Research Article

DOI: https://doi.org/10.63349/ijnahs.202533

EFFECTIVENESS OF VIDEO VIGNETTES INTERVENTION ON SOCIAL SKILLS AMONG CHILDREN WITH ADHD AT DEIC, GOVERNMENT RAJAJI HOSPITAL, MADURAI.

S. Prema [1], L. Selva Regi Ruben [2], S. Rajeswari [3]

[1]Nursing Officer, Department of General Surgery Government Rajaji Hospital, Madurai.

[2]Associate Professor, College of Nursing, Madurai Medical College, Madurai.

[3]Assistant Professor, College of Nursing, Madurai Medical College, Madurai.

Received: 03.09.2025 **Revised: 25.09.2025** **Accepted: 29.09.2025**

Correspondence:

S. Prema, L. Selva Regi Ruben, S. Rajeswari

ABSTRACT

Background: Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common childhood-onset neurodevelopmental disorders, often leading to difficulties in academics, peer relationships, and social adjustment. **Aim:** The present study aimed to evaluate the effectiveness of video vignette intervention on social skills among children with ADHD at the District Early Intervention Centre (DEIC), Government Rajaji Hospital, Madurai. **Materials and Methods:** A pre-experimental one-group pre-test and post-test design was adopted. Sixty children aged 6–12 years with ADHD, selected through purposive sampling, participated in the study. Data were collected using socio-demographic and clinical proformas along with the Teacher Report – Modified SSRS-T Form. **Results:** The findings showed that in the pre-test, 53.3% of children had fewer social skills and 46.7% had average skills. Post-test assessment revealed a significant improvement, with 93.3% achieving average skills and only 6.7% remaining at the fewer level. The mean score improved from 25 ± 3.35 to 26.86 ± 2.95, with a mean difference of 1.86. The paired *t* test value was 13.377 ($p = 0.000081$), indicating a very highly significant improvement. Chi-square analysis revealed a significant association between post-test social skills and complications at birth ($\chi^2 = 14.28$, $p = 0.026$). **Conclusion:** The study concluded that video vignette intervention was effective in improving social skills among children with ADHD and can be considered a practical strategy to enhance social competence, particularly for children with early birth complications.

Keywords: ADHD, Social skills, Video vignette intervention.

INTRODUCTION:

Children Childhood is a crucial stage of life, marked by rapid growth in perceptual, emotional, intellectual, and behavioral capabilities. In India, approximately 25.69% of the population comprises children under the age of fourteen. Ensuring the good health of these valuable members of society is a prime priority for all nations. Grow refers to the net increase in the size or mass of tissues, primarily attributed to cell multiplication and an increase in intracellular substance. Development, on the other hand, denotes the gradual change and expansion of an individual's capacities through growth, maturation, learning, and myelination of the nervous system. This process indicates the acquisition of a variety of skills, ultimately leading to optimal functioning of the individual.

Behavioral problems can become so severe that they compromise normal relationships between the child and others or hinder emotional, social, and intellectual development. Examples of such problems include habits that are developmentally normal but can be troublesome if they persist. Behavioral disorders are typically characterized by disruptive behaviors that interfere with daily life.

UNICEF calls for commitment, communication, and action to promote good mental health for every child, protect risky children, and care for children facing the greatest challenges. Attention Deficit Hyperactivity Disorder (ADHD) is one of the most prevalent childhood-onset psychiatric disorders and neurodevelopmental disorders in childhood. Early recognition of affected children is crucial because their characteristics significantly interfere with the normal course of emotional and psychological development.

Social skills are essential for building good relationships and enabling success in social situations. Children with well-developed social skills tend to perform better academically and make better choices, allocating more time and energy to learning. Video vignettes have been proven to enhance training and program-related outcomes, such as educational leadership and medical acceptability.

