# Developing Life Skills Scale for High School Students through Mixed Methods Research

#### **Prawit Erawan**

Faculty of Education, Mahasarakham University, Thailand

#### Abstract

The construction of life skills scale is treated under mixed methods research which is exploratory design. First, qualitative analysis of affinity diagram technique was used to the 36 experts' brain storming and obtaining their consensus to group behaviour indicators based on life skills components and to generate scale items. Then all of each item is implemented to form the scale that can be used to collect data through quantitative method among 1,305 high school students around Thailand. In particular, confirmatory factor analyses comparing an empirical model and a factor structure proposed by experts is a better fit.

Keywords: Life Skills Scale, Mixed Method Research

#### Introduction

Adolescence, the second decade of life (10-19 years), is a period of rapid development, when young people acquire new capacities and are faced with many new situations that create not only opportunities for progress, but also risk to health and wellbeing (World Health Organization, 1998). There is much research literature that indicates that life skills education is needed by young people and should therefore be developed. The literature points to deficits in life skills, and the need to teach life skills for abused children, for delinquent children, shy children, pregnant adolescents, for anger control, and for the prevention of anorexia and bulimia nervosa (Caplan et al, 1992; Global Health Council, 2003; Pederson, 1993). Indeed, there is a great wealth of research that identifies the need for life skills in many areas of young people lives (World Health Organization, 1996). Educating children and adolescents in the early years can instill positive health behaviours and prevent risk and premature death. Prevention can cost less than treatment. The life skills approach has several useful advantages. It can be applied in a range of cultural settings... It lends itself to implementation in schools and other "formal" settings, but also to use in informal settings where skill development is the main goal ( Botvin & Kantor, 2001; Godfrey et al., 2002; Marlatt et al., 2003).

In South-East Asia, as life skills education has evolved during the past decade, health and education experts have put all possible efforts in exploring and identifying causal and sustainable solutions to prevent and to solve adolescent problems. The concept of life skills has been integrated during the drastic AIDS epidemic to prevent and resolve adolescent health behavioural problems (World Health Organization, 1998). The transmission of HIV has been largely caused from inappropriate sexual behaviour such as sexual promiscuous and having sex with commercial sex workers. In addition, young males are put at greater risk for HIV due to misinformation that is obtained by older and more sexually experienced individuals. Further, public health and education experts believed that, for a long-term solution rather than just focusing on resolving confrontation problems

between adolescents and adults it would be more effective to provide factual sexual attitude and life skills are educated and embedded to school children who will grow up and are exposed to the risk behaviours. Therefore, the focus of life skills education among students at the initial stage aimed to prevent and resolve AIDS problems (Suwanketnikom & Vorasan, 1996; Erawan, 1997; Erawan, 2007).

In Thailand, however, strategies for promoting life skills implemented by various agencies have changed over time to respond certain social problems. Between 1994 and 1998, the time during which a drastic epidemic of AIDS occurred, life skills were first introduced in prevention of AIDS. Later during 1999 – 2004, life skills were focused on prevention of drug use in schools and partly for prevention of mental health problems in some schools as well. This is because the problem of drugs and narcotics had been increasingly violent during the economic change, and at the same time, advanced technology had posed enormous mental problems to families and students. Life skills strategies had also been changed according to a number of educational reforms. Life skills had been introduced and included in the National Education Act B.E.2544 (2001), and in the Basic Education Curriculum B.E.2544 (2001), and various strategies for promoting life skills among students were employed. Development of cooperation between families and communities, for example, had emphasized on parents/community leaders involvement particularly in problem solving, while importantly, supporting a systematic school life skills management program that links to educational quality insurance. Development of Students Assistance System, 2000; Development of Well-being and Ethical Learning System, 2001; and Development of System for Learners Improvement Activities, 2002; all are projects under collaboration between the Ministry of Public Health and Ministry of Education (Erawan, 2002; Erawan, 2007: Department of Mental Health, 2002).

However, life skills education in Thailand context, although the concepts of elements of life skills, the process of creating life skills using participatory learning, and strategies for training to develop schoolwide teachers or strategies for systematic management within the schools that were developed by network received acceptance that they could cause good effects on work operation of these schools in creating students' life skills, the work operation in creating life skills in the past had not been clearly assessed (Erawan, 2007). As a matter of fact, there is not any objective and reliable scales for life skills, that's why this research aims at developing a life skills scale for high school students. The high school students are in the age of adolescence that is in need of developing life skills. The life skills scale is developed for high school students through mixed methods research as the life skills are variables with construct by WHO on 3 domains: knowledge, attitudes, and skills. (World Health Organization, 1993). Anyway it is not accurate to identify behaviour indicators based on 3 domains. Then it's the time to design the process of an instrument construction through qualitative method for theoretical framework of components, and variables and then quantitative method for generalization later (Creswell & Plano Clark, 2007; Johnson & Onwuegbuzie, 2004). The research is treated under qualitative method through affinity diagram for the experts' consensus on the behaviour indicators of students' life skills based on the domains of life skills. At last the behaviour indicators are constructed in the form of the life skills scale with its qualification through quantitative method.

## **Literature Review** Conceptualizing the Component of Life Skills in Health Education

For many decades, instruction about health and healthy behaviours was described as "health education." Within that broad term, health education took many forms. Health education has been defined as any combination of learning experiences designed to facilitate voluntary adaptations of behaviour conducive to health. Life skills development has always been included in health education. Psychosocial and interpersonal skills, such as communication, decision making and problem solving, coping and self-management and avoiding health-compromising behaviours are central. The attention to knowledge, attitudes, and skills together (with an emphasis on skills) is an important feature that

distinguishes skills-based education from other ways of educating about health issues (World Health Organization, 2003).

Life skills education differs in its objectives and contents from country to country and from one locality to another (World Health Organization, 1996). However, across cultures, life skills education is similar in three important ways. At the heart of life skills education is the learning of life skills. The World Health Organization defined life skills as "*are abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life*" (World Health Organization, 1993). Life skills, from this perspective, are essentially those abilities which help to promote mental well-being and competence in young people as they face the realities of life. Secondly, to enable children to learn and practice skills, life skills education is based on a child-centred and activity oriented methodology. And finally, life skill education is based on the philosophy that young people should be empowered to take more responsibility for their actions (World Health Organization, 1993, 1996).

