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A CORRELATIONAL STUDY OF SOCIAL SKILLS, PROBLEM BEHAVIORS AND ACADEMIC COMPETENCE AMONG FIRST GRADE STUDENTS

by
Colleen van Zelst

A Thesis

Submitted in partial fulfullment of the requirements of the
Master of Arts Degree of
The Graduate School at
Rowan University
2000

Approved by

Dr. John Klanderman

Date Approved 5/2/00

ABSTRACT

Colleen van Zelst
A Correlational Study of Social Skills, Problem Behaviors and Academic Competence Among First Grade Students
2000
Dr. John Klanderman
School Psychology

The purpose of this study was to examine the relationship between social skills functioning, problem behaviors and academic competence among elementary school children. Thirty-seven first grade students were subjects in the study. The Social Skills Rating System was used to measure each subject's social skills functioning, problem behaviors and academic competence. The Pearson product-moment correlation coefficient was calculated to determine if there was a correlation between the variables. The results of the study indicated a significant positive correlation between social skills functioning and academic competence. A significant negative correlation was found between social skills functioning and problem behaviors and also between problem behaviors and academic competence.

MINI-ABSTRACT

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CHAPTER ONE

Need for the study

A major goal of education is to improve student's academic performance. Many aspects of a student's personality can affect their academic performance. A student's social skills and their behaviors can often determine their successes and failures academically. Any relationship between social skills and behavior can interfere with or enhance a student's scholastic achievement.

In the field of education, one encounters many children with minimal social skills. Often times this lack of social functioning overflows into disruptive behaviors which inevitably interferes with their academic performance. On the other hand, the opposite is also evident. Students higher in social functioning tend to be more focused and exhibit more self-control thus performing more successfully on academics.

Through this research, the researcher intends to identify how significant the relationship is between social skills functioning, behavior problems, and academic competence. In doing so, the researcher hopes to be better able to implement intervention strategies, such as modeling, coaching or reinforcement techniques, for improving social behaviors in children.

Purpose of the study

The purpose of this study is to examine if there is a relationship between social skills, behavior problems and academic competence among elementary school children.

Social skills are socially acceptable learned behaviors that enable a person to interact effectively with others and to avoid socially unacceptable responses (Gresham & Elliot, 1984). Problem behaviors tend to interfere with social skills and may involve verbal or physical aggression towards others, poor control of temper, or arguing. Both social skills and behavior have an effect on academic competence in children. Therefore, it is acceptable to believe that there is a relationship between social skills, problem behaviors, and academic competence. By studying this relationship, types of interventions may be developed to aid our elementary school children.

Hypothesis

1. Students with higher social functioning will exhibit less problem behaviors in the classroom.

2. Students with higher social functioning will exhibit more academic competence in the classroom.

Theory

Social skills are defined as socially acceptable learned behaviors that enable a person to interact effectively with others and to avoid socially unacceptable responses (Gresham & Elliot, 1984). Sharing, helping, giving compliments and saying "please" and "thank you" are examples of social skills. Developing such skills to enable successful relationships is one of the most important accomplishments of childhood. Unfortunately, not all children acquire adequate social skills. Consequently, such children often experience negative relationships with adults and peers (Gresham & Elliot, 1990).

Social skills problems left untreated become relatively persistent and may result in

later social adjustment problems. These problem behaviors may take on several forms, such as externalizing problems which are inappropriate behaviors involving verbal or physical aggression toward others, poor control of temper, and arguing. Internalizing problems are behaviors indicating anxiety, sadness, loneliness, and poor self-esteem. Hyperactivity behaviors are those involving excessive movement, fidgeting, and impulsive reactions. Any of these problem behaviors may interfere with the acquisition or performance of socially skilled behaviors.

Many studies have established a relationship between social skills and academic functioning (Bursuch & Asher, 1986). Differences in social skills functioning between learning disabled and normally achieving students have been found. Other research has found significant relationships between teacher-rated social skills and direct observations of academic time-on-task behavior and academic responding (Eisert, Walker, Severson, Black, & Todis, 1987). Therefore, there is extensive empirical support for the relationship between social skills functioning and academic achievement.

Definition of terms

Several key terms used in this study should be fully understood and are defined as follows:

Social skills are socially acceptable learned behaviors that enable a person to interact effectively with others and to avoid socially unacceptable responses (Gresham & Elliot, 1984). Some examples of social skills are sharing, helping others, giving compliments and saying "please" and "thank you".

