the stage of inadequate learning or unlearnt stage to the stage of having adequate social

performance. To facilitate the re-learning process there were a few treatment models adopted in the group.

The framework of the social skills training group launched for the service users is shown in Figure 4. The group integrated the four theoretical models that were commonly used in training people with mental handicap. The theoretical models guided the leading approach of the group to facilitate the learning process of the group members in learning social smile and eye contact.

There were a few reasons that the four traditional theoretical models were integrated. The models were found to be complementary with each other's limitations and some of them agree and reinforce the other's explanation of the social skills learning process. The contingency model puts too much emphasis on the importance of external stimuli to a person's behaviour. It is far from satisfactory for people to learn certain social skills purely by response and reinforcement from the outside as people with mental retardation have weaker perceptual power to interpret information and feedback. Reinforcement can only encourage a person to perform what he or she learnt or seen before, but if he or she has not acquired such skill before, reinforcement itself cannot create behaviour (Siu, 1991). Therefore, Bandura's social learning theory is used to compensate for the limitation of Skinner's theory. Bandura's social learning theory focuses more on social interaction and observation and claims that new skills can be learnt.

On the other hand, social learning theory only cannot explain the learning process of people with mental retardation. They had limited social association ability with the environment and short-term memory. The contingency model and the laws of learning can help to explain how to strengthen the association between stimuli and responses in order to help the learning of people with mental handicap.

Some of the models better explain the cognitive development and mental process of learning, like Argyle's model and Bandura's model. This is not sufficient and helpful enough to understand how to help them better control their skills and generalize and maintain the skills learnt, as their mental process and cognitive ability is limited. However, a behavioural approach, like the contingency model and laws of learning can help to explain how to induce and maintain behaviour in a more behavioural perspective, rather than a cognitive perspective. The maintaining part is especially important because the target group's memory is weak yet they need to make the learnt skills habitual.

Yet, on the other hand, the behavioural approach is always criticized for being too scientific in understanding people's learning. The pace of learning differs across people and the learning process is far more complex and difficult than merely learning through association and consequences. Thus, it requires some other models, like Argyle's model to explain more variables and factors that would affect social skills learning. Argyle's model also emphasizes that feedback and motivation is important in learning. Controlling and modifying these variables may be key factors for determining outcomes.
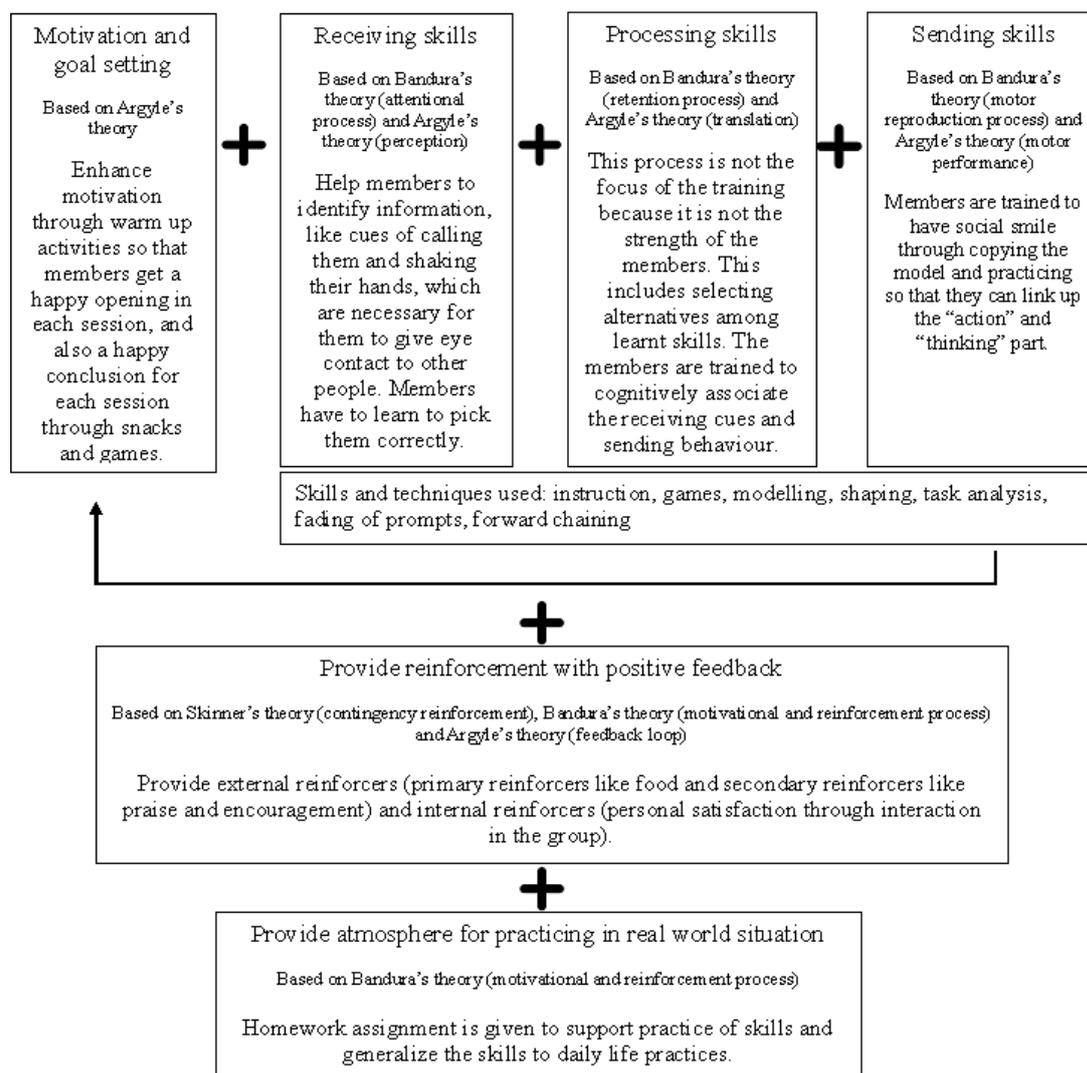
Motivation and goal setting	Receiving skills	Processing skills	Sending skills
Based on Argyle's theory	Based on Bandura's theory (attentional process) and Argyle's theory (perception)	Based on Bandura's theory (retention process) and Argyle's theory (translation)	Based on Bandura's theory (motor reproduction process) and Argyle's theory (motor performance)
Enhance motivation through warm up activities so that members get a happy opening in each session, and also a happy conclusion for each session through snacks and games.	Help members to identify information, like cues of calling them and shaking their hands, which are necessary for them to give eye contact to other people. Members have to learn to pick them correctly.	This process is not the focus of the training because it is not the strength of the members. This includes selecting alternatives among learnt skills. The members are trained to cognitively associate the receiving cues and sending behaviour.	Members are trained to have social smile through copying the model and practicing so that they can link up the "action" and "thinking" part.