In particular, life skills are a group of psychosocial competencies and interpersonal skills that help people make informed decisions, communicate effectively, and develop coping and self-management skills to lead a healthy and productive life. Life skills may be directed toward personal actions or actions toward others, as well as to actions to change the surrounding environment to make it conducive to health (World Health Organization, 1993, 1997, 1998). Complementary life skills can be paired to reveal 5 main life skill areas: critical thinking-creative thinking, self-awareness - empathy, communication – interpersonal relationships, decision making –problem solving, and coping with emotions stressors. For health promotion, teaching skills in each of these areas provides a foundation in generic life skills for psychosocial competence (World Health Organization, 1997). Since 1994, the life skills concept has been applied in consistence with the Thai social context by adding another one pair of components, i.e. self-esteem and social responsibility. Life skills were then newly defined as an ability comprising knowledge, attitude, and skills in managing surrounding problems in the current social situation, and preparedness for self-adjustment in the future relating to sex, substances, gender role, family life, health, media influence, environment, ethics, and social problems, etc (Erawan, 1997: Erawan & Luang-ungkoon, 2001).

Knowledge Domain comprises one pair of components: critical thinking-creative thinking:

#### **Critical Thinking**

Critical thinking is an ability to analyze and sort information, problems, and surrounding situations (World Health Organization, 1993). Hilgard (1962) noted that critical thinking is a basic ability for decision making to the situation or problems involving causes and effects. Hudgins (1977) viewed that the person with critical thinking must have adequate attitudes towards facts and evaluate arguments including attitudes towards knowledge on data classification as well as hypothesis scaleing for reasonable conclusion. Beyer (1985) noted that critical thinking is an ability with specific characteristics as it needs a care to understand its definition definitely as well as analyses of data, knowledge, or belief objectively for judging validity and reliability of those data, knowledge, or belief. Critical thinking can contribute to health by helping us to recognize and assess the factors that influence attitudes and behaviour, such as values, peer pressure, and the media or gambling (World Health Organization, 1997). A previous research about life skills, mathematical reasoning and critical thinking in curriculum for the prevention of problem gambling, Nigel et al (2008) found significant improvement in the students' knowledge of random events, knowledge of problem gambling awareness and self-monitoring, and knowledge of coping skills. The results suggest that knowledge based material on random events, problem gambling awareness and self-monitoring skills, and coping skills can be taught.

## **Creative Thinking**

World Health Organization (1993) defined creative thinking means an ability to think extensively and diversely without sticking to a particular concept. Creative thinking is a kind of divergent thinking that is ability of brain to think in different dimensions for new inventions including discovering problem solutions successfully through divergent thinking, composing of originality, fluency, flexibility, and elaboration. Divergent thinking is opposite to convergent thinking that is emphasis on only one idea but divergent thinking supports variety of ideas both quality and quantity as it is believed that divergent thinking can pave the way for good and qualified ideas (Guilford, 1959). Moreover, creative thinking is an ability of a person to have original notions which are different and their effects are not necessary to be perfect. Besides creative thinking originates through gathering knowledge from pre experience related to post experience, hence; the person with life skills must be able to think in variety aspects including originality, fluency, flexibility, and elaboration (Torrance, 1962). Creative thinking contributes to both decision making and problem solving by enabling us to explore the available alternatives and various consequences of our actions or non-action. It help us to look beyond our direct experience, and even if no problem is identified, or no decision is to be made, creative thinking can help us to respond adaptively and with flexibility to the situations of our daily lives (World Health Organization, 1997).

Attitude domain comprises two pairs of components: self-awareness - empathy, and self-esteem - social responsibility:

## Self-Awareness

Self-awareness refers to perception including understanding of feeling, idea, and emotion of the owner in reality and ability to control emotion as well as feeling. It is known as a conscious person who is able to perceive and realize one's own feeling, idea as well as emotion in reality and also to control one's own emotion and feeling (Goleman, 1996). Self-awareness includes our recognition of ourselves, of our character, of our strengths and weakness, desires and dislikes, and to differentiate oneself from another in terms of ability, sex, age, education, religion, complexion, locality, health, etc. Developing self-awareness can help us to recognize when we stressed or feel under pressure. It is also often a prerequisite for effective communication and interpersonal relations, as well as for developing empathy for others (World Health Organization, 1993; 1997; 2003).

## Empathy

World Health Organization (1993) defined empathy as an ability to understand others' feeling and to empathize with those who are different in terms of sex, age, education, religion, complexion, locality, health, etc. It is also to promote and improve each other from heart to heart as well as to show off the feelings properly, to realize and comprehend the feelings of the others, to perceive, estimate, and respond the needs of the others, to aid the others properly, and to provide the others opportunities(Goleman,1996). Empathy is the ability to imagine what life is like for another person, even in a situation that we may not be familiar with. Empathy can help us to understand and accept others who may be very different from ourselves, which can improve social interaction, for example, in situations of ethnic or cultural diversity. Empathy can help us to encourage nurturing behaviour towards people in need of care and assistance, or tolerance, as is the case with AIDS sufferers, or people with mental disorders, who may be stigmatized and ostracized by the very people they depend upon for support (World Health Organization, 1997).

#### Self-Esteem

Self-esteem is a major key to success in life. The development of a positive self-concept or healthy self-esteem is extremely important to the happiness and success of children and teenagers. Self-esteem is a feeling of value on oneself that can be discovered and proud of one's own potentialities without concerning to figure, face, charm, or sexual ability (Bass, 1960). Mussen and others (1990) viewed that the person who has feeling of his own value, ability, and self confidence must take them out for his

benefits. Department of Mental Health, Thailand (2002) defined self-esteem means recognizing one's own values such as being generous, giving and taking, exploring and being proud of one's own ability, e.g., in social ability, music, sports, arts, etc. without specific attention on appearance, appeal, sexual ability, or learning ability, etc.

#### **Social Responsibility**

Social responsibility is a kind of conscious mind for success while working. The work is supposed to be successful and effective, anyhow the acceptance will be there on either good or bad work. Department of Mental Health, Thailand (2002) defined social responsibility means recognizing oneself as a part of the society and taking responsibility in social advances and degradation. Social responsibility is closely related to self-esteem. Self-esteem motivates the distribution to others and to the society.

