5-9-2002

# The effect of social skills training for students with disabilities

Michelle M. Wiseley
*Rowan University*

# THE EFFECT OF SOCIAL SKILLS TRAINING

# FOR STUDENTS WITH DISABILITIES

by
Michelle Wiseley

## A Thesis

Submitted in partial fulfillment of the
Master of Arts Degree
of
The Graduate School
at
Rowan University
May 9, 2002

Approved by _____
Dr. Joy Xin

Date Approved_____5/9/2002_____

# ABSTRACT

Michelle M. Wiseley
EFFECTIVENESS OF SOCIAL SKILLS TRAINING
IN STUDENTS WITH LEARNING DISABILITIES
2001/02
Dr. Joy Xin
Master of Arts in Special Education

The purpose of this project was to determine the effectiveness of a social skills training program for students with disabilities. A multiple baseline design across settings was used. The two settings were the mainstream class and the resource center. Five fourth grade students ranging from 10.1 to 10.11 years of age participated in the study. The social skills were focused on raising hands to ask for help, dealing with an accusation, and completing assignments in a given time. Skillstreaming the Elementary School Child was used as the social skills training program. Observations were conducted during baseline and intervention phases in both resource and mainstream settings. The data collected during the baseline phase lasted five days, followed by the instruction of six weeks for the intervention. The results show that there was no substantial growth in those behaviors after students received the training. Limitations and recommendations for future research were discussed.

i

# MINI ABSTRACT

Michelle M. Wiseley
EFFECTIVENESS OF SOCIAL SKILLS TRAINING
IN STUDENTS WITH LEARNING DISABILITIES
2001/02
Dr. Joy Xin
Master of Arts in Special Education

The purpose of this project was to determine the effectiveness of a social skills training program for students with disabilities. A multiple baseline design across settings was used in the study. Students behaviors: raising hands to ask for help, dealing with an accusation, and completing assignments in a given time were observed during the baseline. Skillstreaming the Elementary School Child was used as the training program for six weeks during which observations were continued. There was no substantial increase of those behaviors after students received the training.

# Acknowledgment

I would like to dedicate this thesis to my husband, Steve, for all his patience throughout this year. I would also like to thank Lourdes, my colleague, who helped with all of the observational procedures. I couldn't have done it without both of you. Thank you.

# Table of Contents

# List of Tables and Charts

## Chapter I

### Introduction

#### Background

Social skills and social skills training has been a growing area of interest in the recent years (Gresham 1997). Areas that rise interest are the social skills construct, training outcomes, transfer of skills and new directions for the future (Gresham, 1997). However, there are some concerns on social skills. The major concern is how to define the concept appropriately. The previous definitions include "peer acceptance," "behavioral," and "competence-correlation" (Gresham, 1997). The peer acceptance definition refers to peer acceptance or popularity, to define social skills. Therefore, if a child is popular, then he/she is considered socially skilled (Gresharn. 1997). The behavioral definition refers to behaviors that promote gaining reinforcement and decreasing punishment based on a social behavior in a particular situation (Gresham, 1997). The third definition, competence-correlation definition states that social skills are defined as behaviors that correlationally match with social competence (Gresham, 1997). According to the third definition if a child is well-accepted, then he/she is displaying appropriate social skills (Gresham, 1997). Of all three definitions, one concept in agreement is that social competence is a trait and a social skill is a behavior (e.g. Bruck, 1986; Curran, 1979; Gresham, 1986). It's obvious there is no clear definition of social skills.

Other areas of ambiguity in past research included origin of deficit, definitions of training programs, and the importance of social validation (Gresham, 1997). One debate was on the origin of social skills deficits, acquisition or performance (Gresham, 1997). Is the skill not

being presented because he/she was never taught the skill, or is it not presented because he/she learned the skill but does not know when it applies? These are the questions that are not answered, but have been debated in the past. Because of the different definitions of social skills, the term social skills training is vague, too. There is a vast amount of programs available for skills training (Gresham, 1997). For instance social skills, academic skills, and marital skills all use the same methods, just the content varies (Gresham, 1997). Finally, social validation has been repeatedly omitted in most of the past studies (Gresham, 1997). Therefore, questions may arise, such as why should social skills be taught if they are irrelevant in a child's daily life? It is clear that the study of social skills is still new and there is a need to further understand the nature of the social skill and the social skills training. There is also a need to explore how to teach children with social skills deficits.

The Core Curriculum Content Standards of New Jersey (N.J.D.O.E.,2000), and other standard curricular require the skills of problem solving, analyzing data, and integrating information (Warger & Rutherford, 1996). All of these areas require complex social skills (Warger Rutherford, 1996). It is obvious that academic skills are taught in school and once they are taught, the students are expected to apply the skills. Social skills, like any other skills, need to be taught before a student can be expected to present them appropriately. As a result, without a student learning necessary social skills for accessing the New Jersey's Core Curriculum Content Standards to the fullest potential, a student is denied a positive experience, as well as an appropriate education.