Skills and techniques used: instruction, games, modelling, shaping, task analysis, fading of prompts, forward chaining

Provide reinforcement with positive feedback

Based on Skinner's theory (contingency reinforcement), Bandura's theory (motivational and reinforcement process) and Argyle's theory (feedback loop)

Provide external reinforcers (primary reinforcers like food and secondary reinforcers like praise and encouragement) and internal reinforcers (personal satisfaction through interaction in the group).

Provide atmosphere for practicing in real world situation

Based on Bandura's theory (motivational and reinforcement process)

Homework assignment is given to support practice of skills and generalize the skills to daily life practices.

Figure 4. Framework of the social skills training group

Group Work

Group Arrangement

The nature of the group was training and educational. A directive approach was used to facilitate the group. Membership of the group was targeted at people with mental handicap who demonstrated a skill deficit in social smile when interacting with others. There were four members in total. The group was closed, which means there were no new incoming members after the first session and the members remained in all sessions of the group. Membership in the group was also involuntary. The worker chose the members and participation in the group was compulsory for members.

The structure of the group was a 45-minute session that was held once a week for 6 consecutive weeks. The group was held in the sitting room at the boarding facility. The arrangement of the group activities is described in Table 1.

Table 1
Contents of the social skills training group session

Session	Objectives	Activities
Pre-group meeting 24/10/2012	● Provide group members with a concept of the group ● Enhance members' understanding of each other and the purpose of the group ● Enhance members' knowledge about the position of the mouth ● Assessment of members' ability (baseline)	● Warm up activities ● Taking attendance ● Introducing each other and the group ● Contracting ● Crafts ● Having snacks
1 31/10/2012	● Enhance members' social smile skills ● Completion of step 1 of task analysis: Maintain eye contact	● Warm up activities ● Taking attendance ● Game(s) designed for eye contact
2 7/11/2012	● Enhance members' social smile skills ● Completion of step 2 of task analysis: Widen mouth	● Having snacks ● Conclusion and introduction of next session
3 14/11/2012	● Enhance members' social smile skills ● Completion of step 3 of task analysis: Widen mouth with teeth	
4 21/11/2012	● Enhance members' social smile skills ● Completion of step 4 of task analysis: Widen mouth with teeth	
5 28/11/2012	● Enhance members' social smile skills ● Completion of step 5 of task analysis: Widen mouth with teeth and maintain for 3 seconds	
6 5/12/2012	● Enhance members ability to distinguish a smiling face and a non-smiling face ● Sustaining the 5 steps of social smile ● Evaluation of the effectiveness of the group	● Warm up activities ● Taking attendance ● Revise the 5 steps of social smile ● Having snacks ● Evaluation of the effectiveness of the group and conclusion

Assessment and Evaluation Methods

Natural Observation

In order to assess the generalization ability of the members, the worker assessed through observation in a natural environment, i.e. the boarding facility of the members, the behaviour of the members to analyze whether each individual had eye contact and social smiling skills and the level of competence in handling the skill.