Skill domain comprises three components: interpersonal relationship and communication skills, decision making and problem solving skills, and coping with emotion and stress skills:

#### **Interpersonal Relationship and Communication**

Interpersonal relationship skill helps us to relate in positive ways with the people we interact with. This may mean being able to make and keep friendly relationship, which can be of great important to our mental and social well-being. It may mean keeping good relations with family members, which are an important source of social support. It may also mean being able to end relationships constructively (World Health Organization, 1993, 1997). Goleman (1996) pointed out that to create interpersonal relationship and communication is an active behaviour to communicate with other people for exchanging proper and valuable information into better change, through cooperative abilities with the others. Those abilities are: 1) able to convince the others to express their opinions out softly and effectively, 2) able to communicate well, accurately, softly, correctly and reliably, 3) able to be a leader with supporting colleagues and right way, 4) able to stimulate the condition for better change, 5) able to cope with conflicts effectively, to have verbal compromise, to improve and end the conflicts properly, 6) able to create the relationship as well as cooperation in work performance successfully, 7) able to work in teams with other people, and 8) able to create potentialities of the teams for cooperative power.

Effective communication means that we are able to express ourselves, both verbally and nonverbally, in ways that are appropriate to our cultures and situations. This means being able to express opinions and desires, but also needs and fears. And it may mean being able to ask for advice and help in a time of need (World Health Organization, 1997).

#### **Decision Making and Problem Solving**

The problem solving is a kind of brain process that is complex, composing of visualizing, imagining, manipulating, analyzing, abstracting, and associating ideas (Johnson & Rising, 1969). World Health Organization (1993) defined that mean an ability to perceive problems and causes, seek choices, analyze advantage and disadvantage of each choice, assess choices, make sound decision of choice and solution, and implement suitable and correct solution. Grossinickle and Brueckner (1959) viewed that there are 8 components of problem solving process as follows: 1) the problem must concern with the children, 2) the problem must be able to solve, 3) the problem must be clear cut for each child to understand, 4) the way to solve problem proposed by the children is possible, 5) the children are suggested by the teachers to have planning on problem solution, data collection, data management, as well as evaluation, 6) implementing various ways for data collection, 7) the children can employ the former plans of problem solving process to the situation which is the source of problems, and 8) the problem solving is summarized. Decision making helps us to deal constructively with decisions about our lives. This can have consequences for health if young people actively make decisions about their

actions in relation t health by assessing the different options, and what effects different decisions may have need (World Health Organization, 1997).

#### **Coping with Emotion and Stress**

World Health Organization (1993) defined coping with emotions mean an ability to assess emotion and being aware of its influence upon individual's behaviour, select suitable means to manage emotion, and an ability to recognize causes of tension and how to cope with it, how to release, avoid, and shift tension to other desirable behaviour. Stress is a result caused by the needs of changing various events affected to physical and mental health due to pressure. The pressure may be an event or any kinds of situation harmful on a person or just affects to mental site, level of anxiety the person perceives depending on different kinds of events. Those events cause the people under different levels of stress. There are two types of stress: 1) positive stress which is good to push the person to achieve a goal, and 2) negative stress which causes upset or depressed (Fishbein, 1975; Hartl, 1981). Coping with stress is about recognizing the sources of stress. This may mean that we take action to reduce the sources of stress (World Health Organization, 1997).

#### The Measurement of Life Skills

Since the promotion of life skills, as a matter of fact, there is not any objective and reliable instrument suit for life skills in term of WHO definitions. Regarding to Instrument used to evaluate results of life skills programs, various researchers have investigated outcome of programs and developed a variety of instrument to measure life skills in each component. In 1990, Botvin et al studied about students' life skills for preventing drug abuse through a multi-modal cognitive-behavioural approach. They measured attitudes about tobacco, alcohol and marijuana use by means of a 5-point Likert scale ranging from strongly agree to strongly disagree. Responses about normative beliefs were rated on a 6-point scale from *none* to *almost always*. A measure of decision making assessed the use of sound decision making skill, e.g. "When I have a problem I get information that is needed to deal with the problem". Seven items of this nature were used to assess decision making, five items were used to assess the use of different skills for coping with anxiety, with responses raging from *never* to *almost always*. Both scales derived from the Coping Inventory developed by Wills (1986).

Measurement of coping with emotion and stress skills, Caplan et al (1992) studied about social competence promotion with inner-city and suburban young adolescents. They adapted scale from the Decision Making Questionaire (Gerswick et al, 1988) to assess the quantity and effectiveness of solutions to a hypothetical vignette involving peer pressure to smoke of young adolescents. Degree of effectiveness for each items were coded using a 4-point scale ranging from 1 (*not very effective*) to 4 (*very effective*). For measurement of social and emotional adjustment, a teacher rating scale, developed by Allen et al (1989) provided an assessment of students' school behaviour. This measure requires classroom teachers to rate how well each of four items describes the student on a 5-point scale from 1 (*not at all*) to 5 (*very well*). The four items pertain to constructive conflict resolution with peers, impulse control, popularity and assertiveness with adults. A behavioural Conduct Scale and Self-Worth Scale were used to assess the children's perceptions of competence in these domains. The scale was taken from *The Self-Perception Profile for Children* (Harter, 1985). Students' general mood and emotional state was measured using the Rand Well-being Scale (Veit & Ware, 1983). This measure consists of 12 items that ask students to judge, on a 5-point Likert scale, how frequently they experience feelings such as loneliness, restlessness, and sadness.

Regarding the measuring life skills construct, The Washington State University (WSU) designed a Web-based system (<u>http://ext.wsu.edu/lifeskills/</u>) to measure short-term gains in life skills taught in many extension youth and family programs in 2002. The system was developed and successfully scaleed for validity and reliability for youth and adults ages sixth grade and older. The WSU Life Skills Evaluation System was designed by and for extension staff in the WSU. Extension staff selected eight life skills from the targeting life skills model (Hendricks, 1998) that they believed

they were teaching through their program. These life skills were: decision making, wise use of resources, communication, accepting differences, leadership, useful/ marketable skills, healthy lifestyle choices, and self-responsibility (Bailey & Deen, 2002). And then, Dunn & Arbuckle(2003) developed the life skills instrument consists of 36 questions, divided into two parts. The first part contains six questions related to demographics (age, gender, race, grade) and frequency of program participation. The second part contains 28 questions related to life skills and two questions that ask participants to directly rate the impacts of the program. The life skills questions fall into seven categories: academics and learning, communication, decision making, goal setting and goal achievement, problem solving, self esteem, and social competencies. There are four questions in each of these categories, which are presented in mixed order on the instrument. Responses are recorded on a five-point Likert scale. Depending on the wording of the question, the responses may range from "never" to "always" or from "strongly disagree" to "strongly agree".