<u>Statement of the Problem</u>

There are many students with disabilities that have social skill deficits which impact interpersonal relationships (Ciechalski & Schmidt, 1995). In support of the peer acceptance definition of social skill (Gresham, 1997), students with disabilities have often been noted to have a less popular status than their nondisabled peers (Farmer, Pearl & Van Acker, 1996). The statistical data showed that seventy-five percent of students with disabilities can be differentiated from their nondisabled peers in measures of social competence (Kavale & Forness, 1996). Based on the nature of the disability, the social status of the individual may vary. Children with emotional and behavior disorders showed significantly lower scores of acceptance than their nondisabled peers, and similar findings for those individuals with cognitive impairments (Farmer, Pearl & Van Acker, 1996). In contrast, some students with learning disabilities have an average or high acceptance rate among peers (Farmer, Pearl & Van Acker, 1996). One explanation for this phenomena may be the fact that many of these students were nominated as "best athlete" and other superlatives related to the athletic field (Farmer, Pearl & Van Acker, 1996).

Social skills training programs have been implemented as an effort to intervene in this noticeable area of need. In a review of 22 programs, 14 of them proved to have positive results which were attributed to the intervention. Meanwhile, the study results showed that the interventions varied, it was difficult to compare the studies with one another because of the variety of programs, student ages, and needs (McIntosh, Vaughn & Zaragoza, 1991). In a similar review of 53 studies, the results were not as positive. Only 8% of participants improved social skills (Forness & Kavale, 1996). One of the shortcomings of these investigations was that the

3

"treatment packages" were created specifically for research (Forness & Kavale, 1996). These packages were not pilot tested and their rationales were vague (Forness & Kavale, 1996).

There are a variety of approaches to teaching social skills of students with disabilities. Three types of instructional strategies are recommended. They are teacher-directed, structured natural approach, and natural learning approach (Prater, Bruhl & Serna, 1998). When comparing these three strategies, improvement of skill performance was most prevalent in the teacher-directed group, followed by the structured natural setting (Prater, Bruhl & Serna, 1998). The effectiveness of the natural learning approach showed no progress in social skills learning (Prater, Bruhl & Serna, 1998).

In summary, no matter what strategy is chosen to teach social skills, the program must be well planned, structured, and implemented correctly to encourage positive social skills. This will, in turn, lead to positive peer and teacher relations (Ciechalski & Schmidt, 1995).

Significance of the Study

The data showed that 75% of children with disabilities exhibit deficits in social skills (Kavale & Forness, 1996). Special education teachers are faced with issues related to social skills problems everyday. There is no doubt that the social skill instruction is needed. However, the question as to how to teach the appropriate social skills with the most effective way is still unanswered. According to Prater, Bruhl & Serna, (1998), direct teaching of social skills is the most effective method. When social skills are taught in a special education classroom, students need to be given opportunities to practice in natural settings with their nondisabled peers (Ciechalski & Schmidt, 1995). The present study will further pursue this finding. It will employ the direct instruction strategy to teach social skills as a training program and monitor the

program implementation. This present study has been conducted in a special education classroom, and in a mainstream classroom with non-disabled students as well. The effort is hypothesized to improve social skills of students with disabilities in both settings.

Statement of the Purpose

The purposes of this study are to: (a) identify specific social skill deficits of fourth grade students with disabilities; (b) implement a six week social skills training for students with disabilities; (c) observe students' social behavior, specifically assignment completion, raising hands, and appropriate verbal response and (d) determine if the intervention has prepared the students for the generalization of the skill in the regular education setting with their nondisabled peers.

Research Questions

1. Do children with disabilities complete assignments in given time when they receive social skills training?

2. Do children with disabilities deal with an accusation appropriately when they receive social skills training?

3. Do children with disabilities ask for help by raising their hands when they receive social skills training?

4. Do children with disabilities apply the social skills learned from the training program to the regular education setting when they receive social skills training?

**Chapter II**

Literature Review

Social skills of students with learning disabilities have become a growing area of interest. As research in this area indicates, there is a desire not only to define social skills (Gresham, 1997), but also to determine the relationship between disabilities and social skill deficits (San Miguel, Forness & Kavale, 1996). Because this area of research is relatively new, there are a variety of theories without proving the nature of the relationship of disabilities and social skills (San Miguel, Forness & Kavale, 1996). In this chapter, theories of the relationship of students with learning disabilities and social skills, factors impacting social development, social skill instruction, and intervention needs will be reviewed.

Theories of the Relationship Between Social Skills and Students with Disabilities

One hypothesis to explain the nature of the relationship between social skills and students with disabilities believes there is a neurologic dysfunction as the base of the problem (San Miguel, Forness & Kavale, 1996). This theory proposes that there is neurologic dysfunction within the child which is the underlying cause of the child's academic and social skills (San Miguel, Forness & Kavale, 1996).

