

**Measuring social skills: cultural adaptation and validation of SSI-Del Prette**

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### Abstract

**Purpose:** Identifying and assessing social skills has been a powerful way of linking human behaviour and human interaction with their consequences at significant developmental levels. There are some data connecting social skills with interpersonal violence but not yet with elder abuse. The reason might be the scarcity of quick and easy-to-apply measures of social skills. This study aims to adapt and validate the Social Skills Inventory (Del Prette and Del Prette, 2001) to the Portuguese population.

**Methodology:** We conducted two studies. In study 1, we gathered the psychometric characteristics of the SSI-Del-Prette through exploratory factor analysis (EFA) and confirmatory factor analysis (CFA). In study 2, we correlated the new measure with measures of depression and empathy to test for divergent and concurrent validity.

**Findings:** The obtained version of the SSI-Del-Prette showed a good model fit and internal consistency. This measure presented six factors: *Conversation and social confidence, Easiness of self-exposure, Self-expression of positive affect, Coping assertively with risk, Defending interests and opinions, Giving and receiving praise.* The indicators of convergent and divergent validity supported the integrity of the measure.

**Originality/value:** This paper provides an adaptation of a measure of six social skills expanded to the older adult population.

**Research limitations/implications:** The adaptation of this measure of social skills opens new possibilities for studying these skills.

**Keywords:** social skills, scale adaptation, validation, depression, empathy, adulthood

### Measuring social skills: cultural adaptation and validation of the SSI-Del Prette

Probably no one more than Carl Rogers in his seminal work (Rogers, 1957; 1992) stated so powerfully and clearly that, in adult life, the way people relate to each other (which we call *social skills*) can be (or not be) supportive of human development and change. This support for human development means that people with higher social skills are more caring, more helpful, empathic, and ready to derive meaning from their interactions with others. Although this theory is appealing, it lacks the operationalisation that some authors provided later, pointing to *microskills* as the central verbal and non-verbal components of facilitating relationships in terms of counselling, psychotherapy, or teaching. However, social skills are not only essential for professionals who use personal relationships as the primary tool of their trade; social skills and interactions are important for every human being because of their role during several developmental stages within their protecting and challenging functions. For some authors, social skills are a determining part of social interactions and are vital as instruments, products, and by-products of different developmental challenges (Riggio *et al.*, 1993).

Beyond their link to human and psychosocial development, social skills (or their absence) are inextricably linked to interpersonal violence. Some authors have found a relationship between deficits in social skills and internalisation of problems, loneliness, depression, anxiety, and problem-solving skills (e.g., Santos and Soares, 2018; Moeller and Seehuus, 2019; Salavera *et al.*, 2019). Research in various contexts has suggested the importance of social skills for risk assessment, prevention, and treatment of some violent situations. In adolescents, social skills training significantly decreases the use of verbal violence (Babakhani, 2011), and children who experience bullying have significantly fewer social skills than children who do not (Fox and Boulton, 2005). Studies about the role of social

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3 skills in violence with adults are less frequent than studies about the role of social skills in  
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5 violence with children and adolescents, and studies targeting older adults are even rarer.

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8 However, theoretical connections can be established between social skills and elder abuse.

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10 Some theoretical hypotheses that attempt to explain elder abuse base their predictions on the  
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12 caregiver's mental health or experience of stress - situational theory (Moore, 2019). In this  
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14 regard, a lack of social skills has been related to the emergence of stress and mental health in  
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16 adults (Segrin, 2017). Other explanations for elder abuse rely on the equilibrium between the  
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18 perception of benefits and costs in a relationship - Social Exchange Theory (Moore, 2019).

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21 The relational competencies of both caregivers and older adults, and consequently social  
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23 skills, are in this case of great importance for explaining elder abuse. Despite the absence of a  
24  
25 clear connection between social skills and elder abuse, caregivers, older adults who receive  
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27 care, care professionals point to social skills as fundamental for avoiding conflicts in care  
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29 relationships, especially skills that involve expressing positive feelings, controlling and  
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31 preventing aggressiveness, and discussing problems (Pinto *et al.*, 2016). One particular social  
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33 skill has been more frequently used in intervention programmes in the context of older adult  
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35 caregiving than any other; this social skill is assertiveness. For example, the START  
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37 programme (Livingston *et al.*, 2013), aimed at promoting mental health among caregivers of  
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39 family members with dementia, includes a topic about assertive communication. This  
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41 programme decreases depressive symptomatology and anxiety in family carers, which can be  
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43 an important risk factor for abuse. Assertive communication has also been the focus of some  
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45 prevention programmes aimed specifically at preventing elder abuse (Fernández *et al.*, 2012;  
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47 Hernández *et al.*, 2014), but the effectiveness of the results are not clear. Although  
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assertiveness is an important social skill, it is one of many competencies; the importance of  
the other skills remains untested and unexplored.