## Methods

The construction of life skills scale is treated under mixed methods research which is exploratory design (Creswell & Plano Clark, 2007). First, qualitative analysis of affinity diagram technique was used to the experts' brain storming and obtaining their consensus to group behaviour indicators based on life skills components and to generate scale items. Then all of each item is implemented to form the scale that can be used to collect data through quantitative method as shown in the figure 1.





#### Identifying Components and Behaviour Indicators through Affinity Diagram

The construction of life skills scale aims at having a standardized instrument to investigate life skills of high school students to pave the way for developing and promoting life skills of Thai teenagers. The scale is constructed through 9 components of life skills as well as identifying behaviour indicators based on those components according to logical base with the experts' consensus.

The experts invited for panel are ones with field experience of developing life skills of students or any experiences concerned with promoting life skills of students from all over regions of Thailand. They are 9 psychologists, 9 education experts, 9 supervisors, and 9 teachers, totaling of 36. The brain storming through affinity diagram technique started by classifying the experts into 9 groups and each of which contains 4 persons based on 9 components of life skills. Each group contains a psychologist, an education expert, a supervisor as well as a teacher and continues to the following steps:

- 1) Each expert writes behaviour indicators of the students concerning their life skills through his own experience in a small piece of paper, each of which for one indicator unlimited in number that is up to his/her recall.
- 2) Each one sticks the paper on the board along with the reasons on each behaviour indicator in his/her paper. Later all of the others express the opinions towards the behaviour indicator on each paper either agreeably or disagreeably and the disagreeable paper is discarded.
- 3) All experts in the group rearrange the behaviour indicators under the consideration of their characteristics related to each other and each group of indicators is named at last.

#### **Constructing and Qualifying the Scale**

After the behaviour indicators have been consented by the experts, the researcher implements them for items of the scale and proceeds it to the new experts of life skills as well as ones of measurement apart from the former ones, totaling of 7 for content validity. The items with consistency between behaviour indicators and the statements of .50 values up are accepted. 9 items out of 125 are revised and then the scale is under the process of trying out for its qualification 3 times as follows.

The first testing is to try out the scale on 10 students for investigating the appropriateness and accuracy of the contents as well as the language used in the scale. The time is identified for the scale administration including observing as well as interviewing the students and is in considered along with the results through the scale administration.

The second testing, the researcher revises the scale on the content as well as the language and the time is identified for the scale administration. Then the scale is used to try out for the second time on 60 students mixing among grade 7 to grade 12. The results are analyzed for correlation coefficient through item-total correlations and the items with the .01 level of statistical significance are accepted for the next testing.

The third testing is to treat the scale with qualified items on the sample, which is good representative, totaling of 1,305 and then the results are analyzed for its reliability, construct validity, criterion-related validity including the norms of the scale. The students from grade 7 to grade 12 are the sample through selective criterion a minimum of 20 cases for each variable (Hair, et al, 1998). The observable variables identified by the experts are 37, hence; the sample through multi-stage random sampling are from 51 high schools from all over Thailand classified into 571 males and 734 females, totaling of 1,305 for testing.

#### **Statistical Analysis**

The researcher has treated on data analysis for statistic values as well as index values of the scale quality as follows: 1) analyze correlation coefficient of life skills scale through Item-total Correlation, 2) analyze internal consistency reliability of the scale through Cronbach's Alpha Coefficient, 3) investigate construct validity of the scale through third-order confirmatory factor analysis (third-order CFA) by LISREL 8.54, 4) investigate criterion-related validity through correlation coefficients

between scores from life skills scale and EQ scale under the Department of Mental Health, Thailand, and 5) compute normalized T-score for the norms of the life skills scale.

## Results

## The Result of Identifying Behaviour Indicators by the Experts

The result of identifying behaviour indicators through affinity diagram technique reveals that there are 125 behaviour indicators grouping into 37 variables based on 9 components of the life skills as follows: 1) Critical thinking with 10 indicators, 2) Creative thinking with 12 indicators, 3) Self-awareness with 13 indicators, 4) Empathy with 15 indicators, 5) Self-esteem with 14 indicators, 6) Social responsibility with 14 indicators, 7) Interpersonal relationship and communication skills with 17 indicators, 8) Decision making and problem solving skills with 17 indicators, and 9) Coping with emotion and stress skills with 13 indicators as shown in Table 1.

## The Result of Content Validity by the Experts and Trying Out the Life Skills Scale

The result of investigating consistency between behaviour indicators of life skills and the items of life skills scale constructed through the experts on psychology as well as educational measurement, totaling of 7 reveals that the value of correlative indexes of the scale is during 0.6-1.0. It indicates that the scale constructed is able to measure life skills covering of 9 components with 9 items revised on the language out of 125.

After the consensus of the experts, the scale is treated for the first testing on a small group of 10 students for investigating their understanding as well as the appropriateness of the language including the time for the scale administration. It is found that the scale contains 125 items. Under the first testing, it appears that there must be language revision for the students' understanding on 7 items and the students spends the time on the scale during 15-28 minutes. Then the scale is proceeded to the second testing on 60 students for correlation coefficient through item-total correlation. It appears that the scale consisting of 125 items on life skills for the second testing is shown with correlation coefficient from 0.17 to 0.68. There are 120 items with .01 level of statistical significance and there are 5 items with.05 level of statistical significance, hence: 120 items with higher correlation coefficient are accepted and the rest of 5 items are rejected.

After the analysis of correlation coefficient on the second testing along with the low qualitative items are rejected, the life skills scale is treated for the third testing on the sample of 1,305 students for correlation coefficient through item-total correlation. It reveals that the 120 items of life skills under the third testing maintain correlation coefficient during 0.20- 0.67 with .01 level of statistical significance.