Poor self-concept is the basis for the second hypothesis (San Miguel, Forness & Kavale 1996). For example, if a child doesn't feel good about him/herself, then he/she will probably have poor social skills. Some believe that peer rejection, and/or isolation may hinder the development of social competence, which in turn, may result in social skill deficits in students with disabilities (San Miguel, Forness & Kavale, 1996). This isolation and rejection may result

in the student lacking the opportunity to learn, practice, and reinforce social skills.

The third hypothesis indicated that students with disabilities fail to acquire appropriate social skills because they are offered a limited experience to perform in natural settings and experience reinforcement (San Miguel, Forness & Kavale, 1996). This may be true for students with disabilities that are not placed in regular education settings, which could provide necessary practice to master the skills.

Familial social support is another theory proposed to explain social skills deficits in students with disabilities. This hypothesis proposes that the effectiveness of the familial support system may have experienced a breakdown (San Miguel, Forness & Kavale, 1996). One explanation for this breakdown is that it is the result of the family coping with adapting their lives to meet the needs of the child with disabilities (San Miguel, Forness & Kavale, 1996).

The fifth theory explores the comorbidity hypothesis. This proposes that the deficits in social skills that students with disabilities exhibit are prevalent when there is another existing diagnosis (San Miguel, Forness & Kavale, 1996). For example, a student with learning disabilities may have social skill deficits, only if there is another existing diagnosis, such as ADHD. In a study conducted by San Miguel, Forness & Kavale (1996), students with learning disabilities and another coexisting diagnosis exhibited significantly lower social skills, classroom social behaviors and academic competence than their peers with only learning disabilities. This has supported the comorbidity hypothesis.

Factors to Impact the Development of Social Skills

In an effort to understand the nature of social skill deficits in students with disabilities many components need to be considered (Forness & Kavale, 1996). Despite beliefs on the

nature of the deficit, the fact is that there is a notable deficit in social skills of those with disabilities (Forness & Kavale, 1996).

Program placement is another important aspect in considering the development of social skills. Placing a child in a self-contained program can be a positive or negative experience for him/her (Farmer, Pearl & Van Acker, 1996). Self-contained placements obviously have their academic advantages, but may hinder one's ability to develop, practice, and generalize the learned skills in general education settings (Farmer, Pearl & Van Acker 1996).

On the other hand, placement in the regular education setting may not promote positive social growth, according to Farmer, Pearl & Van Acker (1996). Students with disabilities likely gravitate toward individuals with similar problematic characteristics within the regular education setting (Farmer, Pearl & Van Acker, 1996). For example, once children are in the general education setting, they may interact with all of the classmates, but most of their socialization is done with students that may have similar disabilities within the larger setting. Therefore, they are not spending a lot of time with peers that have more developed social skills, but with others that have social skill deficits.

The likelihood of peer associations within any placement, negative or positive can restrain or enhance the social growth of individuals with disabilities, based on their individual needs (Farmer, Pearl & Van Acker, 1996). Aside from similar characteristics, or homophily, a variety of other elements play a part in peer associations within the regular and special education settings. Propinquity, or associations due to close neighborhood or classroom proximity may affect peer associations. For example, students may become friendly because of their location being seated in the classroom or the close distance they live to one another. Gender and race

8

also play a role in peer associations (Farmer, Pearl & Van Acker, 1996). In elementary school most peer associations are same gender friendships. This does tend to change as the students progress to junior high and high school (Farmer, Pearl & Van Acker, 1996). On the other hand, race influences peer relations in the diametrical manner. Most peer associations at the elementary level are interracial, but as students progress to junior high and high school, friendships tend to become more segregated (Farmer, Pearl & Van Acker, 1996). Behavior is another method of association used by students. Those who likely would exhibit aggressive behavior tend to build relationships with others who exhibit similar behaviors (Farmer, Pearl & Van Acker, 1996).

Peer association also affects another area of interest when trying to understand social skills deficits (Farmer, Pearl & Van Acker, 1996). The perceptions of the teachers, peers, and student themselves also play a role in understanding social skills (Farmer, Pearl & Van Acker, 1996). Students with disabilities often perceive themselves as incompetent in measures of academics, nonverbal communication, and social problem solving (Farmer, Pearl & Van Acker, 1996). Teachers often perceive these students as being academically incompetent, poorly adjusted, and demonstrating limited interaction with their peers (Farmer, Pearl & Van Acker, 1996). Their peers, generally rate them as less accepted by their nondisabled peers (Farmer, Pearl & Van Acker, 1996). Obviously, none of the perceptions discussed portrays a positive perception of the student with disabilities. These negative perceptions may impact the development of positive social skills of students with disabilities.

Students with learning disabilities are differentiated from their non-disabled peers through measures of social competence (Forness & Kavale, 1996). It is undeniable that the

9

deficits exist. The type of deficits are another questionable topic. Three types of deficits are recognized as the reasons for social skill deficits in students with disabilities: skill, performance, and self control (Kavale & Forness, 1996). An individual with a skill deficit may not ever learn the desired skill. For example, a child may not know how to share if he/she was never taught to perform this skill. Another deficit is performance. An individual with a performance deficit has been exposed to the skill, but does not comprehend to apply when the situation occurs in his/her natural environment. The third type of deficit is a self control deficit. In this case the individual's aversive behaviors interfere with the performance of the desired skill. Studies of students with behavior disorders indicated that results of social skills programs were less dramatic than that for students with other disabilities (Mathur, Kavale, Quinn, Forness & Rutherford, 1998).