Behavior problems are defined as those behaviors that are conduct disordered, disruptive, and withdrawn. Three types of behavior problems may be evident. Externalizing problems are inappropriate behaviors involving verbal or physical aggression towards others, poor control of temper, and arguing. Internalizing problems

are behaviors indicating anxiety, sadness, loneliness, and poor self-esteem. Hyperactivity behaviors are those involving excessive movement, fidgeting, and impulsive reactions.

Academic competence refers to how successfully the student learns in the classroom. Academic competence takes into account the child's intellectual functioning, the child's parental encouragement to succeed, and the child's overall motivation to succeed academically.

Limitations of the study

This study contains several limitations. One is the limited number of students participating in the study. The population of the study will be approximately 37 first grade students from a New Jersey public school. The subjects have not been randomly selected, but are from two assigned classrooms.

Another limitation is related to the interpretation of the rating system being used. The rating system used is subject to an individual's interpretation. For example, on the Social Skills Rating System, the words "never", "sometimes", "very often" or "not important", "important", "critical", may be interpreted differently by different teachers.

Finally, teacher rating scales as a source of diagnostic information can sometimes be too relative and not exact enough to support a particular measurement. The teacher must also have sufficient knowledge of the child being rated and avoid any biases.

Assumptions

In doing this study, the researcher assumes that the teacher will be in his or her best frame of mind to accurately rate each student using the social skills rating system. The researcher will not be studying a random sample of students, but two classrooms of heterogeneously mixed first grade students. Therefore, the researcher assumes that there

will be consistency in the rating system and that in spite of any known limitations, the acquired diagnostic information will be complete and accurate.

Overview

Pertinent literature regarding the relationship between social skills functioning, behavior problems and academic competence will be reviewed in Chapter 2. The design of the study, including the sample, measures and testable hypothesis will be discussed in Chapter 3. In Chapter 4, an analysis of the results will be interpreted and discussed.

CHAPTER TWO

Review of Literature

Social skills are increasingly being brought to the attention of educators as important indicators of children's adjustment and development (Bullock, Ironsmith, & Poteat, 1988). Evidence for the validity of this claim from previous research findings indicates that (1) social skills and peer acceptance are related to long-term adjustment outcomes and psychopathology for children and youth (Cowen, Pederson, Babigian, Izzo, & Trost, 1973; Parker & Asher, 1987); (2) social skills deficits reliably differentiate mildly disabled from nondisabled students (Gresham, 1988; Hazel, Schumacher, & Pederson, 1988); and (3) classroom teachers consider certain social skills to be critical for school success (Gresham, 1990; Hersh & Walker, 1983).

Immediate outcomes of deficits in social skills at the preschool level have been described as inadequate readiness skills (Martin, 1986) or inadequate classroom survival skills (Elliott & Ershler, 1990), leading to poor adjustment in the educational setting. Gresham (1982) has argued that development of social skills is an effective means of strengthening children's self-efficacy, particularly important for at-risk and disabled children's performance in the educational mainstream.

Children who exhibit social incompetence often also exhibit problem behaviors, academic deficiencies, and may experience peer rejection, and even depression (Horne, Glaser, Sayger, & Wright, 1992). The following review of literature has been broken down into three main sections discussing social skills and interventions, social skills and

problem behaviors, and social skills affect on academics. The studies discussed begin with studies which are specific to the present research and become more general to the topic.

Social Skills and Interventions

Social skills functioning has been an area of great interest for over a decade. Recent developments demonstrate an increasing awareness among practitioners, researchers, and parents regarding the importance of understanding and assessing the social competence of individuals who are experiencing behavioral, social, or learning problems (Flanagan, Alfonso, Primavera, Povall, & Higgins, 1996). Due to this growing interest, school wide social skills assessment and training models for identifying children at risk for developing pervasive social problems and instructing them in important prosocial skills have been devised. Also, behavior rating instruments that include scales or subscales that measure social skills functioning have been constructed, including the Social Skills Rating System (SSRS; Gresham & Elliott, 1990) and the Behavior Assessment System for Children (BASC; Reynolds & Kamphaus, 1992). In a review of 13 behavioral and social-emotional third party instruments for young children, the Social Skills Rating System and the Behavior Assessment System for Children, which includes a Social Skills subscale, were regarded as two of the most technically adequate (Bracken, Keith, & Walker, 1994).