NEED FOR THE STUDY

Globally, ADHD affects about 2.2% of the population, with prevalence ranging from 1% to 8.1% depending on the region. The United States reports one of the highest rates (8.1%), while India shows a wide range between 2–17%. In Tamil Nadu, the prevalence is notably higher than global averages: Coimbatore (11.3%), Chennai (9.7%), Kancheepuram (8.8%), and Madurai with 270 registered cases. Boys are more commonly affected than girls, with a male-to-female ratio of about 2.7:1, and the combined subtype is most frequent. Children with ADHD often struggle with academics, behavior, and social interaction, with comorbidities such as poor performance and social difficulties being common. These challenges can affect their self-esteem and long-term development. Since traditional therapies often leave social skills underdeveloped, structured video

vignette interventions—where children observe and model real-life social behaviors—have proven to be highly effective. They not only improve communication and peer interaction but also enhance confidence, reduce stress, and support better overall adjustment in children with ADHD.

AIM OF THE STUDY:

The aim of the study to evaluate the effectiveness of Video vignettes intervention on social skills among children with ADHD at DEIC, Government Rajaji Hospital, Madurai.

MATERIALS AND METHODS

Study Design and Participants

This study adopted a pre-experimental one-group pre-test and post-test design to assess the effectiveness of video vignettes intervention on social skills among children with ADHD. It was conducted at the District Early Intervention Centre (DEIC), Government Rajaji Hospital, Madurai. A total of 60 children who met the inclusion criteria were selected using purposive sampling.

Inclusion and Exclusion Criteria

Children aged 6–12 years, diagnosed with ADHD of any subtype, able to understand Tamil or English, and with symptoms persisting for more than six months were included. Children with autism, Asperger's syndrome, learning disabilities, or sensory impairments such as visual or hearing problems were excluded.

Tools

Data were collected using a structured tool with three sections: Section A covered socio-demographic variables, Section B covered clinical variables, and Section C consisted of the Teacher Report – Modified SSRS-T Form (20 items) to assess social skills. Scores below 25 indicated fewer skills, 25–42 average skills, and 43–60 more skills. The tool was validated by experts, translated for language accuracy, and found highly reliable ($r = 0.99$).

Ethical Clearance

Approval was obtained from the Ethical Committee of Madurai Medical College and permission from relevant authorities. Informed oral and written consent was obtained from caregivers, and participants were assured of confidentiality, anonymity, and the right to withdraw at any time.

Data Collection Procedure

Data were collected from 03.06.2024 to 06.07.2024. After obtaining consent, baseline socio-demographic and clinical information was collected, followed by a pre-test using the Modified SSRS-T Form. The video vignettes intervention was administered over four consecutive days, with two 10-minute sessions per day. Each day focused on one or more components: social interaction, self-control, and cooperation. A post-test

was conducted on the seventh day using the same tool.

Data Analysis

Data were organized and analyzed using descriptive and inferential statistics. Frequencies, percentages, mean, and standard deviation were used for socio-demographic, clinical variables, and test scores. The paired t-test assessed the effectiveness of the intervention, while the chi-square test examined associations between social skills and selected variables.

RESULTS:

Socio-demographic Variables

Among the 60 children with ADHD, most were 6–8 years old (65%) and male (76.7%). Over half were first-born (53.3%), and the majority (68.7%) had one sibling. Most belonged to non-consanguineous marriages (75%) and nuclear families (63.3%), with parents as primary caregivers (93.3%). Fathers were mainly self-employed (63.3%) and educated up to higher secondary (33.3%) or college level (31.7%), while mothers were largely homemakers (96.7%) with college (33.3%) or higher secondary (30%) education. Family income was mostly ₹7,315–₹21,913 (60%), and most children resided in urban areas (71.7%). (Table 1)

Clinical Variables

During pregnancy, 18.3% of mothers had thyroid abnormalities, while none reported smoking or alcohol use. More than half of the children (55%) were delivered normally, 28.3% by cesarean, and 16.7% assisted. Preterm birth was common (96.6%), while birth asphyxia occurred in 1.7%. None had brain injury. Most had no history of childhood illness (81.7%), while 18.3% had febrile illness. Family history of ADHD was absent in 90% of cases, with only 6.7% reporting affected relatives and 3.3% affected parents. (Table 2)

Level of social skills:

Table 4 shows the comparison of pre-test and post-test scores on social skills among children with ADHD. The pre-test mean score was 25 (SD = 3.35), while the post-test mean score increased to 26.86 (SD = 2.95), with a mean difference of 1.86. The calculated paired t value was 13.377 with a p-value of 0.000081, indicating a statistically significant improvement in social skills after the video vignettes intervention. (Table 3)

Comparison of Mean score:

Table 4 shows that the mean social skills score increased from 25 in the pre-test (SD = 3.35) to 26.86 in the post-test (SD = 2.95), with a mean difference of 1.86. The paired t test value ($t = 13.377$, $p = 0.000081$) indicates a very highly significant improvement ($p < 0.001$) in social skills following the intervention.