Research has shown that students with disabilities have both academic and social needs, as research has shown (Kavale & Forness, 1996). The area of how and what to teach in academics has been established. The area of how and what to teach in social skills is one that remains very malleable. The question of what to teach, how to teach, and how to encourage the generalization of the skills remains nebulous (Gresham, 1996).

Social Skill Instruction

The learning of social skills occurs formally and informally (Gresham, 1996). Most social skills learned in the home, school, and community are informally instructed (Gresham, 1996). Social skills training programs provide an opportunity for social skills to be taught formally.

Formal instruction of social skills has shown improvement in students with special needs (McIntosh, Vaughn & Zaragoza, 1991). In fourteen of twenty-two studies, where formal interventions were implemented, significant improvement in the social skills of students with special needs were found (McIntosh, Vaughn & Zaragoza, 1991). Also, in a study by Gresham (1997), 58% of the students with disabilities in the sample had shown improvements following the presentation of formal instruction of social skills, especially for those who were considered withdrawn. Another positive aspect of formal social skills training was found by Mathur, Kavale, Quinn, Forness, & Rutherford (1998). In their study, students became better able to develop social response patterns. This led to the development of positive peer relations and alleviated peer rejection and isolation (Mathur, Kavale, Quinn, Forness & Rutherford, 1998).

On the other hand, there are some areas of concern when examining social skills training programs. Generalization of social skills is an area of great concern (Mathur, Kavale, Quinn, Forness & Rutherford, 1998). Train and Hope is the method that has been employed in the past (Mathur, Kavale, Quinn, Forness & Rutherford, 1998). In this program, the skill is taught and then it is hoped that the skill is used by the individual outside of the controlled environment. Another area of concern is the inability to establish and maintain natural contingencies outside of the controlled environment (Mathur, Kavale, Quinn, Forness & Rutherford, 1998). Because appropriate social skills are expected in our society, the presence of social skills may not often be acknowledged. This also makes the reinforcement of the inappropriate skill and concern about the application of the appropriate skills learned.

The possible reason for the problems presented in generalizing a skill is human intervention (Gresham, 1997). Many times we narrow or broaden the skill by inadvertent

11

actions. For example, as we teach our children "Don't talk to strangers," this will narrow the skill to be used. "We teach positive interaction, but on the other hand, we tell children not to interact with some people. On the contrary we sometimes ask for the performance of the skill in a vast amount of settings (Gresham, 1997). This may broaden the skill to be used.

There are three types of training discussed in the pursuit of effective social skill training. They include teacher directed, natural approach, and structured natural approach (Prater, Bruhl, & Serna, 1998).

Teacher Directed Approach. According to Prater, Bruhl & Serna (1998), the teacher-directed approach proved to be most effective in teaching social skills to individuals with disabilities. In implementing this procedure, an opportunity is given to (a) review skills previously taught (b) explain the skill learned (c) provide a rationale for learning the skill (d) model the skill (e) rehearse verbally, and (f) guide/practice through role play (Prater, Bruhl & Serna, 1998). When employing this direct instruction model, the essential components include model, role play, social reinforcement, and self control strategies (Mathur, Kavale, Quinn, Forness & Rutherford, 1998). Modeling provides an opportunity for the learner to observe an expert performance of the skill. Role play offers the learner an opportunity to practice the skill and social reinforcement provides practice in natural settings. Finally, self control techniques offer a method to promote generalization of the skill (Mathur, Kavale, Quinn, Forness & Rutherford, 1998). Direct instruction of social skills provided the greatest positive outcome (Prater, Bruhl & Serna, 1998).

Structured Natural Approach. The structured natural approach is an approach in which the teacher introduces a skill, discusses and demonstrates student generated answers to verbal

12

and nonverbal demonstrations of the skill. This is followed by modeling, reinforcing, and reflecting on the appropriate skill application (Prater, Bruhl & Serna, 1998). In preparation of this method certain steps must be followed. The steps include (a) to set up a skill center (b) to choose a skill of the week (c) to introduce the skill of the week (d) to assign roles (e) to structure for the skill (f) to model and reinforce the skill and (g) to reflect the skill (Prater, Bruhl & Serna, 1998). This method of social skills instruction was found to be less effective than the direct instruction but more effective than the natural approach (Prater, Bruhl & Serna, 1998).

Natural Approach. When employing this approach no formal instruction is provided to the learners (Prater, Bruhl & Serna, 1998). The theory of this model is that social skills will be acquired naturally as any type of cooperative learning takes place. This method appeared to be the least effective in teaching social skills to students with disabilities (Prater, Bruhl & Serna, 1998).