A study by Flanagan et al. (1996) examined the convergent validity of the social skills and problem behaviors scales of the BASC and SSRS. A secondary purpose of this study was to examine parent teacher agreement on the BASC and SSRS scales. The participants included 53 kindergarten students (26 males and 27 females) from a parochial

New York City school. Forty-one students were African-American and twelve were Hispanic. The school was located in one of the lowest income sections of the city.

Two instruments were used in the study; the Behavior Assessment System for Children (BASC) and the Social Skills Rating System (SSRS). The BASC is a behavior and self-report rating system that consists of two rating scales (parent and teacher) of children's observable behavior, a self-report personality inventory, a structured developmental history, and a student observation system. The BASC contains five composite scales labeled Externalizing Problems, Internalizing Problems, School Problems, Other Problems, and Adaptive Skills. The SSRS is a rating system primarily designed to measure social skills functioning in children. Parent and teacher forms are available for three developmental (grade) levels including preschool, K through 6, and 7 through 12. The SSRS also contains a student self-report for two grade levels, 3 through 6, and 7 through 12. The parent, teacher, and student forms measure three subdomains of social skills labeled Cooperation, Assertion, and Self-Control. The problem behavior rating scale consists of three subdomains labeled Internalizing Problems, Externalizing Problems, and Hyperactivity.

The SSRS and BASC (parent forms) were sent to the homes of all kindergarten students included in this study with the request that the primary caregiver complete each rating form. The SSRS and BASC (teacher forms) were given to the two teachers of the 53 kindergarten students. After receipt of the completed rating scales from both parents and teachers, all rating scales were scored using the general norms of the SSRS and BASC.

The results of this study show that parent ratings were at least one-half standard

deviation higher on most Problem Behaviors scales of the BASC than were teacher ratings. Similarly, the difference between mean ratings on the Problem Behaviors scale of the SSRS for the parent (M=102) and teacher (M=94) groups was significant ($p<.0001$). The correlation between the Social Skills scales of the BASC and SSRS was .58 ($p<.001$) for parents and .23 ($p>.05$) for teachers. The difference between these correlations was significant ($p<.03$; Flanagan et al., 1996).

In general, parents rated the present sample of kindergarten children as having more problem behaviors than did teachers. Although parents and teachers differed slightly with respect to their ratings on the Problem Behaviors scales of the BASC and SSRS, their ratings on the Social Skills scales of these instruments were about equal. Any differences in the correlations may be attributed to the differences in the content of the behaviors and social skills sampled. The items on the BASC Social Skills scale are similar for the parent and teacher forms and are general in nature rather than specific to either the home or school environment. Conversely, the items on the Social Skills scale of the SSRS parent and teacher forms are specific to the home and school environments, respectively, and are skill-based rather than general. Therefore, it is likely that the child's overall social development is considered when responding to items on the Social Skills subscale of the BASC, whereas a narrower range of social skills functioning is considered when responding to items on the Social Skills scale of the SSRS (e.g. behaviors important for success in the classroom; Flanagan et al., 1996).

After reviewing the results of this study, a practical implication that may be drawn based on this examination is that the teacher form of the SSRS rather than the BASC should be used to assess social skills functioning in the school environment. The Social

Skills scale of the SSRS (teacher form) has at least three times as many items as the BASC, is organized according to specific social skills domains, and provides information on both the frequency and importance of social skills behaviors. Since the items on the SSRS are skill-based, this instrument offers a more viable link between social skills deficits and intervention than the BASC (Gresham & Elliott, 1990). A final implication is that the BASC is preferred over the SSRS as a measure of problem behaviors since it assesses a broader range of problems than the SSRS and has been shown to be a valid instrument for diagnosing and classifying behavior problems in children (Reynolds & Kamphaus, 1992).