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Finally, we look to social skills as a foundation for best practices in caring for or helping people, mainly older adults. To that end, we will take advantage of the work of Stolee *et al.* (2012). By searching iteratively in literature reviews, internet reviews and stakeholder opinions, these authors constructed a set of proposals for planning and implementing best practices in the elder abuse domain. Specifically, these authors concluded that there is almost no evidence to carry out actual assessment and intervention strategies within that domain. Therefore, these authors recommended two strategies: “*build capacity for research and program evaluation to advance knowledge of effective practices and build capacity for knowledge exchange to enhance professionals’ efforts*” (p. 180). These recommendations fit very well with the need to translate to practice what we know when we have evidence from good research. If we consider some of the recommendations of Stolee *et al.* (2012) on what best practices surrounding elder abuse should include, we can see the obvious usability of virtually any measure of social skills. Their recommendations are: (a) “include the perspectives of older adults and victims in research, evaluation, and policy and procedure development”; (b) “use a client-centred approach (not “one size fits all”)”; (c) consider gender, family violence, and intergenerational approaches; (d) “be sensitive to variations in language, culture, ethnicity, religion, and Aboriginal identity”; and finally (e) “ensure coordination and integration across professionals/organisations” (p. 185). What could be a more direct way to train professionals (e.g., social workers, physicians, psychologists, nurses, and even researchers) within the scope of these recommendations than social skill education and training?

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In summary, we have enough evidence that social skills affect psychosocial development processes, the understanding and planning prevention of interpersonal violence, and implementing best practices within health and social care systems.

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3 In the present paper, we aim to present psychometric data for a measure of social skills,  
4 the Social Skills Inventory–Del Prette (Del Prette and Del Prette, 2001), collected from a  
5 Portuguese sample.  
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10 Del Prette and Del Prette defined social skills as “*a descriptive construct of the social*  
11 *behaviours valued in a particular culture with a high probability of favourable results for the*  
12 *individual, group and community that may contribute to a socially responsible performance*  
13 *in interpersonal tasks*” (Del Prette and Del Prette, 2018a, p. 24). From this conceptual  
14 standpoint, it is possible to classify social skills by their form (e.g. tone of voice, gestures,  
15 facial expressions) and functionality. Additionally, behaviours may have a similar function  
16 but might vary in form (Del Prette and Del Prette, 2018a), which means that our social  
17 behaviour can vary quite a bit without changing its function.  
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28 Another aspect to consider is the intimate relationship between social behaviours and  
29 social habits, making culture a determinant of the form and function of social skills. Cultural  
30 practices shape our social behaviour and influence social skills’ behavioural representations  
31 (Del Prette and Del Prette, 2013). Additionally, social skills are ways of adaptation and  
32 coping. These are reasons enough to justify validating social skills measures, even from  
33 same-language countries, such as Portugal and Brazil.  
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42 In the following paragraphs, we will present the measure for which we ran procedures of  
43 adaptation and validation.  
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#### 46 **The Social Skills Inventory – Del Prette**

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48 The Social Skills Inventory – Del Prette (Del Prette and Del Prette, 2001) is a self-report  
49 instrument widely used in Brazil (Del Prette and Del Prette, 2019); it assesses a range of  
50 social skills required in several kinds of everyday interpersonal situations. The items describe  
51 different skills in distinct contexts and their use in different interpersonal relationships.  
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The scale's original factor structure was composed of five factors, described by Del Prette and Del Prette (2013). These factors represent classes of social skills, mainly organised by the functionality of the behaviour. The first factor is "*Coping and self-assertion with risk*", referring to the skills needed to deal with interpersonal situations with assertiveness, entailing the possibility of an aversive reaction of the interlocutor (e.g. *Item 16: "In a group of known people, if I do not agree with the majority, I verbally express my disagreement"*). The second factor is "*Self-assertion in the expression of positive affect*" and involves skills related to the expression of positive affect, showing appreciation and respect for others (e.g. *Item 10: "I express affection by words or gestures to my family, friends and colleagues"*). The third factor is "*Conversation and social confidence*" and consists of skills required to conduct and maintain a neutral social relationship, denoting knowledge of usual standards on daily relationships (e.g. *Item 1: "In a group of unknown people, I am at ease, talking naturally"*). The fourth factor, "*Self-exposure to unknown people and new situations*", comprises skills to approach unknown people (e.g. *Item 23: "I avoid asking questions to unknown people"*). This factor is somewhat similar to the previous one but encompasses higher risk and exposure. The fifth factor, "*Self-control of aggressiveness*", aggregates skills to control one's anger and aggressiveness in aversive situations (e.g. *Item 18- "When one of my relatives criticises me for some reason, I react aggressively"*).