Staff Referrals and References from Written Records

The worker asked staff members to make some recommendations of the needs and areas for development of the service users and for some information about members regarding their acquired social skills and competency in using them. The worker also took reference from the written records of each potential group member to have a more comprehensive assessment of their social development progression.

Analog Observation

The worker tested a few times whether potential clients could maintain eye contact and social smile when responding to their names called by the worker. This mainly took place during the group sessions and outside the group setting during members' daily routine at the boarding facility.

Assessment Scale

The scale was divided into many components, including both verbal and nonverbal social behaviour. Two of the components were used as the measuring scale in assessment. The scale is a continuum from extremely incompetent to extremely competent because social skills are not an all-or-nothing behaviour.

Table 2

Evaluation methods of the group outcome

Objectives	*Outcome Indicators*	*Evaluation Methods*	*Evaluation Time*
1. The members are able to maintain social smile when looking at others	1. At least 70% of members (4 members) are able to maintain social smile for 3 seconds when looking at others	1. Comparison between baseline assessment and post-intervention assessment 2. Worker's observation - Natural observation - Analog observation 3. Other staff members' comments and written records	1. Baseline assessment: pre-group meeting 2. Assessment in-between sessions: every session, during attendance-taking in the session and natural setting in the centre 3. Post-intervention assessment: the week after the group ended
2. The members are able to display a social smile automatically when they are called by their names	2. At least 70% of members (4 members) are able to look at others and display a social smile automatically when they are called by their names		

Findings

Group Development and Dynamics
Members' participation. The members were generally weak and passive in the beginning. They did not have much interaction with each other as well as not responding to the worker. They needed intensive facilitation and physical instruction by the worker. All the members adopted the wait-and-see attitude as they did not understand what was going on with the group. They were also easily distracted by the environment and other external factors.

As the group developed, the worker set up a program routine and members became more familiar with the routine and some regulations of the worker. The worker also gave recognition to each member's efforts and participation. Members' active participation in group activities improved overall. Yet, they still needed continuous reminders from the worker and encouragement in order to follow instructions. The members showed improvement in participating in the activities. On the whole, the members enjoyed the process of participation and increased their engagement and commitment in attending the session. Their attention span was longer and they also gave responses to the worker.

Members' communication pattern. During the initial stage of the group, the members were unresponsive and asocial. Worker-to-member one-way communication was the main interaction pattern in the group. The worker did not receive any responses from members. Therefore, it was doubtful how much information the members received and how they interpreted and understood the message. Their abilities of screening-in and out of stimulation and giving responses were relatively weak. People with limited social associations also have limited vocabularies. Therefore, their comprehension of symbols conveyed by the worker was also limited. Interaction between members was absent, even though the worker had tried to design some group activities that required limited interaction with each other.

After a few sessions, leader-centred interaction remained the main interaction pattern. This was also related to the daily lives of the members as they usually complied with the instruction of the staff members and followed what they said without much opportunity to express their wants. They were unfamiliar with two-way communication channel. The worker seldom received feedback from members and most of the feedback received was from the worker's observation of the members' non-verbal language rather than "talking" to the members. Most of the time, the worker used the line pattern and the Y pattern. Member-to-member communication was usually through non-verbal language, like making sounds or limited exchange of eye contact. However, non-verbal messages were unconscious and unintentional.

At the ending stage, the communication pattern had extended more to member-to-member and worker-to-group. Members' interaction with each other had enhanced because the worker encouraged them to interact with each other during the activities by asking them to observe what the other members were doing.

Group cohesion. At first, their motivation to participate in the group was low and the group did not offer anything that seemed attractive to them, as they did not enjoy the activities and they did not find meaning in joining the group as they did not have much perception or understanding about what the group was for. The worker continuously explored the activities that the member may perceive as enjoyable and fun so that they at least felt interested in the group and could satisfy themselves in terms of enjoyment. When the members started to display more interest in the group and were able to understand the program structure of the group, they were also willing to stay in the group and felt secure in the group environment. This shows enhancement in their sense of belongingness.

They did not develop a sense of groupness, mutuality and connection with other group members until the ending stage of the group. The worker helped them feel rewarded after interacting with others, like giving reinforcement after they had shown some interaction during the activities. The worker also used group games and activities, like passing the ball, to encourage members to gather and do some tasks. The worker emphasized the group experience, common achievement and efforts made together in order to help members to cultivate a sense of belonging. The members were more familiar with interacting with other members, like passing things to other members.