Many social skills intervention programs target specific skill development and peer interactions; however, many fail to measure the impact of teacher behavior and the role of teacher consultation. In the classroom, social skills assessment, change, and evaluation are often placed on the classroom teacher. In order for teachers to implement quality social skills programs, they need initial training to implement the program, and they need support and reinforcement for using new teaching skills vital to the success of the program. A study by Farmer-Dougan, Viechtbauer, and French (1999), was developed to examine the impact of teacher consultation on the effectiveness of a preschool social skills program. A social skills curriculum, McGinnis and Goldstein's (1990) Skillstreaming, was introduced to two Head Start teachers and their students. The program was designed both to increase social skills and to increase peer reinforcement of appropriate behavior in the children. One classroom was selected to receive the social skills oriented consultation and the other classroom received general consultation. A total of 40 preschool children (20 from each class) participated in the study. The teachers completed the Social Skills Rating System (SSRS-T) teacher form for all children in each of the classrooms (Gresham

& Elliott, 1990). The data was then used to match children on the basis of their gender and SSRS-T social skill and problem behavior standard scores.

All social skills teaching sessions, teacher consultations and observations occurred in the two classrooms during free play and art/language periods. Consultation occurred twice weekly and generally lasted a minimum of 20 minutes and a maximum of one hour in each classroom. Consultations began in mid-October and concluded in mid-April. One teacher received Teacher Training for the Social Skills Curriculum and sample lessons were presented and modeled by a consultant. The other teacher did not receive consultation or training related to the social skills program. This teacher was given identical materials for implementing the program but received no formal instruction or modeling.

Results of this study confirmed that social skills could be effectively taught to preschool children within a natural classroom environment; however, it is important that structured and ongoing teacher support be provided. Students in both classrooms began the project at similar social skill levels. However, students in the Social Skills Curriculum classroom showed significant improvement in their social skills. In contrast, children whose teacher received the same curricular materials, but only general consultation, did not display the same gains in social skills (Farmer-Dougan, Viechtbauer, & French, 1999). It has been well established that children will model appropriate behavior (Bandura, Grusec, & Menlove, 1967). Therefore, while emphasis must be placed on altering the children's behavior, the classroom must also be viewed as a system in which both teacher and child behaviors interact and are interdependent on one another. It appears that instructing, modeling appropriate teaching behaviors, and reinforcing the teacher for his or

her new behaviors is as important as reinforcing the children (Farmer-Dougan et al., 1999).

A review of literature on teacher training points to the importance of adequate modeling and instruction for teachers. Haak (1993) found positive changes not only in the social behavior of disabled and non-disabled students, but also in teachers' attitudes and teaching strategies following an in-service consultation. Peck, Killen, & Baumgart (1989) successfully used consultation as a means of implementing instruction related to Individualized Educational Plan (IEP) objectives for preschoolers who were being mainstreamed. Anderson, Kratochwill, & Bergen (1986) noted that behavior management instruction in combination with classroom consultation resulted in the highest degree of teacher verbalizations regarding overt child behaviors and behavioral intervention plans for elementary school teachers.

Social skills interventions have been developed and implemented with a range of populations including the mentally retarded, learning disabled, and behaviorally disordered. Children with behavior problems are particularly good targets for social skills interventions as their behavior interferes with successfully developing and maintaining positive relations with others. The rationale for social skills interventions has found support in the peer acceptance literature which has indicated that children with early peer difficulties are at risk for a number of negative outcomes including dropping out of school (Parker & Asher, 1987). The focus of many social skills interventions is to increase the peer acceptance of the subjects involved. Since children with behavior problems display a number of behaviors that are disagreeable to their peers, it is not surprising that they are more frequently rejected and less accepted than their nonbehaviorally disordered peers

(Zaragoza, Vaughn, & McIntosh, 1991).

Several studies were conducted in which social skills interventions focused on interpersonal problem solving. An example of a typical social problem-solving program was designed by Amish, Gesten, Smith, Clark, and Stark (1988) for 25 emotionally disturbed children. This program was highly structured and taught specific problem-solving steps, such as stop, think of as many solutions as you can, and try one. The results showed that the experimental group was able to generate significantly more alternative solutions with no improvement in number of appropriate solutions. Another study by Lochman, Nelson, and Sims (1981) was conducted on 12 children (11 males and 1 female) between the ages of 7 and 10. The children were identified by their teachers as aggressive and disruptive. The children received two 40-minute sessions per week over a 6-week period. Each session included group discussion, modeling and behavioral rehearsal activities, as well as goal setting. The results showed that a majority of the subjects showed decreased rating of aggressiveness, improved on-task behavior and fewer acting-out behaviors. There was no follow-up to this study.