Association between the post-test level of skills:

The chi-square test revealed a statistically significant association between the post-test level of social skills and the clinical variable complication at the time of birth ($\chi^2 = 14.28$, $p = 0.026$). None of the other socio-demographic or clinical variables showed a significant association with post-test social skills among children with ADHD.

Table 1: Demographic data of children with Attention Deficit Hyper Activity Disorder. (n=60)

S. No.	Socio-demographic Variables	Category	f	%
1	Age range	6–8 years	39	65
		9–11 years	19	31.7
		12 years	2	3.3
2	Gender	Male	46	76.7
		Female	14	23.3
3	Birth order	First child	32	53.3
		Second child	27	45
		Third and above	1	1.7
4	Number of siblings	None	14	23.3
		One	41	68.7
		Two	5	8.3
		Three and above	0	0
5	Nature of marriage	Consanguineous	15	25
		Non-consanguineous	45	75
6	Type of family	Joint	22	36.7
		Nuclear	38	63.3
		Extended	0	0
7	Care taker of child	Parents	56	93.3
		Grandparents	3	5
		Relatives/Others	1	1.7
8	Education of father	No formal education	1	1.7
		Primary education	9	15
		Secondary education	11	18.3
		Higher secondary	20	33.3
		Collegiate	19	31.7

9	Education of mother	No formal education	0	0
		Primary education	9	15
		Secondary education	13	21.7
		Higher secondary	18	30
		Collegiate	20	33.3
10	Occupation of father	Government employee	0	0
		Private employee	19	31.7
		Self-employed	38	63.3
		Unemployed	3	5
11	Occupation of mother	Government employee	0	0
		Private employee	0	0
		Self-employed	2	3.3
		Homemaker	58	96.7
12	Family income	≤ ₹7,315	23	38.3
		₹7,316 – ₹21,913	36	60
		₹21,914 – ₹36,526	1	1.7
		> ₹36,527	0	0
13	Place of residence	Rural	11	18.3
		Urban	43	71.7
		Suburban	6	10

Table 2: Clinical variables of children with Attention Deficit Hyper Activity Disorder. (n=60)

S. No	Clinical variables	Frequency f	Percentage %
1.	**Maternal history of Thyroid hormones abnormalities during pregnancy**		
	a. Yes	11	18.3
	b. No	49	81.7
2.	**Maternal history of cigarette smoking and alcohol intake**		
	a. Yes	0	0
	b. No	60	100
3.	**Mode of delivery**		
	Normal vaginal delivery	33	55

	Lower segment caesarean Section (LSCS)	17	28.3
	Assisted delivery (Forceps & Vacuum)	10	16.7
4.	**Complication at the time of birth**		
	a) Pre-term	58	96.6
	b) Low birth weight	0	0
	c) Birth asphyxia	1	1.7
	d) Others	0	0
	e) None	1	1.7
5.	**History of brain injury**		
	a. Yes	0	0
	b. No	60	100
6.	**History of childhood illness**		
	a. Febrile seizure	11	18.3
	b. Viral infection (HIV, Encephalitis)	0	0
	c. Others	0	0
	d. None	49	81.7
7.	**Family History of ADHD**		
	a. Parent	2	3.3
	b. siblings	0	0
	c. Others	4	6.7
	d. None	54	90

Table 3: Pre-test and Post-test Level of social skills among children with Attention Deficit Hyper Activity Disorder. (n=60)

Level of social skills	Pre test		Post test	
	f	%	f	%
Fewer	32	53.33	4	6.67
Average	28	46.67	56	93.33
More	0	0	0	0