Components	Variables	Indicators
	Ability to analyze and	-Able to discover causes of the problems
	indicate problems	-Able to tell one's own weaknesses
	Classifying and selecting the	-View the subjects in various dimensions
1.Critical Thinking:	data	-Not to believe in anything easily
The ability to analyze data of	Constructing conclusion	-Have one's own ideas
information, problems, and		-Have related thinking and reasonable thinking
situations purposefully	Identifying hypothesis	-Provide data of estimating situations
		-Have the work plan
	Judging conclusion	-Able to judge one's own deeds
		-Select what is beneficial to oneself
2. Creative thinking:	Originality	-Prefer learning new things
The ability of divergent		-Prefer doing new things
thinking		-Propose new ideas

**Table 1:** The list of behaviour indicators of life skills through affinity diagram sessions

	Fluency	-Expand thoughts in various ways Profer thinking differently from the previous thoughts
		-Continue thinking from one's own thoughts
	Flexibility	-Prefer changing
		-Set up the questions over former plan
		-Prefer thinking by challenges
	Elaboration	-Analyze what has been done
		-Think carefully
		-Do things carefully
	Ability to realize one's own	-Able to tell what is liked or disliked
	emotion	-Always realize one's own emotion
		-Able to tell one's own needs
2 Salf awaran ass	Self-management	-Adjust emotion fast
5. Self-awareliess.		-Control emotion well
of one's own feeling idea and		-Express emotion properly
emotion in reality and able to	Self-assessment	-Tell the causes of one's own emotion
control one's own emotion and		-Tell one's own strengths
feeling		-Tell one's own weaknesses
leening	Perception of one's own	-Realize one's own ability
	ability as well as value	-Work in accordance with one's own ability
		-Assess one's own deeds
		-Accept the others' opinions
	Understanding the others'	-Accept the individual differences
	feeling and thoughts	-Accept what the others do different from oneself
		-Able to observe the others' emotions
		-Care the others' needs
4 Empathy:	Perception and responding the others' needs	-Realize the others' needs
Perception and comprehension		-Care the problems of colleagues
of emotion the others' needs a		-Feel bad with colleagues for their problems
care of the other's heart as		-Feel sympathy for the others with obstacles
one's own heart and show off	Promoting the others	-Aid the others while having opportunity
properly	properly	-Aid the others without any advantages
property		-Please to see the success of the colleagues
		-Being supported for the Colleagues
	Providing the others	-Care the others' feelings
	Opportunities	-Prefer the others getting happy
		-Always provide opportunities to the others
	Perceiving one's own value	-Please one's own success
		-View the life as it's valuable
		-Satisfy what oneself has
5. Self-esteem:	Self confidence of one's	-Be confident on one's own deeds
The good feeling towards	own ability or potentiality	-Rely on oneself
oneself, feeling of one's own		-Feel good on oneself
value, discovering and being		-Realize one's own ability
proud of one's own abilities,		-Believe in one's own ability
and having self confidence and		-Be intent not withdrawn
makes use of it for one's own	Open-minded for accepting	-Develop oneself through the others' comments
benefits as well as the others'	any events	-Be responsible for one's own deeds
	Expressing behaviours	-Dare to express opinions
	properly	-Judge the others' opinions reasonably
ļ	E-llanda	-keiy on oneseli
	ronowing social laws	-Be sen disciplined
6. Social responsibility:		-Leave garbage at the right place
Realizing that oneself is a		-NOU TO DIEAK THE TAWS
part of society and tries to do	Deutiningt's 141-41-41	-ronow the regulations
the best and successfully on	Participating with the others	-Otter oneself for public Perform the work for public
duty and is responsible for	Eallowing and's state	-NOUTO DE SEITISTI
the results	rollowing one's own duty	-De punctual Derform the work on duty successfull
		-remora the work on duty successfully
		-Be responsible for the work results

	Keeping the public property	-Not commit negative effects towards public		
		-Not create harmful events to the others		
		-Not destroy public property		
		-Perceive that oneself must be responsible for public		
	Ability to convince and	-It is agreeable after spoken		
	motivate the others	-Always selected as a speaker		
	Ability to convey	-After spoken it's easy to understand		
	information well	-Listen and well get the concepts		
	Ability to communicate with	-Prefer contacting and making friends with others		
7 Internet and relationship	the others	-Create relationships fast		
7. Interpersonal relationship		-Show off sincerely		
A hility to communicate or hour		-Dare to speak with strangers		
Addition to communicate of nave	Ability to work with the	-Work with the others well		
relationship with the others for	others	-Able to work in teams well		
good change of admity to seek		-Be trusted by friends		
for cooperation		-Be beloved of friends		
	Ability to adjust in various	-Be simple		
	situations	-Not over proud		
		-Cope with conflicts well		
		-Not over pessimistic		
		-Able to deny the others		
	Perceiving and	-Think carefully before conducting		
	comprehending problems	-View things in different dimensions		
		-Discover causes and sources of the problems		
	Making a decision	-Make a decision carefully		
	-	-Able to estimate results		
		-Not make a decision based on friends' influence		
8. Decision making and		-Solve problems before hands well		
problem solving skills: Ability		-Risk reasonably		
to perceive problems, causes,		-Prefer to have own decision more than to follow the orders		
alternatives, and practice	Evaluation of making a	-Stop performing in case of problems occurred		
correctly as well as properly	decision	-Discover causes of the problems		
		-Accept the results occurred		
		-Please to improve if the results out with problems		
	To solve the problems	-Plan for various alternatives		
	flexibly and consciously	-Believe that all problems have their ways out		
		-Dare to consult the others before making a decision		
		-Able to evaluate one's own potentiality		
	Ability to control and cope	-Cool and hard angry		
	with one's own emotions	-Express unsatisfaction properly		
	while having the events	-Keep feeling well		
	before hand	-Not over afraid of upset		
		-Not worry about failure		
9. Coping with emotion and	Ability to relax and reduce	-Not fix with the past		
stress skills: Ability to cope	stress	-Dare to face the sorrow		
with emotions properly		-Have positive thinking on problems		
		-Have stable emotion with hard varying		
	Ability to create activities or	-Prefer to do original activities		
	original viewpoints for	-Be interested in any things surrounded		
	benefits of life	-Be lively and have good emotions		
		-Not sit in only one situation		