Other intervention studies addressed a combination of social skills. One combination of intervention techniques was used by Lochman and Curry (1986) who included both coping with anger and social problem solving in their intervention. This study consisted of 20 aggressive boys between the ages of 9 and 12. The boys received 18 weekly group sessions involving anger coping intervention and anger coping self-instruction training. Treatment included goal setting, social perspective taking, problem solving, role playing, and coping techniques self-instruction. The results showed a reduction in aggression and off-task behavior. An increase in self-esteem was evident

among the boys.

Studies were also conducted which addressed peer interaction in the interventions. A study by Paine et al. (1982) examined 9 socially withdrawn children during recess periods where points were awarded to subjects who increased interactions and were encouraged to do so. Social peer tutoring, praise, and direct social skills instruction were also involved. The results showed increases in peer interaction for all subjects in the program. Increased ratings were seen on peer, teacher and parent measures and most subjects maintained effects at follow-up. A similar study by Ragland, Kerr, and Strain (1981) examined 3 boys, age 10, enrolled in a learning disabled classroom who were selected by their teacher as the most isolated. The boys received a 15-minute session immediately before 25-minute recess. The sessions included social goal setting and daily verbal feedback. The results showed that an increase in social behavior was evident after treatment.

Another study by Kettlewell and Kausch (1983) addressed self control and coping strategies. The subjects consisted of 41 children (31 males and 10 females) between the ages of 7 and 12. The subjects received twice weekly group sessions of 90 minutes each and 4 individual half hour sessions once each week. Training sessions included modeling, role-playing, rehearsing, self-instruction training, and coping strategies. Results indicated that the treatment group improved significantly on coping with being taunted, reduction in anger, increased number of alternatives for problem solving, and decreases in disciplinary action for fighting.

Many of these studies reported significantly positive results on one or more outcome measures as a result of social skills intervention. An optimistic evaluation of

these results would suggest that a variety of instructional procedures and models that focus on social intervention with behaviorally disordered youngsters yield improvement following treatment. Overall, the results of these studies revealed that children who participate in the social interventions, when compared with those who do not, often feel better about themselves, and their teachers and parents feel better about them also (Zaragoza et al., 1991).

Social Skills and Problem Behaviors

Social behavior is a broad construct that includes both positive social behaviors (social skills) that may lead to desirable social outcomes and negative social behaviors (antisocial and aggressive behavior) that may lead to negative outcomes (Merrell, 1993). The quality of social behavior developed during childhood has been found to be strongly associated with a number of important outcomes later in life. For example, development of good social skills during childhood appears to be correlated with personal, academic, and occupational adjustment and success (Asher & Taylor, 1981); whereas inadequate development of social competence increases the risk for such negative outcomes as peer rejection, school dropout, and mental health problems (Cowen et al., 1973). Children who early on display strong patterns of antisocial behavior, such as aggression toward and harassment of others, are much more likely to carry these negative patterns of behavior into adulthood, along with the increased risk of criminal behavior and incarceration (Loeber, 1985).

Disruptive behavior disorders such as attention-deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), and conduct disorder (CD); although

classified as separate entities with different types of acting-out behaviors, have similar associated secondary problems. Affected children often also suffer from impaired social functioning, depression, and low self-esteem, as well as academic under achievement or failure (Donnelly, 1989). This occurs because these children's behavior is highly disruptive to others, for example, through loudness, impulsivity, open defiance, or destruction of property. As a result, they are at odds with their social environment in school, in the family, and at play, leading others to react punitively or to break contact. This largely negative social response often leads, over extended periods, to the development of a poor self-image as well as to depression (Gard & Berry, 1986). Due to their short attention span or lack of motivation in school, these children often fail to acquire certain skills or to integrate information necessary for later learning. In the long run, these children tend to lag behind their age mates academically.

There have been many approaches to the treatment of these behavior disorders, such as medication, behavior modification, or parents being trained in management techniques. The rationale to these approaches is that once the disruptive behaviors come to an end, the associated social and personal consequences will gradually improve without intervention. However, studies have shown that these methods are not always effective in changing the behavior of children or normalizing peer relationships.