The members demonstrated more willingness to follow the worker to the activity room and to attend the group sessions. They were also willing to wait for the worker outside the activity room instead of running away. They did not need the worker to hold their hands to direct them to the room but could follow the worker by themselves. It was easier for the worker to gather the members for the group. All of these indicators show that the members gradually showed more awareness of group membership.

Group norm development. Rules and regulations were set for the members. Norms can offer some expectation to individuals and people do not want to fail this expectation and conform to the rules and regulations. However, according to the members' cognitive level, it was difficult to understand the rules, regulations and expectations of others t-The rules and regulations grade mentally handicap people. Besides, some of them had strong rigidity and they were unwilling to make changes in their habits. Their rigidity also affected norm development.

Cultural environment influences group norms. The members lived in the same residential environment and a culture developed in the residential setting, therefore to a certain extent they had built some group norms as some behaviours were encouraged in the centre while some were discouraged. For example, obedience is encouraged in the centre. Therefore, the members tended to be quite passive and quiet as these behaviours are regarded as good indicators of obedience by the staff members. The group members also determined the standard of what was desirable and undesirable in the group and the group members were also passive and quiet.

New norms like motivation to participate and vivid playing and practicing, were

hard to introduce to the members as it seemed to break what members believed to be the original standard. The members may undergo a long period of confusion and adaptation to the new group practice. As common values and knowledge were lacking, it was extremely difficult to build norms and culture in the group without the mutuality of members.

In order to form some new norms, the worker tried to highly praise the person who had done some behaviour that was expected from the worker and hoped that members would mutually influence each other and develop some habits in the group that would eventually become group norms.

As this was a structured group, the pattern in each session is very likely to be in place from the first session. Developing a sessional pattern gives the group members a sense of security, which is important not just for the completion of group tasks but also for the emotional wellbeing of the group. Group culture does affect the expectation and the established patterns of the group. In the last session, the group was able to build a certain norm or pattern of the rundown of the session that the members were familiar with. The members were able to understand the flow of warm up activity, followed by attendance, practice and snack time. The flow was followed in every previous session.

Leadership, power and control. The worker was considered as the natural leader throughout the whole group process. The members identified the worker as the legitimate authority figure. Members mainly were followers. The worker was perceived as more powerful depending on others who were more powerful and capable because of her staff position in the agency. Members established dependence on the worker, as they tended to depend on others who had authority in their daily lives.

The leadership role of the worker did not pose too much of a hurdle in the group development because it was an education and training group. The worker maintained a central position and initiated most activities and communication in order to provide an experience for the group members. The worker is directive and gives intensive help to members in such a group. Therefore, reliance on the worker and the required working relationship did not represent an absolute conflict. However, the worker should remember not to abuse the power and authority in the group.

Although the leader is considered to have exerted influence over group members, the group members on the other hand also have some influence on the leader. The members' response is a great mirror that reflects how they feel and digest the learning of skills. The worker modified the training methods and pace according to their responses. The worker's authority was only effective to the degree that the members permitted the worker to influence them. In the early stage, the worker had minimal influence on the members. However, as the members were familiar with the setting and people, they were given by the social worker more room to be influenced. Therefore, they improved to a greater extent in the last two sessions.

The worker also invited some relatively active members to be the indigenous

leaders in the group by asking members to do the demonstration for others. This facilitated members' ability to take the "leadership" role in influencing other members in a positive way. Choosing persons to be the "leader" was carefully considered because it is necessary to avoid a frustrating experience for members, as this would disempower the members.

Group Process

Ability to maintain social smile. One of the objectives of the group was to enhance the ability to maintain social smile, which includes looking at others and display a smile on the face. To enhance their ability, the worker used a few skills and techniques during the six group sessions. Originally, the worker had planned for that, members could induce the skills in the first three sessions and also maintain the skills in the last three sessions. However, the members' learning pace was relatively slow and they were still in the inducing period in all six sessions.

To illustrate the skills and techniques used, successive approximation was the major technique that the worker used in the group. This was because the members were still in the inducing period of behaviour. They needed a lot of encouragement and feedback in order to sustain motivation to keep trying the new behaviour. The worker gave large amounts of praise to the members that they had improved as long as they demonstrated some minor actions. The worker was able to induce some new behaviour from all members, even for the most passive member. Therefore, these skills were really effective for passive members and those who did not understand what was going on in the group and what was expected from them.

The worker used a lot of secondary reinforcement throughout the sessions and applied it frequently to each activity in these sessions. The worker praised individual members' performance as well as the members as a group, for example, an individual member was able to practice the skill or members improved as a whole. The worker tried to give reinforcement in concrete terms, like what action the worker appreciated. The worker also used some non-verbal language to express appreciation to members, like showing a thumbs up and tapping on members' shoulders. Sometimes, members had responses that demonstrated an understanding of the appreciation. The worker used very few tangible reinforcers during the activities. The lack of reinforcement may also affect the attractiveness of activities for the group members.