Table 4: Comparison of pretest and post-test level of social skills among children with Attention Deficit Hyper Activity Disorder. (n = 60)

Variables		Mean	Mean Difference	Standard deviation	Paired 't' value p value
Level of social skills	Pretest	25	1.86	3.35	t= 13.377 p= 0.000081 VHS***
	Post-test	26.86		2.95	

*** p < 0.001 Very highly significant.

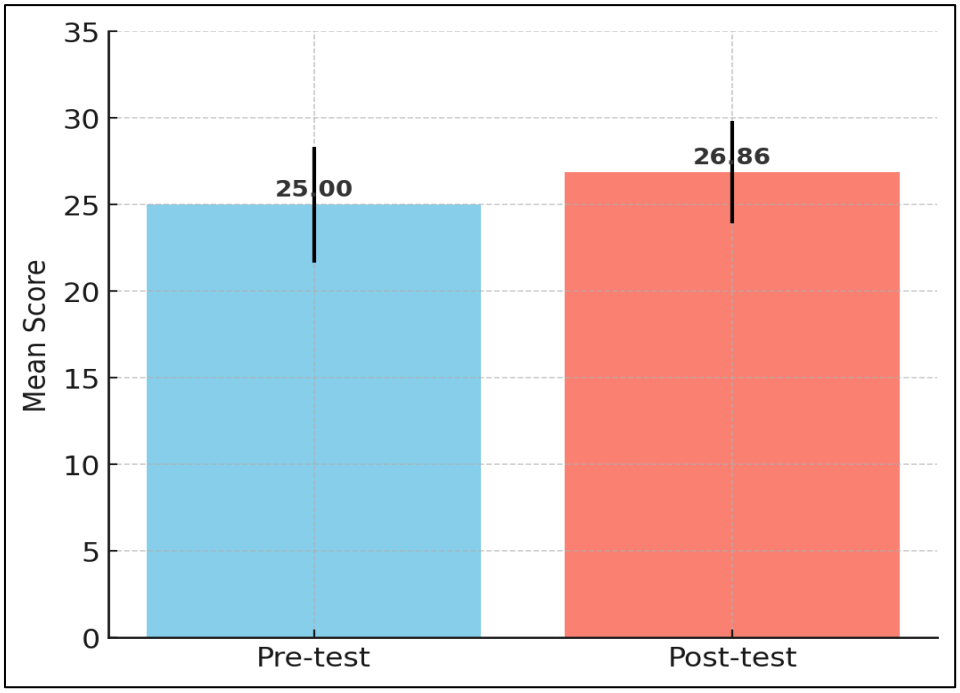

Figure 1: Comparison of mean score of social skills among neonates.

DISCUSSION:

The study results showed that in the pre-test, 53.3% of children had fewer social skills and 46.7% had average skills, with none at a higher level. After the video vignettes intervention, 93.3% of children achieved average social skills while only 6.7% remained at the fewer level. The mean score improved from 25 ± 3.35 to 26.86 ± 2.95, with a mean difference of 1.86. The paired t value of 13.377 at p = 0.000081 indicated a very highly significant improvement. The results also showed a significant association between complications at birth and post-test social skills (χ^2 = 14.28, p = 0.026), while no other socio-demographic or clinical variables were significantly associated.

Nancy Grace et al. (2018) found that most children with ADHD had only mild to moderate social skills, with none attaining adequate skills, and the majority showed low self-esteem. Daniel Olympia and Susan Sheridan (2006) reported that an interactive computer-based training program significantly improved social skills in children with ADHD, with both parent and student ratings showing notable post-intervention gains. Kirsten

Ritchie et al. (2015), through a meta-analysis, concluded that children born preterm had poorer social competence than those born at term, supporting the link between birth complications and deficits in social skills.

CONCLUSION:

The study concluded that video vignette intervention was effective in improving social skills among children with attention deficit hyperactivity disorder. The intervention brought about a significant increase in post-test social skill scores, demonstrating its usefulness as a practical strategy for enhancing social competence in this population. Furthermore, the study established a significant association between the level of social skills and selected clinical variables.