Therefore, there is a growing consensus that interventions for behavior disorders should target the child's social system as a whole (Grizenko, Papineau, & Sayegh, 1993). Garrett and Marler (1989) describe the problems of delinquent children and youth as extensive and interrelated. They note that families, peers, schools, and eventually employers should be targeted in a systematic integration effort. One such integrated

treatment option is a day-treatment center which offers the advantages of community location and preservation of links to the family and peer group. Day treatment is an intensive intervention that, for severely affected children, cuts down on treatment time, reducing the risk of dropouts. Day treatment for children with behavior disorders is a promising modality (Grizenko et al., 1993). A one-group, pre-post pilot study conducted by Grizenko and Sayegh (1990) was based on 23 children and was carried out at a day-treatment center. The results demonstrated that children improved mainly in behavior and self-perception. Based on these preliminary findings another study by Grizenko, Papineau, and Sayegh (1993) sought to determine the effectiveness of a multimodal day-treatment program in reducing the expression of acting-out behaviors and in improving the self-concept, family, social and academic functioning of children with disruptive behavior disorders, as compared with a waiting list control group. Continued treatment efficacy was ascertained at a 6-month follow up on the same variables.

Participants in this study included 30 children (23 boys and 7 girls), seeking admission to a day-treatment program. As expected, both groups of children presented with problems in the areas of behavior, self-perception, peer relations, and academics. Results showed that attendance in the day program led to a significant reduction in the children's expression of maladaptive externalizing and internalizing behaviors, as compared with children in a control group. Standardized behavior scores for the treated children progressed from the problem to the normal range although those of untreated children remained abnormally elevated. Treatment also had a significant effect in terms of self-perception. The children reported higher self-esteem, lower depressive affect, and an improved outlook on their future. No group differences were found in the areas of peer

relations, family functioning, and academics. However, the treated children's behavior had improved enough for readmittance into a community school. Therefore, in the long run, these children may catch up academically if their behavioral performance remains stable. Academic success and acceptance by the peer group in school are crucial if the child is to retain an improved self-perception (Grizenko et al., 1993). Treatment gains were maintained at a 6-month follow up.

Another study by Walker, Shinn, O'Neill, & Ramsey (1987) researched the development of antisocial behaviors in a high-risk population of boys in school settings. Characteristics of antisocial children commonly include fighting, truancy, theft, temper tantrums, destroying property, and defying or threatening others (Loeber, 1985). Children who engage in antisocial behavior suffer impairments in several areas besides their social interactions with peers and adults. They are reported to have academic deficiencies, as reflected in achievement levels, grades, and specific basic skill areas, and are seen by teachers as uninterested in school, unenthusiastic towards academic pursuits, and careless in their work (Kazdin, 1985). The subjects for this study were 80 fifth-grade boys. Multiple assessment methods were used including direct observations of social interactions in free-play activities and academic engaged time in classroom activities, teacher ratings of social skills, and examination of student records.

Results of the study indicated that the antisocial subjects across these measures indicate clear signs of behavioral defiance, teacher perceptions of deficient social skills, and inadequate adjustment to instructional settings, problematic social relationships with peers in free-play settings, and lower than normal rates of academic engagement (Walker et al., 1987). By the end of fifth-grade, these subjects were beginning to experience

school failure and had significant disciplinary problems, classic signs associated with antisocial behavior patterns in childhood and adolescence (Kazdin, 1985). The behavioral status of the non-antisocial subjects suggests satisfactory adjustment levels and a normal pattern of development. On the measures of academic engaged time and social skills rating, they are well within the normal range (Walker et al., 1987).

Social Skills Affect on Academics

Children's adjustment and achievement during the early school grades have implications for their long-term educational progress (Alexander & Entwisle, 1988). It is believed that preschool experiences can enhance children's ability to think and reason, with subsequent implications for their ability to learn in the early grades (Entwisle, 1995). In addition, early educational experiences can lead to increases in motivation and self-confidence with subsequent increases in children's academic achievement (Zigler, Abelson, Trickett, & Seitz, 1982).