Factors to Determine Intervention Needs

According to Gresham (1997), there are four factors that should be reviewed when choosing appropriate intervention strategies for students with disabilities. Matching social skill intervention should be based on an individual's needs. For example, if the student's deficit is in skill or acquisition, the method of intervention may be to provide the appropriate sequence of steps in performing the skill, as well as the techniques of coaching, modeling and rehearsing (Gresham, 1997). If the deficit is in performance, or fluency oriented, then the focus may be on the antecedent control strategies, such as incidental teaching. For example, if the student is capable of performing the skill in a contrived setting, then when the opportunity is presented to use the skill in a natural setting the teacher takes that opportunity to acknowledge the need for

the skill. Finally, if the deficit is a result of self control, then reductive techniques, such as response cost must be employed (Gresham, 1997).

The second factor to be considered is the context of the training. As stated earlier social skills instruction can occur naturally. However, once the commitment is made to provide formal instruction, another decision must be made. Formal instruction can be presented in a whole group, or universal intervention, as well as, in a small group, or selected intervention (Gresham, 1997). The use of selected intervention may cause the behavior to become decontextualized, which may lead to problems with the generalization of the skill (Gresham, 1997). Generalization of the skill is another area of concern in the assessment and intervention of social skills. Gresham (1997) strongly suggests the use of the natural approach for this stage of skill development. In employing the natural approach, at this point of skill instruction, performance feedback is essential. Finally, the outcome measures need to be meaningful to the individual. Social validation, or how it changes the person's daily life is an area of concern (Gresham, 1997). Currently, performance based assessment and rating scales are used to determine the effectiveness of social skill training programs. These methods include time sampling, duration recording, and event recording (Warger & Rutherford, 1996). Event recording uses a tally system to record occurrences, duration recording measures the length of time of occurrence, and time sampling tracks behavior occurrence or nonoccurrence during a specific time interval. According to Gresham (1997), no performance based assessment can effectively monitor the success, or social validation attained by the student in natural settings.

Once the individual's needs based on skill, placement, generalization, and assessment are determined, then a program can be chosen. The program should be one that best fits the need of

the individual. There are a variety of commercial programs on the market to teach social skills. However, not all of them may be appropriate to each individual and their placement. The following are the example programs.

Skillstreaming the Elementary School Child. *Skillstreaming the Elementary School Child* is a program developed by McGinnis, Goldstein, Ciechaski and Schmidt (1995). This program utilizes direct instruction to teach prosocial skills. It includes forming, functioning, and fermenting skills (Goodwin, 1999). A forming skill is to organize a group activity, such as listening. Functioning skills are skills needed to manage group activities, such as suggesting an activity. Finally, a fermenting activity is to enhance reasoning ability, such as problem solving. A complete lesson in the skillstreaming program consists of modeling, role playing, performance feedback, and homework. The homework is given to encourage the use of the skill in the individual's natural environment. Therefore, homework does not have to be completed at home, it can be completed as the child progresses through the day and is presented with situations that may call for the use of a particular social skill. This method improved the social interaction of students with disabilities and their nondisabled peers (Ciechalski & Schmidt, 1995). In their study, the interaction of students with disabilities and their nondisabled peers improved following the use of the Skillstreaming program. Students with disabilities learned to cooperate and work together more effectively with their peers, and they became more accepted among their peers (Ciechalski & Schmidt, 1995).

I Found A Solution. *I Found A Solution* is a computer based program that includes computer assisted programs, teacher guided work and assessment instruments. The program itself provides an opportunity for social skills to be taught, rehearsed, and assessed. Margalit

15

(1995) found positive social effects on the students with disabilities when this program was taught. The program has some drawbacks, for example, the teacher training is required and each student needs access to a computer simultaneously in order to use this program. Also, less dramatic results were found in internalizing tendencies, in contrast to students with inappropriate externalizing tendencies (Margalit, 1995). For example, those with withdrawal behaviors, became no more accepted by their peers, and those who exhibited inappropriate external behaviors showed progress following the intervention.

Summary

Without any doubt, social skills and training programs have become an area of study, as well as an area of great debate. Although some studies reported effective findings of training programs, others reported questionable results. There are many types of programs on the market for social skills training for students with disabilities. The effectiveness of the programs are varied. However, the approach to teaching social skills is what seems to be the most important factor when choosing a social skills training program. The research has indicated that the most effective method of instruction is the teacher-directed approach to teach social skills.

The programs reviewed has provided opportunities to understand the growth in the area of social skills and options for implementing these programs in class for students with disabilities.

This present study has implemented *Skillstreaming for the Elementary School Child* with the direct instruction approach that was indicated as one of the effective institutional strategies on social skills for children with disabilities (Prater, Bruhl & Serna, 1998).