The original scale aimed to assess adults between 18 and 25 years old, and it was later extended to 59 years old (Del Prette and Del Prette, 2018b). Additionally, there is a version explicitly directed toward older adults, with differently worded items, removing references to school or work environments to target the elderly population (Braz *et al.*, 2013). Given that some stability is expected in the performance of social skills classes, we opted to design a single version scale for those ages 18 and up. A possible disadvantage is that a single version, analytically speaking, is likely to focus on behaviours that remain more stable across the

lifespan, thus focusing on skills that are less prone to change and, as a result, the measure will most likely have fewer items. Nevertheless, this version can be an important tool for exploring and understanding the relationship between social skills and human development.

We present the data from this adaptation and validation in two studies. Study 1 focused only on the cultural adaptation of the SSI-Del-Prette and its psychometric characteristics. Study 2 centred on convergent and divergent validity by relating the factorial structure obtained in study 1 with two measures: a measure of empathy and one of depression.

### Study 1

The first study aimed to find a factorial structure of the SSI-Del-Prette for the Portuguese population and its associated psychometric characteristics.

#### Participants

Given the possible cultural variations in social behaviours, we opted for cross-validation. We gathered data from 287 participants, 215 (74.9%) of whom were female, ranging in age from 19 to 94 years ( $M=41.23$ ;  $SD=23.26$ ). Regarding marital status, 152 (53%) of the participants were single, 83 (28.9%) were married, 27 (9.4%) were widowers/widows, and 25 (8.7%) were divorced. Regarding education level, 10 (3.5%) participants attended but did not complete elementary school, 44 (15.3%) did complete elementary school, 6 (2.1%) completed middle school, 115 (40.1%) completed high school, and 112 (39%) had a university degree. We screened participants 65 or older for cognitive impairment using the Mini-Mental State Examination (Folstein *et al.*, 1975, Portuguese version by Guerreiro *et al.*, 1994). We recruited participants online. We also recruited older adult participants from social recreational centres. We randomly divided the dataset into two datasets, accounting for demographics, thereby splitting the dataset into two demographically equivalent data sets: dataset 1 ( $n=141$ ) for exploratory factor analysis (EFA) and dataset 2 ( $n=146$ ) for confirmatory factor analysis (CFA).

### **Procedure**

We collected the participants' answers as part of a larger investigation that was submitted and approved by an ethics committee. Three formats were used: online, paper-and-pencil, and a touchscreen system with the read-aloud option. The answering time for SSI-Del-Prette (Del Prette and Del Prette, 2001) varied due to the data collection method and across age groups; older participants were prone to thinking more cautiously about each question, thus taking longer. In general, it took between 8 and 25 minutes to answer all the items.

### **Measures**

For this validation, we used the 38 items of the SSI-Del-Prette (Del Prette and Del Prette, 2001). The items were subjected to two adaptations: a) we made small changes in wording so that the item's wording could be closer to the use of the Portuguese language in Portugal; and b) given the goal of producing a single version to be applied across the entire adult lifespan, we removed references to places more commonly frequented by a given age group (e.g. references to school). We sent our adaptations back to the original authors, who approved them before application. Participants marked the frequency with which they performed the behaviour described in each item on a 5-point Likert scale (1= Never or rarely to 5 = always or almost always).

### **Data Analysis**

We conducted statistical analysis using the Statistical Package for the Social Sciences (SPSS) and AMOS, both from IBM (version 24).

First, we scanned the collected data for missing data, outliers and normality. We also transformed the scores of reverse worded items. We conducted EFA using dataset 1 and CFA using dataset 2. We performed EFA with maximum likelihood estimation and Promax rotation. To assess the fit of the model obtained during CFA, we calculated the standardised root mean square residual (SRMR), the root mean square error of approximation (RMSEA),

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3 the comparative fit index (CFI), and the  $\chi^2/d.f.$  (chi-square/degrees of freedom). We tested  
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5 two models using CFA: the model obtained through EFA and a theory-driven model. We  
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7 built the theory-driven model respecting the original structure of the scale and considering  
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9 our samples' cultural differences. The theory-driven model has six factors developed from 22  
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11 of the original items: Factor 1 is "*Conversation and social confidence*", representing  
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13 behaviours about being at ease during social interactions; Factor 2 is "*Easiness of self-*  
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15 *exposure*" regarding familiar and unfamiliar situations where the respondent might feel  
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17 socially exposed; Factor 3 is "*Self-expression of positive affect*", which entails items related to  
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19 the self-expression of affection; Factor 4 is "*Coping assertively with risk*", with the common  
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21 theme of behaving assertively in risky situations; Factor 5 is "*Defending interests and*  
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23 *opinions*", which is related to defending one's and other's interests, a sort of assertiveness  
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25 that encompasses a sense of justice and has a higher risk of confrontation; and Factor 6 is  
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27 "*Giving and receiving praise*", which is exclusively related to giving and receiving praise.  
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## 35 Results