RECOMMENDATION:

The study recommends that future research be conducted with a larger sample size to strengthen the generalizability of findings. Comparative studies between children with ADHD and typically developing children may provide deeper insights into differences in social skills. Additionally, longitudinal studies are suggested to track the development of social skills among children with ADHD over time.

JOURNAL REFERENCE:

1. Atten Disord J., etal. (2018). ADHD in Tunisian Adolescents: Prevalence andAssociated Factors, sage journals, Volume 2, issue1, Jan;22(2), Apr 5.
2. Cecilia Lonnecker, (1994), Behavioral Disorders, Video Self-Modeling and Cooperative Classroom Behavior in Children with Learning and Behavior Problems: Training and Generalization Effects, 1994, 2lX1), 24~34.
3. Chen, N.; Hsu, C.H.C.; Pearce, P.L. (2022), Developing video vignettes for tourism research: Protocol and quality indicators. J. Travel Res., 61,
4. Daniel Olympia., (2006), Effectiveness of a Computer–facilitated, Interactive Social Skills Training Program for Boys with Attention Deficit Hyperactivity Disorder, DOI: 10.1521/scpq.2006.21.2.197.
5. Derek Moskowitz., et al., (2023), Multimodal and technology and interaction Using Video Vignettes to Understand Perceptions of Leaders, volume 7,Issue: 1,2023.
6. Diana L. Hammond, (2010), Education and Training in Autism and Developmental Disabilities, Effectiveness of Video Modeling to teach Students with Moderate Intellectual Disabilities, 2010, 45(4), 525–538.
7. Dulce Romero-Ayuso, et al., (2021), Effectiveness of Virtual Reality-Based Interventions for Children and Adolescents with ADHD, A Systematic Review and Meta-Analysis. Children (Basel). 2021 Feb; 8(2): 70.

8. Eagly, A.H.(2013), Sex Differences in Social Behavior: A Social-Role Interpretation, 1st ed.; Lawrence Erlbaum Associates: Hillsdale, NJ, USA,
9. Golden Catherine T., et al., (2019), Indian J Psychiatry, Assessment of prevalence of attention deficit hyperactivity disorder among schoolchildren in selected schools, volume 17, Issue no 3, May-Jun;61.
10. Joseph, Babitha K Devu, (2019), Indian Journal of psychiatric Nursing, Prevalence of attention-deficit hyperactivity disorder in India: A systematic review and meta- analysis, Volume: 16, Issue: 2, Jan 2020.
11. Kristy Haslam Lemmon, (2015), New Zealand Journal of Psychology, Using video self-modeling and the peer group to increase the social skills of a preschool child, Vol. 44 No. 2, September 2015.
12. Laura Muniz-Rodríguez, (2018), EURASIA, Exploring the Effectiveness of Video- Vignettes to Develop Mathematics Student Teachers' Feedback Competence, Journal of Mathematics, Science and Technology Education. 2018, 14(9), em1573 ISSN:1305-8223.
13. Logan S. McDowell, (2015), Video Modelling for Teaching Imitation to Young Children With Autism: A Treatment Comparison and Analysis of Potential Predictors of Success, volume 12. issue 4.
14. Meral ozerk, (2015), A Bilingual Child Learns Social Communication Skills through Video Modelling, International Electronic Journal of Elementary Education. 2015, 8(1), 83-98.
15. Pawan Sharma, (2020), Prevalence and correlates of Attention Deficit Hyperactive Disorder (ADHD) risk factors among school children in a rural area of North India, Journal of family medicine and primary care, Volume 9, Issue1, Jan; 9.
16. Richard M. Foxx, William C, (2006), The effects of a video vignette on increasing treatment acceptability, volume 11, issue 3.
17. Sarah Wilkes-Gillan, et al., (2021), A systematic review of video-modelling interventions for children and adolescents with attention-deficit hyperactivity disorder, Australian Occupational Therapy Journal , 68(1).

Cite this article as: Prema S et al., (2025). Effectiveness of Video vignettes intervention on social skills among children with ADHD at DEIC, Government Rajaji Hospital, Madurai. *International Journal of Nursing and Health Studies*, 1(7), 18-27.