# Chapter III

## Methods

### Participants

Five fourth grade students attending an urban school district participated in this study

(see Table 3.1). All students are diagnosed as specifically disabled according to the state

Administrative Code (1998). They attend a resource center with a pull-out instructional program

in mathematics and language arts, and are mainstreamed into a regular education classroom for

other subjects. Their IEP objectives indicate the area of social skills. One special education

teacher follows the students in both the resource center and the mainstream classroom to provide

support in social studies and science during the school day. All participating students were

instructed two times a week for thirty minutes in social skills training at the resource center.

Table 3.1

| Student | Classification | Chronological Age | Years in Special Education |
|---------|----------------|-------------------|----------------------------|
| A | SLD* | 10.8 | 2 |
| B | SLD | 10.11 | 1 |
| C | OHI** | 10.8 | 5 |
| D | SLD | 10.9 | 2 |
| E | SLD | 10.1 | 1 |

* Specific Learning Disability
** Other Health Impaired

### Settings

The study was conducted in two different settings: a mainstream education classroom

and a resource center. These two settings are essentially one room that is separated by an

industrial floor to ceiling curtain with a latch to keep it closed. There are two doors to allow the

17

teachers to separate the different class entrances. Twenty-one students are in the mainstream class. Five students with disabilities attend the resource center, along with a special education teacher and an instructional aide. The social skills instruction was conducted in the resource center and student behaviors were observed by the special education teacher and the instructional aide in both settings.

Research Design

A multiple baseline design across settings was utilized in the study. Students with disabilities were observed in both regular education classroom and the special education resource center. Observations prior to and following the intervention period were conducted and the students' behaviors were observed with a collection of frequency of occurrences and recorded on an observation sheet (see Appendix A). The behaviors include completing a task in a given time, dealing with an accusation, and raising hands for help. Completing a task in a given time is defined as finishing an assignment within a given predetermined amount of time. This skill facilitates organizational ability. Dealing with an accusation is defined as appropriately handling a situation when someone accuses the student of something. This helps students to learn from and admit to their mistakes. Finally, raising hands to ask for help is defined as the ability to determine what they do need to ask for help with and what they can figure out on their own. This skill facilitates independence according to Ellen and McGinnis (1997).

Procedures

Instructional Procedures. Prior to the social skills instruction, parental consent was obtained during report card conferences in person. The parents/guardians were asked to read the

18

consent letter (see Appendix B) and decide if their child was allowed to participate. All five parents/guardians agreed on their child's participation. In the preparation of teaching social skills, the special education teacher read the Skillstreaming manual and reviewed the student manual. The instruction took place two times a week, twenty-five minutes each time, for a total of six weeks. Each lesson, presented on a weekly basis, consisted of nine steps (see Figure 1).

Figure 1: Instructional Steps
1. Define the skill - teacher led discussion of the skill
2. Model the skill - teacher models the behavior
3. Establish student skill need - identify why a child may need this skill
4. Select a role-player - obtain a student volunteer
5. Set up the role-play - designate main actor and have actor choose a co-actor
6. Conduct the role-play - follow behavioral steps and think aloud
7. Provide performance feedback - evaluates how the actor is doing
8. Assign skill homework - only to those who have acted that day
9. Select the next role-player - continues until all have been the main actor

The three designated skills were taught, over a six week period, using this nine step approach. Once this period of training had completed, the subjects were then observed again over a five day period of time.

Observation Procedures. Each observation lasted for twenty minutes. There were two observation periods in each of a five-day baseline and intervention phases. The first of the observations in each day took place in the resource center and the second took place in the regular education setting. In an effort to attain reliability of the measurement tool, two individuals observed during each observational period. They were the special education teacher and the instructional aide from the resource center. The instructional aide was given an explanation of appropriate behaviors, prior to the observation period. The reliability was calculated using the formula: $\frac{agreement}{total\ observations}$ X 100 to reach at least 60% of reliability.

**Chapter IV**

Results

A multiple baseline design across settings was used to evaluate five fourth grade

students. Four of the five students had a specific learning disability and one of the

students had other health problems. The two settings were the Mainstream Classroom

and Resource Center. Observations were conducted during the baseline prior to the

second skill's training, then during the training as intervention. Tables 4.1 and table 4.2

present the results. Week one was the baseline information. This was followed by a six-