The worker gave a lot of verbal, gestural and physical instruction during the session because members still lacked self-initiative and relied a lot on the worker. The worker gave prompts by touching their body parts to give hints about what action the members needed to do. The worker also used physical instruction by moving their facial muscles to practice smiling. The worker continuously provided instruction with patience and was consistent in verbal and nonverbal messages. The worker also checked whether the members were able to understand the instructions by helping members do step-by-step what they had said just before. As the instruction was usually one-way communication in the group there was a lack of responses from members.

The worker and assistant's demonstration was more helpful for members to follow because they were the authority figures in the group. When they started to demonstrate, the members built more trust with the worker. The worker and assistant also sufficiently prepared beforehand and communicated about what they needed to do during demonstration. Therefore, the emphasis of the demonstration could be shown. However, the demonstration was not a strong stimulus to members. They did not show much response to the worker after the demonstration and had difficulty following the instruction even after watching the demonstration. Therefore, the worker needed to further demonstrate additional times.

Reinforcement feedback, including some verbal praise, smiling and nodding head, was usually given when members did well. The worker was able to show compliments to members, but the content needed to be more detailed and focused on the behaviour so that members were more likely to repeat the behaviour again. The worker could make it more descriptive and concrete. This would help to achieve the purpose of giving encouragement, as it would allow members to understand which behaviour deserved praise and positive regard.

According to the worker's observation in each session, three members were able to display the facial expression of smiling (members B, C and D). Although member A could express her happiness by being energetic, she was unable to show it through smiling. However, there were only two members (50%, i.e. members B and D) who could maintain a smile for three seconds. Besides, they could only perform occasionally but not every time when looking at others as they were not doing it consciously. This means that they did not undergo the process cognitively in performing it. Therefore, it is uncertain whether they could keep this skill in the long term. Consequently, this objective could only be achieved to a limited extent.

The reason for the inability to meet the objective was because of the slow progress of improvement of the members. The members were able to learn the skill of social smiling and eye contact through the behavioural approach, like operant conditioning and vicarious learning through observation and frequent practice. However, they could not pick up the skills within a few sessions. They needed more practice in order to acquire the association between stimulus and desirable response.

The members were considered emotionally blunt. Therefore, it was difficult to stimulate their emotive responses, like smiling. Thus, members could acquire the skills of eye contact easier than social smile, as eye contact did not need to stimulate the emotive zone of the members. All members were able to maintain eye contact with the worker with just verbal instruction. But they needed physical or gesture instruction to practice social smile. By the time the group ended, they could not combine together the two skills of eye contact and social smile.

Ability to display a social smile automatically when called by name. Another objective was to enhance members' ability to look at others and display a social smile automatically when they were called by their names. Skills were used to enhance their ability. The worker had also used successive approximation and shaping. The worker

also used reinforcement according to the principles of predictable, consistent, immediacy, specific and genuine actions. Reinforcement was quite predictable for members. However, the worker had mainly focused on using secondary reinforcement, but it was found that more tangible reinforcement was better for the members, especially when they are severe grade mentally handicapped with memory ability that is also rather weak. Instant reinforcement was more effective for them than a token system. Intangible reinforcement was also important, as they may also understand the meaning of praise and encouragement verbally and gesturally. Its effectiveness is more long term instead of showing an instant effect.

Concerning the instruction techniques, some verbal techniques needed to improve. First, the worker liked to use a lot of questions to introduce what she wanted to say. This was not really helpful to the members as they needed more actual guidance of what was going on rather than too many complicated phrasing. The worker should have said it directly to the point. Second, verbal instructions were given in a short and brief manner. However, it was not concrete enough. The worker always said "do like this" without describing the action in concrete terms. Although members could learn from observing, visual and audio inputs together could have helped members to learn the skills faster. The worker could improve by giving the instruction or prompt in a more behavioural manner and describing the action in a more detailed and concrete way rather than asking them to "smile" with abstract content. The worker should describe the action as "widen the mouth", not "smile" or "yee". This helps the members better understand the instruction rather than misunderstand that they should follow the action of the hands or follow the sound "yee".

When some members who were more capable had managed some skills, the worker had also invited the members to demonstrate for others. This could also foster peer influence. It is believed that positive influence could be encouraged between the members to a certain extent. However, the worker could not totally rely on the demonstration and modelling, as some of the members' imitation skills were weak. Instead, the worker needed physical instruction to help members.