### 36 Exploratory factor analysis.

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38 The first outcome of EFA was Bartlett's test of sphericity, which was significant  
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40 ( $\chi^2(325)=1135.969, p<.001$ ), indicating the appropriateness of using EFA on this dataset and  
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42 the Kaiser-Meyer-Olkin indicated middling sampling adequacy ( $KMO=.739$ ). The final five-  
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44 factor solution had 26 items, explaining 40.306% of the variance. Table I displays the rotated  
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46 pattern matrix.  
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51 ----Insert Table I----  
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54 The five factors extracted from EFA did not clearly reflect a theoretically solid factor  
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56 structure. For example, Factor 2 was composed of items regarding the expression of  
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3 affection, but it had an off-the-topic item, namely, *Item 21*, which states – “*When receiving a*  
4 *defective product, I go back to the store and demand a replacement*”.

### 8 **Confirmatory factor analysis.**

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10 We adopted a competing model approach, testing two models: the model extracted  
11 through EFA and the theory-driven model. Fit indexes for both models can be found in Table  
12 II.  
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17 ---Insert Table II---

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19 Regarding the model’s fit, the EFA model does not achieve enough indicators to be  
20 considered an acceptable solution. The theory-driven model, however, achieved the minimum  
21 fit indicators and was considered an acceptable solution.  
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25 In the theory-driven model, items presented adequate loadings for their respective factors,  
26 and internal consistency was acceptable (total scale Cronbach’s  $\alpha=.797$ ). The factor  
27 loadings and internal consistency of the subscales are presented in Table III.  
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33 ---Insert Table III---

### 34 **Discussion**

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37 The main objective of study 1 was to find a factorial structure for the SSI-Del-Prette (Del  
38 Prette and Del Prette, 2001) and its psychometric characteristics using data collected in  
39 Portugal. As previously argued, there could be cultural differences that affect our social  
40 behaviour; therefore, we opted to perform exploratory and confirmatory factor analysis. The  
41 EFA was helpful, but it was necessary to perform a careful analysis of each item’s content  
42 and the patterns presented to generate a theoretically defensible model. This theoretical  
43 model achieved adequate fit; therefore, it is an acceptable model to assess social skills in the  
44 Portuguese population based on the items of the original SSI-Del-Prette (Del Prette and Del  
45 Prette, 2001).  
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3 The resulting model has some similarities with and differences from the original scale's  
4 structure. Four factors of our version are conceptually identical to four factors of the original  
5 scale ("*Conversation and social confidence*", "*Easiness of self-exposure*", "*Self-expression of*  
6 *positive affect*", and "*Coping assertively with risk*"). Here, unlike in the original works of  
7 Del-Prette and Del-Prette (2001), we did not find a factor for "Self-control of  
8 aggressiveness"; however, we found a factor related to protecting one's opinion, a narrower  
9 form of assertiveness, with higher stakes. We called it "*Defending interests and opinions*". A  
10 certain degree of control of aggressiveness is implicit in this new factor so that it might be, to  
11 some degree, related to the factor in the original proposal. The main difference was our sixth  
12 factor, "*Giving and receiving praise*". This new factor has been considered since in the more  
13 recent works of Del Prette and Del Prette (2018a); giving and presenting praise is mentioned  
14 in two different sections of the social skills portfolio (Communication and Making and  
15 Maintaining Friends). Overall, the obtained factor structure was close enough to the original  
16 one to support the idea of universality in social skills and different enough to support the  
17 argument that there are cultural specificities in social behaviour.  
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## 37 Study 2

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40 This study focused on the convergent and divergent validity of the Portuguese adaptation  
41 of the SSI-Del-Prette, namely, by correlating our obtained measure outcomes with two  
42 indices: depression and empathy.  
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47 The role of social skills in depression is frequently examined but is not completely clear.  
48 For instance, differences in social skills between adolescents with and without depressive  
49 symptoms also relate to gender (Campos *et al.*, 2018). However, several theoretical  
50 relationships between social skills and depression have been proposed (Segrin, 2000); the  
51 exact role of social skills in depression remains unclear. For example, Segrin *et al.*, (2016)  
52 used depression as one of several psychological distress indicators and found a negative  
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3 association between psychological distress and social skills. Although the relationship  
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5 between social skills and depressive symptoms is not clear, the direction of this relationship  
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7 seems negative; therefore, we chose depressive symptomatology as an indicator of divergent  
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9 validity.