Components	Experts		Try out	Try out Try out with large		Testing with	
	Jud	gment	with small	group		sample	
			group				
	total	Improved	Improved	Item-total	Rejected	total Item	Item-total
	Item	items	items	correlation	items		correlation
Critical Thinking	10	2	2	0.23 - 0.52	-	10	0.20-0.54
Creative Thinking	12	3	1	0.17 - 0.64	2	10	0.37-0.50
Self-awareness	13	1	-	0.18 - 0.55	1	12	0.38-0.52
Empathy	15	1	-	0.27 - 0.68	1	14	0.33-0.63
Self-esteem	14	-	1	0.40 - 0.60	-	14	0.41-0.67
social responsibility	14	-	1	0.31 - 0.57	-	14	0.33-0.59
Interpersonal relationship	17	-	2	0.32 - 0.55	-	17	0.38-0.58
and communication skills							
Decision making and	17	2	-	0.32 - 0.55	-	17	0.45-0.65
problem solving skills							
Coping with emotion and	13	-	-	0.20 - 0.52	1	12	0.49-0.50
stress skills							
Total	125	9	7	0.17 -0.68	5	120	0.20-0.67

**Table 2:** The result of content validity and trying out the life skills scale

#### The Qualification of the Life Skills Scale

#### **Descriptive Statistics**

After the third testing of life skills scale, its basic statistical value is analyzed as shown in the Table 3. It appears that the third testing contains 291.83 as the mean out of 360 scores and the standard deviation is 22.82.

Table 3:	Descriptive	statisticse	of the life	e skills scale
----------	-------------	-------------	-------------	----------------

Components	Items	Total score	Mean	Standard
	number			Deviation
Critical Thinking	10	30	23.07	2.65
Creative Thinking	10	30	18.11	2.39
Self-awareness	12	36	27.18	2.89
Empathy	14	42	35.69	3.37
Self-esteem	14	42	32.41	3.48
Social responsibility	14	42	36.49	3.87
Interpersonal relationship and communication skills	17	51	37.46	4.50
Decision making and problem solving skills	17	51	38.69	4.29
Coping with emotion and stress skills	12	36	24.44	4.00
Total	120	360	291.83	22.82

#### The Reliability of the Life Skills Scale

The reliability of the life skills scale is classified into each aspect as well as all aspects through alpha coefficient which is 0.92. When each aspect is considered, the reliability shows from 0.67 to 0.78. The social responsibility shows the highest reliability and the critical thinking shows the lowest reliability. The value of reliability of both each aspect and all aspects is .01 level of statistical significance but the standard error of each aspect is valued from  $\pm 1.35$  to  $\pm 2.43$  and the whole is valued  $\pm 6.45$ .

Components	Alpha coefficients (α)	(SEmeas)
Critical Thinking	0.67**	± 1.52
Creative Thinking	0.68**	± 1.35
Self-awareness	0.76**	± 1.71
Empathy	0.76**	± 1.99
Self-esteem	0.70**	± 1.97
Social responsibility	0.78**	± 1.97
Interpersonal relationship and communication skills	0.71**	± 2.42
Decision making and problem solving skills	0.72**	± 2.43
Coping with emotion and stress skills	0.71**	± 2.15
Total	0.92**	± 6.45

**Table 4:**The reliability of the life skills scale

## The Construct Validity of the Life Skills Scale

The result of third-order confirmatory factor analysis of model is to investigate construct validity. The Table 5 shows that the indexes value of correlation between model and empirical data obtains quisquare 3.78 (P = 0.92514) at the degrees of freedom 9 with no statistical significance and Goodness of Fit Index (GFI) is 1.00, Adjust Goodness of Fit Index (AGFI) is 1.00, RMR is .006. It shows that the model of correlative construct based on life skills framework identified fit empirical data from the scale constructed.

Factors	Factor Loading b(SE)	Т	$\mathbf{R}^2$	FS
First order CFA				
Knowledge				
Critical Thinking	.35**	-	.12	.01
Creative Thinking	.40**(.04)	10.33	.16	.02
Attitude				
Self-awareness	.54**	-	.29	.13
Empathy	.62**(.04)	14.15	.38	.08
Self-esteem	.61**(.05)	13.41	.38	.16
Social responsibility	.78**(.05)	14.96	.61	.36
Skills				
Interpersonal relationship and				
communication skills	.65**	-	.42	.15
Decision making and problem				
solving skills	.67**(.04)	18.17	.45	.22
Coping with emotion and stress				
Skills	.52**(.04)	13.50	.27	.17
Second order CFA				
Knowledge	1.00**(.09)	11.21	1.00	-
Attitude	1.00**(.05)	18.27	1.00	-
Skills	1.00**(.05)	21.55	1.00	-

Table 5:	The construct	validity of	of the	life skill	ls scale
		~			

Chi - Square = 3.78 df = 9 P - value = .92514

GFI = 1.00 AGFI = 1.00 RMR = .006 RMSEA= .000

\*\* P <.01

Figure 2: Third-order confirmatory factor analysis of life skills model



Chi-Square=3.78, df=9, P-value=0.92514, RMSEA=0.000

#### The criterion-related Validity of the Life Skills Scale

The EQ scale under the Department of Mental Health for the adolescents between 12-17 years that has been administered on a group of 50 samples for criterion-related validity of the life skills scale constructed through the Pearson product-moment correlation is .72 with .01 level of statistical significance.

#### The Norms of the Life Skills Scale

The result of the third testing is able to construct norms in the form of normalized T-score as shown in the Table. The life skills are identified into 3 levels including low, normal, and high. The norms are constructed through Normalized T-score as follows: 1) The life skills with low level are shown by Normalized T-score under 40 with raw scores under 269, 2) The life skills with normal level are shown by normalized T-score during 40-60 with raw scores during 269-314 and 3) The life skills with high level are shown by Normalized T-score higher than 60 with raw scores in or over 314 out of 366 as a total.