Also, the worker tried to enhance the feedback as an extra stimulus for the members to induce appropriate behaviour, using videos and photos, which can provide an accurate and stable feedback for members. By looking at other people smiling, members would smile together. The worker needed to do more instant feedback by showing a mirror in front of them or other ways that give instant feedback. This could have helped them to understand and be aware of their behaviour more easily. It was quite good that the worker had prepared a large mirror for members to immediately look at their own facial expression. The instant feedback given was helpful to their learning. However, as their smiling may be spontaneous and only happened within a second, if the worker only used the mirror for feedback, it may be unable to provide the chance of making them notice their smile. To help them with this, using a camera to take pictures may be helpful. The members formed a habit that when they saw some tools they would start looking at it and smile.

However, as a result, none of the members were able to look at others and display a social smile automatically when called by their names. All the members were unable to automatically display a social smile by just using the stimulation of calling their names. They needed more stimulation, like tapping their lap or shoulder, and also using more non-verbal language like pointing them in the direction of looking. Some of them even needed physical instruction to do the facial expression of social smiling. With more stimulation given, two of the members were able to display a social smile and look at others (i.e. members B and D); while the rest of the members were able to have eye contact with other people (i.e. members A and C).

The reason for the inability to meet the objective was because of the over-stimulation the members needed to induce new behaviour. The members were unable to accurately screen-in and screen-out stimulation giving to them. It was too difficult for members to form the behaviour of doing it automatically, not until they were able to make it a habitual behaviour. In spite of their limited progress, the worker made use of the last session to introduce them to the areas for application of having a social smile when other people called their names.

Table 3
Pre-post assessment results of the group members' performance

Members	Pre-group assessment scaling		Post-group assessment scaling	
	Facial expression	Eye contact	Facial expression	Eye contact
A (M/41)	3a	2a	3a	1a (improved)
B (M/45)	3a	2a	1a (improved)	1a (improved)
C (F/45)	4a	3a	3a (improved)	3a
D (F/48)	2a	3a	1a (improved)	1a (improved)

1a = Face tends to be inexpressive but not unpleasant; 2a = Face often blank, expressions weak or limited in range, rather unpleasant; 3a = Face abnormally blank and range limited, unpleasant; 4a = totally blank, free, very unpleasant.

Although the two objectives were not met, according to the pre-group and post-group assessment comparison (Table 3), all members had improvement in at least one area. Member A had improvement in eye contact, member C had improvement in facial expression, and members B and D had improvement in facial expression and eye contact. Therefore, they had overall improvement through participation in the group.

Another concern would be the limited ability of the members. As it is difficult to assess the limit of competency of members, the worker could not assess whether the members had already reached their optimum level of development in terms of social dimension. However, the worker believed that as the members were still developing in the group sessions, they could still have room for improvement and development in the two skills.

Discussions

Evaluation of the Applications of the Framework in Practice

In evaluating the reinforcement methods, the group members seemed to have a relatively weak ability in their reflexes as the stimulus-response units were not well-functioning and this also affected the learning process of the members. Therefore, the worker had to use lots of stimulation as the members needed over-stimulation in order to produce relevant responses. They also needed lots of practice and time to associate the stimulus to the new response, which is to have eye contact and social smile. The worker mainly focused on stimuli and response, for example the worker would call them by name and wave hands (stimuli) and gave reinforcement and feedback (response). However, the linkage between the two still relies on the members themselves. As the members have low cognitive ability, they may needed more time to process.

In evaluating the application of vicarious learning, vicarious learning was shown to a limited extent in the group. Although the members were allowed to watch each other practicing some skills, they were unable to observe other members and learn from each other because they encountered some limitation in the development of attentional process, retention process, motor reproduction process, and motivational and reinforcement process. Their attention span was short and they could not maintain concentration on a particular member's behaviour. Therefore, this limited their learning capacity. Even though they were asked by the worker to observe others, as their ability of self-reinforcement was weak and their intrinsic motivation was not particularly for a social aspect, but a survival aspect, they were less able to follow the worker's instruction to observe others. The worker had to provide more stimulation to build the members' interests to imitate the skills from a particular means or people; for example, following the worker, video or other pictures. The worker also tried to use live demonstration and also pictures to stimulate members to be aware of eye contact.

The worker tried to enhance their extrinsic needs, like using different reinforcers to increase their motivation in satisfying basic needs. The members had some common characteristics: they had their own self-stimulating methods and they usually were too engaged in those activities and sometimes ignore the external stimulus. Therefore, the worker spent a lot of time determining which stimulation created a better effect to attract the members so that they would pay attention to the training.

The worker found that members demonstrated limitations in motivation, perception and the translation process. The worker was unable to help members to improve the translation process as this was the cognitive ability that was the weakest aspect of the members. The aspects that the worker tried to have an impact on was the motivation and perception of the members. Giving extrinsic motivation for members and also providing them with concrete and accurate stimulation every time during practice was important in order to help them to be sufficiently selective towards the stimulation. However, the worker needed to improve in terms of concreteness.