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12 We chose empathy as an indicator of convergent validity because empathy, as Davis  
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14 (1983, p. 113) put it, “*refers to the reactions of one individual to the observed experiences of*  
15  
16 *another*”. Therefore, by definition, successfully using social skills is associated with the  
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18 ability to react to others’ experiences; therefore, a positive relationship is expected between  
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20 them. Some authors consider empathy to be a behavioural portfolio’s primary social skill  
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22 (Del Prette and Del Prette, 2018a). Moreover, empathy measures are standard benchmarks of  
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24 convergent validity for measures of social skills (e.g. Anastácio *et al.*, 2016).  
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### 28 29 **Participants and Procedure**

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31 A total of 212 participants ranging in age from 19 to 68 years ( $M=31.29$ ;  $SD= 12.98$ ), 172  
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33 (81.1%) of whom were female, and also participated in study 1, completed the measures of  
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35 depression and empathy, in addition to the items of the SSI-Del-Prette, taking 20 minutes on  
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37 average. Regarding demographic traits, participants’ marital status indicated that 137 (64.6%)  
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39 were single, 57 (26.9%) were married, 17 (8%) were divorced, and 1 (0.5%) was widowed.  
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41 Regarding education level, 1 (0.5%) completed middle school, 109 (51.4%) completed high  
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43 school, and the remaining 102 (48.1%) had a university degree.  
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### 47 48 **Measures**

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50 In this study, we used the version of the SSI-Del-Prette (Del Prette and Del Prette, 2001)  
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52 generated in study 1. We calculated a total scale score and factor scores, as described in study  
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56 To measure empathy, we used the Interpersonal Reactivity Index (IRI; Davis, 1983; the  
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58 Portuguese version for research by Ferreira-Alves *et al.*, 2012). This measure has 28 items  
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describing behaviours and emotions based on 4 dimensions of empathy: Perspective-taking, Fantasy, Empathic concern and Personal distress. The participants answered each item on a six-point Likert scale, from 1 (Does not describe me well) to 6 (Describes me very well).

We assessed depressive symptomatology using Beck's Depression Inventory (BDI; Beck *et al.*, 1961, the Portuguese version by Coelho *et al.*, 2002). This measure has 21 items, where each alternative presents a higher level of depression than the previous measure. The total score varies from 0 to 63 points.

### Data Analysis

First, we performed CFA on all measures, as Hair *et al.* (2014) suggested as a good practice, following the same guidelines as in study 1. Second, we observed descriptive statistics of all of measures. Third, we used Pearson correlations to check the relationship between our version of the SSI-Del-Prette and the variables of Empathy and Depression.

### Results

First, to confirm the factor structure of IRI, we conducted CFA. The four-factor structure presented acceptable model fit ( $\chi^2=96.409$ ,  $df=48$ ,  $p<.001$ , CFI=.926; RMSEA= .069; SRMR=.061). Internal consistency was acceptable (full-scale Cronbach's  $\alpha=.788$ ; Fantasy CR=.66; Empathic concern CR=.73; Perspective-taking CR=.73; Personal Distress CR=.75).

The BDI showed a previously reported two-factor (somatic-affective factor and cognitive factor) structure (Arnau *et al.*, 2001) with good model fit ( $\chi^2=292.280$ ,  $df=166$ ,  $p<.001$ , CFI=.900; RMSEA=.060; SRMR=.060). It also showed good internal consistency (full-scale Cronbach's  $\alpha=.895$ ; somatic-affective factor CR= .85; cognitive factor CR=.77). Descriptive statistics for all three measures are displayed in Table IV.

---Insert Table IV---

To test for convergent and divergent validity, we correlated the measure of depressive symptomatology (BDI) and the measure of empathy (IRI) with the social skills measured by



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3 the SSI-Del-Prette. We expected that social skills would be positively associated with  
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5 empathy and negatively associated with depressive symptoms, as previously justified. Table  
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7 V presents the correlation coefficients between the SSI-De-Prette and the IRI and the BDI.

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10 ---Insert Table V---

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12 The main results indicate a negative correlation between the BDI and the SSI-De-Prette  
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14 total score, and negative correlations between the BDI and “*Conversation and social*  
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16 *confidence*”, “*Easiness of self-exposure*”, and “*Coping assertively with risk*”. “*Self-*  
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18 *expression of positive affect*”, “*Defending interests and opinions*”, and “*Giving and*  
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20 *receiving praise*” did not correlate with the BDI. The BDI subscales showed the same  
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22 pattern, except for cognitive symptoms, which did not correlate significantly with  
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24 “*Conversation and social confidence*”.