Feators	Lower Norms		Norms		Upper Norms	
ractors	Raw score	T score	Raw score	T score	Raw score	T score
Critical Thinking	< 21	< 41	21 – 25	41 – 59	> 25	> 59
Creative Thinking	< 16	< 41	16 - 20	41 – 59	> 20	> 59
Self-awareness	< 25	< 41	25 - 30	41 – 59	> 30	> 59
Empathy	< 33	< 41	33 - 39	41 – 59	> 39	> 59
Self-esteem	< 30	< 42	30 - 35	42 - 58	> 35	> 58
Social responsibility	< 34	< 42	34 - 39	42 - 58	> 39	> 58
Interpersonal relationship	< 34	< 42	34 - 41	42 - 58	> 41	> 58
andcommunication skills						
Decision making and problem solving	< 35	< 41	35 - 42	41 – 59	> 42	> 59
skills						
Coping with emotion and stress skills	< 22	< 42	22 - 28	42 - 58	> 28	> 58
Total Score	< 269	< 40	269-314	40 - 60	> 314	> 60

**Table 6:**The norms of the life skills scale

## Discussion

The process of constructing the life skills scale is based on logical base and empirical base. It is viewed that identifying the behaviour indicators in accordance with the components based on logical base under the skill framework of World Health Organization (1993) is determined to 7 components of life skills. In case of Thailand condition, the Department of Mental Health has added up 2 more components including self esteem and social responsibility which have been expanded and accepted in general since 1994. However, those have not been under any researches or identification of behaviour indicators of the students on life skills accurately. Creswell and Plano Clark (2007) proposed that constructing an instrument for measuring trait or variables are inaccurate in term of theory, the research should have been mixed method research through qualitative method for the accuracy in term of theory by studying empirical data and developing to theoretical framework for data collection through quantitative method.

Mixed methods research is formally defined here as the class of research where the researcher mixes or combines qualitative and qualitative techniques, methods, approaches, concept or language into the single study (Johnson & Onwueqbuzie, 2004). Mixed methods research also is an attempt to legitimate the use of multiple approaches in answering research questions, rather than restricting or constraining researchers' choices. It is an expansive and creative form of research, not a limiting form of research. Mixed methods have the potential to reduce some of the problems associated with singular methods. By utilizing quantitative and qualitative techniques within the same framework, mixed method research can incorporate the strengths of both methodologies (Sechrest & Sinada, 1995). A problem exists when qualitative research is needed to further understanding the problem. The situations in which this occurs are when qualitative research can explore initially to best identify variables, constructs, taxonomies, and theories to scale, as well as aid in the identification of items and scales to help develop a quantitative instrument. Mixed method research provides a good method for these types of problems (Creswell & Plano Clark, 2007).

This research is treated through qualitative method that is affinity diagram technique to identify behaviour indicators and obtain consensus from 36 experts, each of which has experiences on life skills promoting to youngsters and is a key person on life skills in a network of the Department of Mental Health. To identify correlative construct of the components and behaviour indicators of life skills for this research is theoretical reliability. In relation to empirical base, this research employs confirmatory factor analysis through LISREL program to examine construct validity between the models created through theories if incorporated with empirical data or not. In fact, CFA is congruent with the research with theories, moreover; the construct analysis through LISREL program is released the statistical fundamental agreement that agrees with deviation correlated for correct analysis of the result. The research findings reveal that the Goodness of Fit Index is 1.00 and the Adjudge Goodness of Fit Index is 1.00. By qui-square testing, there is not statistical significance which reveals the construct model based on theories in accordance with empirical data from the scale constructed. That is the life skills scale for high school students obtains construct validity (Bollen, 1989; Joreskog & Sorbom, 1993).

Besides the qualification of the life skills scale on correlative validity is treated by employing the EQ scale for adolescents from 12 to 17 years under the Department of Mental Health on 50 samples. The scores are computed for correlation between those from life skills scale and those from EQ scale which is .72 at .01 level of statistical significance. It shows that the life skills scale for high school students obtains criterion-related validity. In relation to the reliability of the life skills scale, the research employs the analysis of reliability through Alpha Coefficient which is congruent with rating scale instrument. The analysis shows that the life skills scale obtains reliability of .92 approaching to 1, it means high reliability.

#### Conclusion

The life skills scale through this research is developed based on principles of theory as well as empirical data investigation. The construction of norm criterion of the scale created from the students all over the country as a sample. The schools including the personnel related are able to apply it to explore life skills condition of the high school students in every region or the adolescents aging from 12 to 17 years. However, the use of the scale should be under consideration of norm the researcher developed through the calculation of T-scores for comparison of raw scores on each aspect and all aspects. The level of life skills is identified into 3 classes including low, normal, and high and the classification of T-scores is done through T-scores divided by the life skills level and then compared to T-scores 50 of each aspect. To classify the life skills to 3 levels is easy for employing the scale to identify the levels of life skills of the students in accordance with the framework of constructing EQ scale (Department of Mental Health, 2002).

## References

- [1] Allen, J., Weissberg, R. P., & Hawkins, J. (1989). The relation between values and social competence in early adolescence. *Development Psychology*, 25, 458-464.
- [2] Bailey, S. J., & Deen, M. Y. (2002). Development of a web-based evaluation system: a tool for measuring life skills in youth and family programs. *Family Relations*, 51, 138-147.
- [3] Bass, B. M. (1960). *Leadership, Psychology and Organizational Behaviour*. London: Harper & Row.
- [4] Beyer, B. K. (1985). Critical thinking: What is it?. *Social Education*. 49(4), 270-276.
- [5] Bollen, K. A. (1989). *Structural equations with latent variables*. New York: John Wiley & Sons.
- [6] Botvin, G. L., Baker, E., Dusenbury, L., Tortu, S. & Botvin, E. M. (1990). Preventing adolescent drug abuse through a multi-modal cognitive-behavioural approach: results of a three year study. *Journal of Consulting and Clinical Psychology*, 58(4), 437-446.
- [7] Botvin, G. J., & Kantor, L. W. (2001). Preventing alcohol and tobacco use through life skills training. *Alcohol Research and Health*, *24*, 250–257.
- [8] Caplan, M., Weissberg, R.P., Grober, J.S., and Jacoby, C. (1992). Social competence promotion with inner city and suburban young adolescents: effect on social adjustment and alcohol use. *Journal of Consulting and Clinical Psychology*, 60(1), 56-63.
- [9] Creswell, J. W., & Plano Clark, V. L. (2007). *Designing and conducting mixed method research*. Thousand Oaks CA: Sage.
- [10] Department of Mental Health. (2002). *Teaching AIDS Prevention Life Skill by Participatory Learning Method*. Bangkok: Bureau of Mental Health Development, Ministry of Public Health, Thailand.