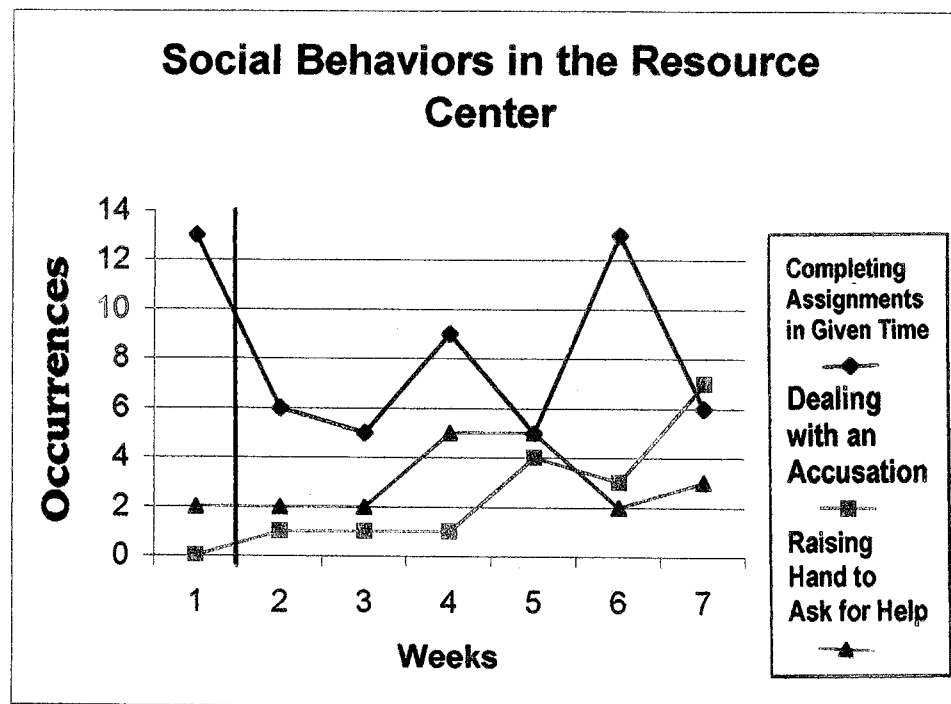week intervention and observation during that period.

Table 4.1

**Social Behaviors in the Resource Center**

Completing Assignments in Given Time

Dealing with an Accusation

Raising Hand to Ask for Help

Table 4.2



**Social Behaviors in the Mainstream Classroom**

Legend:
- Completing Assignments in Given Time
- Dealing with an Accusation
- Raising Hand to Ask for Help

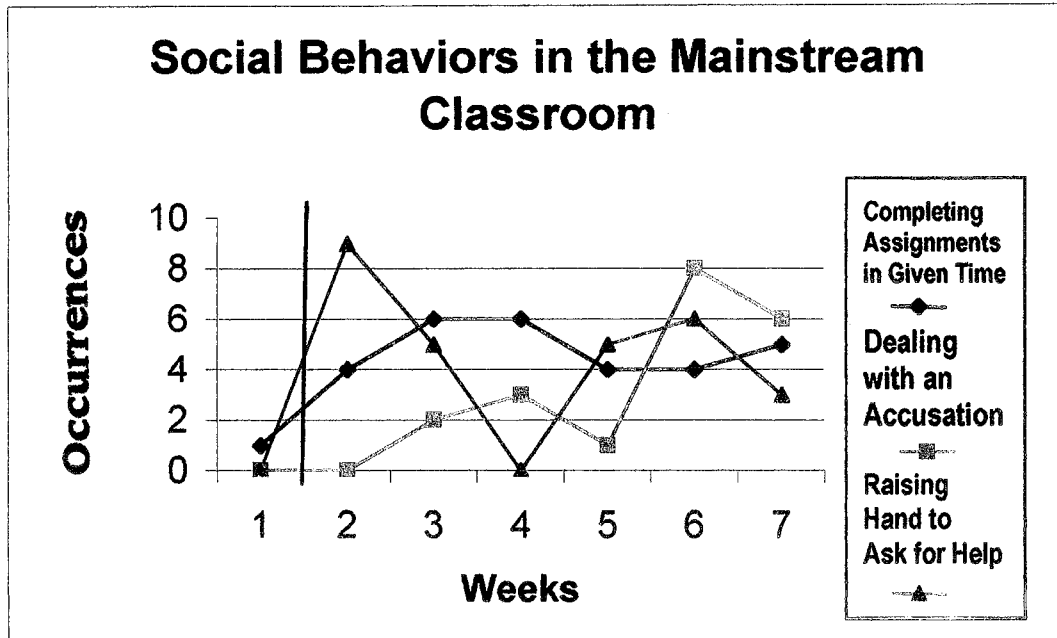Y-axis: Occurrences (0–10)
X-axis: Weeks (1–7)

# Chapter V

## Discussion

### Students' Behavior Change

In this research three questions were posed. The first question was to see if the students with disabilities successfully completed an assignment in a given time. The data showed that the trend did not increase during the intervention phase. The next question posed was if students with disabilities verbally responded appropriately to accusations. Again, the trend did not increase. Finally, the third question was to see if students with disabilities raise their hands to ask for help. Again, the trend did not increase and the data were variable. Although sometimes the occurrences of these three desired behaviors increased, they were not stable.

The findings of this research further supports the findings of Forness & Kavale (1996), in which only 8% of the participants improved their social skills, following a formal intervention program with a commercially produced program.

Although the observation results were not substantial, the students thoroughly enjoyed the activities in each lesson. They were highly motivated to try and practice the skill. Therefore, I could imply that with more time to spend in learning the skills with teachers, the students could improve their social skills and the results of the study may have been more positive.