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27 Like in opposition, the total score for empathy correlated significantly and positively only  
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29 with “*Self-expression of positive affect*”, “*Defending interests and opinions*”, and “*Giving*  
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31 *and receiving praise*”. The IRI subscales revealed a more complex pattern. Fantasy did not  
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33 correlate significantly with any indicator of the SSI-Del-Prette. Empathic concern showed the  
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35 opposite pattern of the cognitive symptomatology subscale: it correlated positively with the  
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37 total scale and “*Conversation and social confidence*”, “*Self-expression of positive affect*”,  
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39 “*Defending interests and opinions*”, and “*Giving receiving praise*” and did not correlate  
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41 with “*Easiness of self-exposure*” and “*Coping assertively with risk*”. Perspective-taking  
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43 correlated positively with all indicators of the SSI-Del-Prette. Personal distress revealed a  
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45 similar pattern to the BDI and negatively with “*Defending interests and opinions*”.

## 51 52 Discussion

53  
54 The main objective of study 2 was to present indicators of convergent and discriminant  
55  
56 validity for our newly adapted SSI-Del-Prette. First, we tested the structure of the measures  
57  
58 used for convergent and discriminant validity and deemed them acceptable. Second, we  
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3 examined the descriptive statistics of the BDI and the IRI. Third, we correlated the measures  
4  
5 as indicators of convergent and discriminant validity.  
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7  
8 The obtained results are congruent with the expected relations between the measures.  
9  
10 Depressive symptomatology and social skills do not always have a clear relationship  
11  
12 (Campos *et al.*, 2018; Segrin, 2000). Our results suggest that for depressive symptoms, social  
13  
14 skills might perhaps adopt a mediating role between depressive symptoms and other  
15  
16 variables. We found negative correlations between depressive symptoms and “*Conversation*  
17  
18 *and social confidence*”, “*Easiness of self-exposure*”, and “*Coping assertively with risk*”, but  
19  
20 not with “*Self-expression of positive affect*”, “*Defending interests and opinions*”, or “*Giving*  
21  
22 *and receiving praise*”. These results are congruent with Segrin *et al.* (2016), who proposed  
23  
24 that depressive symptoms could relate to social skills but only as part of distress since the  
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26 related factors seem to be the ones more likely to cause distress. A surprising outcome is the  
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28 lack of relationship between the somatic-affective subscale and “*Self-expression of positive*  
29  
30 *affect*”. Perhaps there is a difference between experiencing affective symptoms of depression  
31  
32 and expressing affection to others.  
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38 For the empathy measure, there was no correlation between the measures’ total scores,  
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40 while we expected a positive association. This result might be because the total IRI score  
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42 includes the score of Fantasy, which showed no relationship with social skills. The absence of  
43  
44 a relation between Fantasy and social skills seems reasonable since no theoretical reason for  
45  
46 this relationship exists. The relationships found with Empathic Concern make sense; the one  
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48 relationship that could seem odd is with “*Defending interests and opinions*”, but this factor  
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50 has an item about other people’s interests; therefore, some level of empathic concern is  
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52 understandable. Perspective-taking is associated with all the SSI-Del-Prette indicators, which  
53  
54 makes sense as taking the perspective of the people we interact with is essential to all the  
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56 assessed skills. Last, the only difference between personal distress and the BDI is the  
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negative relation with “*Defending interests and opinions*”. This factor might lead to confrontation; this does not necessarily cause depressive symptomatology but quite likely causes personal distress. Hence, there is some logic in this outcome.

The obtained correlations, in our view, support the discriminant and convergent validity of the SSI-Del-Prette, adding arguments in favour of its use.

### General Discussion

The purpose of this article was to present a cultural adaptation of the SSI-Del-Prette (Del Prette and Del Prette, 2001) for the Portuguese population and its psychometric characteristics. Moreover, we intended to show some evidence of the resulting measure’s divergent and convergent validity by associating it with a measure of depression and one of empathy.

Due to cultural influence, social skills provide a challenge when one wants to validate measurement instruments (Del Prette and Del Prette, 2013). Nevertheless, the variety of social skills training programmes (e.g. Braz *et al.*, 2013; Turner *et al.*, 2018) and the other research possibilities that emerge from this measure make its validation meaningful. However, a difficulty inherent in measures based on cultural behaviours is that they are ever-changing, making the process of adaptation and validation never definitive but always subject to re-evaluation.

Regarding the convergent and divergent validity, the obtained results, as explored previously, were as expected and contribute as an indicator of quality for our version of the SSI-Del-Prette.