Another important concept was the feedback loop created by the worker. The worker provided reinforcement to further encourage members' motivation. However, one of the loopholes is that the worker was unable to provide an atmosphere for practicing in a real world situation. This required a lot of manpower in the actual setting; therefore it was unfeasible for the worker to do so on a larger scale.

First, the members practiced the law of exercise for four sessions with the same instructions and methods. This could help them get used to the skills. As members' generalization ability of associating between stimulus and responses is also relatively slow, the members required the worker to provide more opportunities to practice so that they can be more familiar.

Second, the law of readiness showed that when members had more motivation to learn, they learnt better. The worker tried to make use of different warm up activities and also more reinforcement in order to provide members with an extrinsic motivation to learn. It is hard to develop intrinsic motivation because it is hard to induce some beliefs or values in the members about the importance of learning the social skills. Enhancing their extrinsic motivation is more effective.

One of the key elements in the framework is the techniques used. The worker's competency in the use of behavioural techniques is also a key factor for the success of intervention because the group members really needed a systematic learning process in order to make the association and learn new skills. The techniques helped the members to learn in a systematic way. The worker needed to use the skills in a proficient way to make the framework successful.

Appropriateness of Group Structure

For the time and duration of the group, it was appropriate for the group to be held in the morning. The group was held during the routine training time of the centre. The members would receive other training even they were not coming for the group. Therefore, the group would not interfere with the routine schedule of the members' daily lives. This possibly eased their anxiety and discomfort due to changes of routine. This is an important arrangement for mentally handicapped people.

The group consisted of a 45-minute session. Although the attention span of the members was short, the group session was still appropriate for members because they are not required to pay full attention in every moment during the session. They were allowed to rest a bit and just be observant during the practice session and the warm up activities relatively required less physical movement, therefore the members did not need to use a lot of energy in the games. There was also snack time for the members to relax. Accordingly, the actual running of the important practice part of the group session for each group member was within five minutes.

A six-session group was found to be unsuccessful in helping members develop new behaviours. Most members were still in the inducing period after going through the six sessions. Six sessions was considered insufficient to help members develop the association between stimulus and responses. Long-term group training was more appropriate for developing new behaviour.

Also, the worker needed to balance what was better for the members to acquire the skills on a group or individual basis. The worker originally believed that social learning was able to have a strong impact on the members. However, as shown by the group, members did not absorb much from observing other people. They needed continuous reminders and physical instruction in order to observe others.

The setting was mainly the activity room and the living room at the residential facility. The two locations were not desirable for launching the group. First, for the activity room, there was insufficient space for the worker to launch the group. Although the worker intended to make the members sit closer to each other so that the worker could perform physical instruction easier, the room needed to be more spacious allowing members to feel more comfortable. Moreover, there were too many things stored in the room and this could also distract members. The distractions could even have a significant impact on mentally retarded members as they are easily attracted to something they like; for example, member A was easily distracted by pen and paper. The living room was also very undesirable because there were a lot of people passing by. The staff members that walked by would also talk to the members and also disturb the group and distract the members.

There were a total of four members in the group, which is considered a small group. This was not like the normal group size of six to eight members. The reason for choosing this group size was because of concerns regarding the members' characteristics and needs. The four members were severe-grade mentally handicapped and were the relatively weak service users in the centre. Therefore, they needed more personal attention as well as physical instruction in the process. The worker decided to reduce the number of members to four because of those reasons.

After the group ended, it was found that this group size was the optimum size for working with this type of members. The worker sometimes could not give sufficient personal attention to members during training as they required a large amount of physical instruction. They were unable to find their own role when they were not given attention. They were often in a daze and would not actively interact with others or even observe others practicing. They needed frequent reminders by the worker or assistant.

It would be even desirable if the participants were reduced to three members. Three people could still interact and develop groupness. They also received better personal attention from the worker and had more opportunities for practice instead of just observing, as it was found that they better learnt things from direct experiences through practicing than just observing others doing.

There were both homogeneity and heterogeneity in the characteristics of the four members. The members were homogeneous with regard to the developmental tasks. They all had deficits in social smile and eye contact when interacting with others. If they did not have the same needs, it was difficult to set the group goals. However, they were also heterogeneous in their learning ability. The members with higher learning ability could pick up the skills easily and became role models to demonstrate the skills to the other members. The members also exhibited different reactions

towards different stimulation. Therefore, some members may have better performance in some activities. They could learn from each other.

Programme Design and Implementation

The worker had to balance individual members' characteristics and group element. Although mentally handicapped people learnt better in individual training, the worker had to take into consideration that this was group training. Therefore, the worker should also add some group elements to facilitate members' learning.

Providing a diverse variety of activities may not be that advantageous for the members' development as it demanded too much for them in terms of generalization ability and adjustment in different activities. Repeating the activities in different sessions was important in designing the programme of the group.