### Generalization of the Behaviors

According to Gresham (1997), generalization of behavior relies on two basic concepts. The first is that the undesirable behavior obtains the same result as the social skilled behavior and the second is that the trained behaviors should be related to stimuli and situations. Based on the duration of the study and the fact that this was not a school wide project, generalization is not

provided in this particular study. Many times learned positive behaviors were not transferred in school, possibly due to the fact that some of the professional staff were not aware of the intent of this training program and the methods to encourage generalization of social skills were not used.

Limitations and Recommendations

There were a number of limitations in this study. When choosing social skill, I had an idea of the needs of specific individuals in my class. Prior to the intervention, one student was placed out of district and a new student replaced that student as the fifth participant. Because of the change, the need for certain social skills may not be the same as what has been planned at the beginning of the study. Also, initially the training was planned to teach the social skills five times a week. As a result of assemblies, and other school events, the instruction took place only twice a week. In addition to the schedule conflicts, many times my aide was pulled out for translations, due to the fact that she is bilingual. Therefore, many observations had to be changed for different schedules in order to attain interrater reliability of 60% of observational accuracy.

Due to these limitations, future research should consider many elements. First, instruction at times needs to be regimented, if possible. Second, observation methods need to be improved, such as using video to record student activities to ensure interrater reliability. Finally, a longer duration for instruction may result in more positive outcomes.

Conclusion

Although there were no substantial findings, the students were highly motivated by the social skills program. With more instructional time per week, more instructor training, and a greater involvement by the school population, I feel social skills training could be an asset to any school in our communities.

# References

Ciechalski, J. and Schmidt, M. (1995). The effects of social skills training on students with exceptionalities. *Elementary School Guidance and Counseling*, v. 29, p. 217-221.

Conte, R. and Andrews, J. (1993). Social skills in the context of learning disability definitions: a reply to Gresham and Elliott and directions for the future. *Journal of Learning Disabilities*, v. 26, n. 3, p. 146-153.

Farmer, T., Pearl, R., Van Acker, R. (1996). Expanding the social skills deficit framework: a developmental synthesis perspective, classroom social networks, and implications for the social growth of students with disabilities. *The Journal of Special Education*, v. 30, n. 3, p. 232-256.

Forness, S. and Kavale, K. (1996). Treating social skill deficits in children with learning disabilities: a meta-analysis of the research. *Learning Disability Quarterly*, v. 19, p. 2-9).

Goodwin, M. (1999). Cooperative learning and social skills: what skills to teach and how to teach them. *Intervention in School and Clinic*, v. 35, n. 1, p. 29-33.

Gresham, F. (1997). Social competence and students with behavior disorders: where we've been, where we are, and where we should go. *Education and Treatment of Children*, v. 20, p. 233-249.

Kavale, K. and Forness, S. (1996). Social skill deficits and learning disabilities: a meta-analysis. *Journal of Learning Disabilities*, v. 29, p. 226-37.

McGinnis, E. and Goldstein A. (1997). *Skillstreaming the Elementary School Child*, p. 57-204.

McIntosh, R., Vaughn, S., Zaragoza, N. (1991). A review of social interventions for students with learning disabilities. *Journal of Learning Disabilities*, v. 24, n. 8, p. 451-456.

Margalit, M. (1995). Social skills learning for students with learning disabilities. *Educational Psychology*, v. 15, issue 4, p. 445-457.

Mathur, S., Kavale, K., Quinn, M., Forness, S., Rutherford Jr., R. (1998). Social skills interventions with students with emotional and behavioral problems: a quantitative synthesis of single-subject research. *Behavioral Disorders*, v. 23, n. 3, p. 193-201.

Prater, M., Bruhl, S., Serna, L. (1998). Acquiring social skills through cooperative learning and teacher directed instruction. *Remedial and Special Education*, v. 19, n. 3, p. 160-172.

Prater, M., Serna L., Nakamura, K. (1999). Impact of peer teaching on the acquisition of social skills by adolescents with learning disabilities. *Education and Treatment of Children*, v. 22, n. 1, p. 19-35.

San Miguel, S., Forness, S., Kavale, K. (1996). Social skills deficits in learning disabilities: the psychiatric comerbidity hypothesis. *Learning Disability Quarterly*, v. 19, p. 252-260.

Strain, P. and Smith, B. (1996). Developing social skills in young children with special needs. *Preventing School Failure*, v. 41, issue 1, p. 24-28.

Swanson, H. (1996). Meta-analysis, replication, social skills and learning disabilities. *The Journal of Special Education*, v. 30, n. 2, p. 213-221.

Vallance D., Cummings, R., Humphries, T. (1998). Mediators of the risk for problem behavior in children with language learning disabilities. *Journal of Learning Disabilities*, v. 31, n. 2, p. 160-171.

Vaughn, S. and Haager, D. (1994). Social competence as a multifaceted construct: how do students with learning disabilities fare? *Learning Disability Quarterly*, v. 17, p. 253-264.

Warger, C. and Rutherford Jr., R. (1996). Social skills instruction: an essential component for learning. *Preventing School Failure*, v. 23, p. 20-23.