However, this validation presents some limitations. First, we did not test the test-retest reliability, as was done with the original version (Bandeira *et al.*, 2000). It is fundamental to test for temporal stability of a measure that can be used to gauge interventions. The second limitation is the absence of a comparison of the scale performance between genders. This

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3 comparison was not on our objective for this paper, but there could be gender differences in  
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5 the use of social skills. Testing the metric invariance of this measure would clarify whether  
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7 this version works equally well for men and women. We did not perform such a test due to  
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9 the small number of male participants. Third, as an adaptation of a measure, we could have  
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11 overlooked behaviours that are more common in the Portuguese population, which are part of  
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13 the assessed social skills but were not present in the original items. Although Portugal and  
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15 Brazil share a language, there are enough differences in social behaviour to suggest that some  
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17 extra items could lead to a more similar set of classes as the ones suggested by the original  
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19 authors (Del Prette and Del Prette, 2018b), even if our behavioural portfolios might vary.  
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### 23 24 **Conclusion**

25  
26 In summary, we generated a measure with good indexes of internal validity; this means  
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28 that people reply differentially according to the dimensions of “*Conversation and social*  
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30 *confidence*”, “*Easiness of self-exposure*”, “*Coping assertively with risk*”, “*Self-expression of*  
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32 *positive affect*”, “*Defending interests and opinions*”, and “*Giving and receiving praise*”.  
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34 Further, we obtained good indexes of external validity because this measure was significantly  
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36 and positively linked to empathic concern and perspective-taking and negatively related to  
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38 personal distress and depression.  
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43 In our view, the measure validated in this paper and other measures of the same nature can  
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45 be important tools to develop and assess intervention, prevention, and training programmes  
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47 for professional or voluntary carers aimed at safeguarding adults. Although assertiveness has  
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49 been a competence of interest for interventions with caregivers and older adults (e.g.  
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51 Livingston *et al.*, 2013; Hernández *et al.*, 2014), other social skills may have a relevant role  
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53 to play. The training and promotion of social competence can very well be a way to prevent  
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55 elder abuse since it emerges in social relationships. Enhancing social skills can also be of  
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57 value for the training of social and health professionals that work in adult protection. Social  
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3 skills can be important competencies for professionals, contributing to better communication  
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5 with patients and clients. These skills have the potential to enhance these interactions and  
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7 perhaps even contribute to building safer social environments between professionals and  
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9 adult victims.  
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12 The previously stated connections between the social skills of professional caregivers, or  
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14 even older adults themselves, regarding the quality of adult care provide a foundation for  
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16 many future studies within the field as action research. The inclusion of social skills in the  
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18 education of professionals can, in our view, benefit the realm of adult protection. A first step,  
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20 however, needs to be the creation, adaptation, and validation of measures. We hope that this  
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22 paper can provide researchers and professionals with an alternative to measure social skills  
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24 and inspire the inclusion of these variables in the sphere of professional education to achieve  
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26 adult protection.  
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## PORTUGUESE ADAPTATION OF SSI-DEL PRETTE

Table I

*Factor loadings from EFA extracted with maximum likelihood and Promax rotation.*

Item	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
<i>Item 23</i>	<b>.736</b>	-.060	-.044	-.098	-.088
<i>Item 36</i>	<b>.683</b>	.150	-.020	-.163	.088
<i>Item 9</i>	<b>.630</b>	-.015	-.059	-.091	-.094
<i>Item 17</i>	<b>.519</b>	-.161	-.065	.187	<b>-.266</b>
<i>Item 12</i>	<b>.479</b>	.106	.072	.012	.029
<i>Item 1</i>	<b>.431</b>	<b>.364</b>	.013	-.127	.115
<i>Item 14</i>	<b>.426</b>	-.160	<b>.290</b>	.055	.123
<i>Item 8</i>	<b>.418</b>	.064	.125	.030	.076
<i>Item 30</i>	<b>.377</b>	-.087	.143	<b>.287</b>	-.021
<i>Item 13</i>	<b>.377</b>	.051	-.206	.045	.223
<i>Item 26</i>	<b>.257</b>	-.182	.064	-.036	.121
<i>Item 7</i>	.094	<b>.732</b>	-.068	-.102	-.118
<i>Item 31</i>	-.179	<b>.539</b>	-.058	.036	<b>.361</b>
<i>Item 20</i>	.043	<b>.495</b>	-.029	.136	.036
<i>Item 10</i>	-.097	<b>.485</b>	.056	<b>.272</b>	.009
<i>Item 21</i>	-.157	<b>.385</b>	.222	.037	-.091
<i>Item 15</i>	-.074	-.033	<b>.861</b>	<b>-.265</b>	.105
<i>Item 16</i>	.044	-.113	<b>.792</b>	.109	.131
<i>Item 11</i>	.008	.113	<b>.530</b>	.228	-.163
<i>Item 27</i>	.051	<b>.343</b>	<b>.485</b>	-.099	-.165
<i>Item 28</i>	.022	-.077	-.105	<b>.734</b>	.218
<i>Item 25</i>	-.224	.102	-.042	<b>.593</b>	-.048
<i>Item 29</i>	.101	<b>.271</b>	.066	<b>.482</b>	-.103
<i>Item 3</i>	-.045	-.143	.049	.012	<b>.822</b>
<i>Item 32</i>	.034	.143	.031	.061	<b>.428</b>
<i>Item 6</i>	.122	<b>.287</b>	.003	.159	<b>.301</b>
% of variance explained	17.142	8.96	6.523	3.993	3.688

Bold values represent loadings higher than .25.