- [11] Dunn, E., & Arbuckle, J. J. (2003). Life skills in children of incarcerated fathers.
- [12] Erawan, P. (1997). A *study of school-based training of teachers model*. Bangkok: Office of the Secretary of The Teachers Council of Thailand.
- [13] Erawan, P. (2002). Evaluation of the project on implementation of student-centered learning development system for building the well-being and ethics. Bangkok: Department of Mental Health, Ministry of Public Health, Thailand.
- [14] Erawan, P. (2007), Assessment of Life Skills Promotion Among Students at Basic Education Level in Thailand. Paper presented at the APEC Conference on Evaluation as a Tool in Educational Planning: Best Practices in Evaluation of Educational Program, Kuala Lumpur, Malaysia.
- [15] Erawan, P. & Luang-Ungkoon, N. (2001). *Evaluation of life skill implementation in education institutes and development of instrument for measuring like skill among students.* Bangkok: Department of Mental Health, Ministry of Public Health, Thailand.
- [16] Fishbein, M. (1975). *The New Illustrated Medical and Health Encyclopedia*. New York: H.S. Stuttman.
- [17] Gerswick, K. E., Grady, K., & Snow, D. L. (1988). Social –cognitive skills development with sixth graders and its initial impact on substance use. *Journal of Drug Education*. 18, 55-70.
- [18] Global Health Council. (2003). *Promoting Health, Resilience and Psychosocial Development in Children Youth Affected by AIDS : A Child-friendly Community Schools Approach.* Retrieved December 1, 2009, from http://www.globalhealth.org/ sources/view.php3?id=265.
- [19] Goleman. D, (1996). What's your emotional IQ? Reader's digest. May, hal. 17-20.
- [20] Godfrey, C., Toumbourou, J. W., Rowland, B., Hemphill, S., & Munro, G. (2002). *Drug education approaches in primary schools*. Melbourne, Australia: DrugInfo Clearinghouse.
- [21] Grossinickle, F. E., & Brueckner, L. J. (1959). *Discovering Learning in Arithmetic*. New York: Harcourt Brace and World,
- [22] Guilford, J.P. (1959). Traits of creativity. In: H.H. Anderson, Editor, Creativity and its cultivation, Harper & Row, New York. pp. 142–161.
- [23] Hair, J. F., Anderson, R. E., Tatham, R. L. & Black, W. C. (1998). *Multivaite data Analysis*. Fifth edition, New Jersey: Prentice-Hall.
- [24] Harter, S. (1985). *Manual for the self-perception profile for children*. Unpublished manuscript, University of Denver, USA.
- [25] Hartl, D. E. (1981). Stress Management and the Nurse, *Advances in Nursing Sciences*. 1(4): 91-95.
- [26] Hendricks, P. (1998). Developing youth curriculum using the targeting life skills model: Incorporating developmentally appropriate learning opportunities to assess impact of life skill development (Tech. Rep. No. 4H-137A). Ames: Iowa State University Extension.
- [27] Hilgard, E.R. (1962). *Introduction to psychology*. (3rd ed.). New York: Harcourt Brace Jovanovich.
- [28] Hudgins, B. B. (1977). *Learning and thinking*. Illinois: P. E. Peacock Publishers.
- [29] Johnson, D. A., & Rising, J. R. (1969). *Guidelines for Teaching Mathematics*. Belmont, CA: Wadsworth.
- [30] Johnson, R. B. & Onwuegbuzie, A. J. (2004). Mixed method research: A research paradigm whose time has come. *Educational Researcher*, 33(7), 14-26.
- [31] Joreskog, K. G. & Sorbom, D. (1993). *LISREL8: User's reference guide*. Chicago: Scientific Software, Inc.
- [32] Marlatt, G. A., Larimer, M. E., Mail, P. D., Hawkins, E. H., Cummins, L. H., Blume, A. W., et al. (2003). Journeys of the Circle: A culturally congruent life skills intervention for adolescent Indian drinking. *Alcoholism: Clinical and Experimental Research*, *27*, 1327–1329.
- [33] Mussen, P.H., Conger, J.J., Kagan, J. & Huston, A.C. (1990). *Child Development and Personality*. Seventh edition, New York: Harper & Row.

Developing Life Skills Scale for High School Students through Mixed Methods Research

- [34] Nigel E. T., Macdonald, J., & Somerset, M. (2008). Life Skills, Mathematical Reasoning and Critical Thinking: A Curriculum for the Prevention of Problem Gambling. *Journal of Gambling Studies*. 24(3), 367-380.
- [35] Pederson, A. (1993). Quality of the excellent health nurse. *Nursing Administration Quarterly*, 18(1), 40-50.
- [36] Sechrest, L., & Sinada, S. (1995). Quantitative and qualitative method: Is there an alternative?. *Evaluation and Program Planning*, 18, 77-87.
- [37] Suwannaketnikom, S. & Vorason, S. (1996). *Evaluation of the Training on Attitude and Life Skill Education for AIDS Prevention*. (Mimeographed paper).
- [38] Torrance, E. P. (1962). *Guiding creative talent*. USA: Wm. C. Prentice-Hall.
- [39] Veit, C. T., & Ware, J. E. (1983). The structure of psychological distress and general wellbeing in the general population. *Journal of Consulting and Clinical Psychology*, 51, 730-742.
- [40] Wills, T. (1986). Stress, coping, tobacco and alcohol use in early adolescence. In Shiffman, S. and Wills, T. A. (Eds.) *Coping and substance use* (pp. 67-94). New York: Academic Press.
- [41] World Health Organization (WHO). (1993). *Life skills education in schools*. Geneva: Division of Metal Health and Prevention of Substance Abuse.
- [42] World Health Organization (WHO). (1996). *Life skills education planning for research*. Geneva: Division of Metal Health and Prevention of Substance Abuse.
- [43] World Health Organization (WHO). (1997). *Life skills education for children and adolescents in schools*. Geneva: Programme on Mental Health.
- [44] World Health Organization, Regional Office for South-East Asia (WHO/SEARO). (1998). *Strategies for adolescent health and development in South-East Asia region*. New Delhi, India: Author.
- [45] World Health Organization, Regional Office for the Western Pacific (WHO/WPRO). (2003). *Value adolescents, invest in future: Educational package. Facilitator's manual.* Manila, Philippines: Author.