The suitability of activities could be assessed through the participation and motivation of the members. Some of the games were found to be less suitable for the members. They were unsuitable for the following reasons:

1. Some games required a higher cognitive level, like differentiating colours, sizes and shapes, e.g., holding flags. The level of difficulty of this game was too high for the members.

2. Some games required quick and active visual and gross motor responses from members, which were also quite demanding for the members. Activities with a lot of physical movement were not the usual routine of the members. Therefore, they had lower motivation to participate in such games that required active physical movement; for example, catching bubbles and passing hoops are less suitable for members.

3. Some games required many pre-requisite skills before being able to play the games, e.g., passing hoops. Therefore, the member needed to spend too much time during the games mastering the rules and the skills of the games.

4. Some games required too much physical instruction and personal attention from the worker. The members could not participate together as members' appreciation ability was weak when they observed others. They would soon lose interest in the games and the warm up effect would quickly diminish after the members were refreshed.

Some games were more desirable and seemed more suitable for the members. They were suitable for the following reasons:

1. Games with more stimulation were more suitable for members, like audio and visual stimulation. The worker felt that the members were more interested in participating in the games. Props could help to create visual stimulation. The worker tried to prepare bigger and more colourful materials for the members.

2. The instructions were more simple and straightforward. The games mainly needed to follow the worker's demonstration instead of testing the members' cognitive processing skills and memory skills. Therefore, each

member had a better ability to master the game.

3. These games required less pre-requisite skills. They made use of the members' equipped ability to design the activities.

4. The games could be done on a group basis and the members could maintain concentration throughout the whole activity instead of spending time waiting and observing others doing.

5. The games did not require a high energy level and active physical movement. The members were able to stay in their seats to complete the tasks of the games.

6. The games were able to relate to the theme of the group, such as decorating a balloon could help members to have awareness of the position of the facial features.

For the skills training and practice, pictures were important because the members were unable to understand the verbal explanation of the worker. Therefore, they relied on pictures and visual aids to understand the instruction of the worker and the expectation of the desirable behaviour. Videos were able to attract members' attention and they enjoyed watching the video together. The video served as a good introduction of what members were expected to learn in the rest of the session. However, the modelling effect of the video demonstration was not that significant as expected. Using different props, like string, boxes and even games, were not effective in training skills. They were very confusing to the members as the rules of using these props were somewhat complicated for them.

The worker had asked the assistant to help use the camera to take some pictures when members had maintained eye contact with the worker. The worker gave immediate feedback for members to look at what they had done well. This was effective to a certain extent in training them. The mirror was also effective as it could give immediate feedback. This could help them understand what was expected of them when these tools were used together with physical instruction. The worker primarily used physical instruction in addition to gestural and verbal instruction because the members were unable to follow only gestural and verbal instruction.

Implications

The type of group skills training examined in this paper was not being emphasized by some agency settings such as the day activity centre and residential facility, especially group training given to severe-grade mentally handicapped people, probably because this kind of training requires a higher level of resources input, including manpower and tangible resources. However, this group experience proved to the agency that the members still have room to develop and they still had not reached their optimum level. The agency should not limit their potential but continue to give opportunities for them to attend training.

The group training offers another perspective in training people with mental handicap besides the Individual Training Program (ITP) given by most agency settings at this moment because the worker had to manage the group dynamics as well

as prepare more group activities to enhance the group interaction, which could not be achieved through ITP. The worker could give more training to the staff members to provide group training to the members to develop their social skills, which was the aspect that was particularly weak due to lack of training.

One of the most critical factors is the environmental control. For the practice during the practicum, there is limited environmental control; for example, when the members were not attending the group, the staff did not consciously use the same methods or techniques to strengthen the skills learnt in the group. Facing inconsistency in the instruction and insufficient feedback, it is really hard for the members to learn in an effective way. Therefore, it is suggested that the intervention framework has to be used in a controlled environment in order to enhance the effectiveness.

Last but not least, the attitude of the worker is very important. A behavioural approach is quite structural to some extent. However, it is always necessary to remind the worker that the members are all unique individuals. Individualization is a basic principle in serving this target group. The worker needs to understand each individual's characteristics and amend the framework accordingly.

Conclusion

To conclude, according to the previous studies, social skills are an essential learning component for people with mental handicap to enhance the quality of life and rehabilitation process. A social skills training group can be one of the effective methods to improve this component. In this group experience, the designed framework had integrated the essence of some traditional treatment models (including behavioural contingency model, social learning model, social skills model and laws of learning) in serving people with severe-grade mental handicap to enhance eye contact and social smile of group members. Different techniques were also used during the group (including shaping, reinforcement, instruction, demonstration, feedback). Even though the objectives were unsuccessfully met, the framework has provided a wider perspective in understanding the intervention approach of social skills training of the target group. The results also suggest that if the environmental control can be ensured and the group could last for a longer time, the results could be more significant.

Biographic Note

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