## PORTUGUESE ADAPTATION OF SSI-DEL PRETTE

Table II  
CFA results for the theory-driven model

Construct		Standardized regression weight	Critical ratio	Internal consistency (CR)
<i>Conversation and social confidence</i>	Item 1	.785	-	.61
	Item 7	.470	4.749***	
	Item 8	.478	4.822***	
<i>Easiness of self-exposure</i>	Item 23	.759	-	.72
	Item 26	.480	5.029***	
	Item 9	.658	6.660***	
	Item 12	.461	4.843***	
	Item 14	.550	5.719***	
<i>Self-expression of positive affect</i>	Item 31	.534	-	.61
	Item 10	.611	4.841***	
	Item 20	.500	4.294***	
	Item 32	.464	4.081***	
<i>Coping assertively with risk</i>	Item 16	.739	-	.70
	Item 15	.606	5.866***	
	Item 11	.596	5.791***	
	Item 27	.472	4.757***	
<i>Defending interests and opinions</i>	Item 29	.747	-	.65
	Item 30	.685	6.823***	
	Item 25	.411	4.325***	
<i>Giving and receiving praise</i>	Item 6	.761	-	.64
	Item 3	.397	4.042***	
	Item 28	.657	6.096***	

\*\*\*p<.001

## PORTUGUESE ADAPTATION OF SSI-DEL PRETTE

Table III

*Goodness of fit indicators for the tested models: Model 1 (EFA); Model 2 (theory-driven model) - (n=146)*

	$\chi^2$	<i>df</i>	$\chi^2/df$	CFI	RMSEA	SRMR
Model 1	533.317***	289	1.845	.690	.076	.104
Model 2	259.95**	194	1.337	.902	.048	.076

\*\*p<.01

\*\*\*p<.001

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## PORTUGUESE ADAPTATION OF SSI-DEL PRETTE

*Table IV**Descriptive statistics of the variables social skills, depression, and empathy*

	M (SD) (N=212)	Min	Max
Social Skills (SSI-Del-Prette total score)	76.334 (11.279)	51	107
F1 - Conversation and social confidence	3.160 (.761)	1.33	5.00
F2 - Easiness of self-exposure	2.835 (.736)	1.00	4.80
F3 - Self-expression of positive affect	3.462 (.783)	1.75	5.00
F4 - Coping assertively with risk	3.553 (.796)	1.50	5.00
F5 - Defending interests and opinions	3.896 (.670)	1.67	5.00
F6 - Giving and receiving praise	4.310 (.592)	2.67	5.00
Depression (BDI)	7.948 (7.391)	0	41
Somatic-affective	5.406 (4.775)	0	22
Cognitive	2.382 (2.926)	0	18
Empathy (IRI)	114.009 (13.26)	79	155
Perspective-taking	4.342 (.713)	2.29	6
Empathic concern	4.767 (.632)	2.86	6
Fantasy	3.933 (.888)	2.29	5.86
Personal distress	3.246 (.795)	1.29	5.86

## PORTUGUESE ADAPTATION OF SSI-DEL PRETTE

Table V

*Pearson correlations between SSI-Del-Prette factor scores and total score, and the total depressive symptomatology (BDI) and its subscales, and the measure of empathy (IRI) and its subscales.*

	Total Score	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6
Depression (BDI)	-.194**	-.151*	-.244**	-.084	-.196**	-.031	.005
Somatic-affective	-.186**	-.151*	-.234**	-.094	-.167*	-.031	.001
Cognitive	-.170*	-.115	-.219**	-.051	-.200**	-.030	.005
Empathy (IRI)	.123	.044	.030	.138*	.005	.161*	.226**
Fantasy	.080	.026	.057	.042	.066	.086	.068
Empathic concern	.179**	.163*	.054	.210**	-.037	.171*	.320**
Perspective-taking	.314**	.210**	.150*	.259**	.155*	.356**	.277**
Personal distress	-.221**	-.241**	-.170*	-.116	-.172*	-.167*	-.040

\*\*  $p < .01$

\*  $p < .05$

Note: Factor 1 - Conversation and social confidence; Factor 2 - Easiness of self-exposure; Factor 3 - Self-expression of positive affect; Factor 4 - Coping assertively with risk; Factor 5 - Defending interests and opinions; Factor 6 - Giving and receiving praise