Children's academic performance in first-grade is also contingent upon their successful adaptation to the school role. As children enter first-grade there are certain expectations regarding their conduct and compliance with school routines (Jones, Gullo, Burton-Maxwell, & Stoiber, 1998). In turn, children's conduct influences their achievement in reading and mathematics (Entwisle & Hayduk, 1982). Therefore, children's social skills and their compliance with school routines could be an important indicator of successful school adjustment. According to Alexander and Entwisle (1988), early successful school achievement is a good predictor of a child's adaptation to the school environment. If follows that there should be different patterns of academic

achievement and social skills amongst first-grade students who transition to first-grade within and across schools. Similarly, the possible lack of coherence amongst prekindergarten, kindergarten, and first-grade programs could lead to different patterns of achievement at the end of first-grade.

A study was conducted by Jones et al. (1998) to examine the effects of public school kindergarten experience on children's early school adjustment. Both achievement and social skills were taken as measures of early school adjustment. In addition, social skill was used as a measure of children's adaptation to the school environment. The objective of the study was to determine whether there were different patterns of social and academic achievement for first-grade students who had early (prekindergarten and kindergarten) educational experiences compared to untreated (kindergarten only) comparison students. Furthermore, the study examined whether there were different patterns of social and academic achievement for students who attended first-grade within the same school where they received their early educational experiences (non-transition group) compared to students who transitioned from one school to first-grade classes in a different elementary school (transition group).

The participants in the study were 91 first-grade students (50 males and 41 females) attending four inner city public schools in a large urban school district. The school district offers prekindergarten and kindergarten programs for children at the 3, 4, and 5-year-old levels (K3, K4, and K5). In this study, one group of children had attended K3, K4, K5, and first-grade within the same school. A second group of children had attended K3, K4, and K5 in other buildings before transferring to first-grade in the four city wide schools that were included in the study.

Academic achievement tests were administered by the first-grade teachers during the last trimester of the school year when all of the students were completing first-grade. The teachers also completed a Social Skills Rating System (Gresham & Elliott, 1990) as well as a scale designed to measure degree to which their instructional practices reflected the tenets of developmentally appropriate practice (Burts, Hart, Charlesworth, & Kirk, 1990).

The findings from this study indicate that public school prekindergarten experience was effective in promoting children's early school adjustment. This was particularly true for variables associated with both academic achievement and social skills. Children with prekindergarten experience were found to have higher scores on the end of year performance tests in both mathematics and language arts. Similarly, prekindergarten experience and transitioning across schools was associated with higher social skills at the end of first-grade. Students who attended first-grade within the same school where they attended K3, K4, and K5 had higher academic achievement scores. In contrast, those who transferred across schools had higher social skills scores and were more cooperative than those students who attended first-grade within the same school (Jones et al., 1998).

Social skills are just as important to handicapped children as they are to nonhandicapped children. One of the major premises of mainstreaming is that handicapped children will benefit from interaction with their nonhandicapped peers in terms of improved social skills and overall social competence. Furthermore, the nonhandicapped child is expected to benefit from positive interactions with the handicapped (Cartledge, Frew, & Zaharias, 1985). There is conflicting evidence regarding these assumptions. Greenspan's (1981) research in mainstreamed settings indicated that

handicapped children tend to be rejected by their nonhandicapped peers even if the children have not been identified as handicapped. This suggests that handicapped children's behavior, not their label, is the cause for the social dissonance.

Learning disabled students in particular have been described as demonstrating social-perception and communication difficulties that detract from peer interactions. In a study by Dygdon, Conger, Conger, Wallander, & Keane (1980), the researchers interviewed first-grade children to identify the peer behaviors that influenced their judgments of social acceptance. Results showed that behaviors frequently identified by the subjects as important in peer acceptance (e.g. entertainingness) are not behaviors typically specified by social skill trainers as being critical for children's interactions (e.g. giving compliments). Siperstein and Chatillon (1982) found fifth and sixth-grade regular class children more receptive to mentally retarded children who exhibited behaviors that were most similar to their own. Another study by Carledge, Frew, & Zaharias (1985), showed that nonhandicapped children prefer social interactions with other nonhandicapped rather than learning disabled peers. The results of these studies suggest that social skill instruction for mainstreaming must take place in the mainstreamed setting. Regular as well as special class teachers need training in methods for helping students acquire peer-related interpersonal skills. A future mainstreaming social skills curriculum model might focus on: (a) developing more positive attitudes toward the handicapped, and (b) developing in the handicapped the requisite interpersonal skills, particularly conversation and play skills (Cartledge et al., 1985).

Language skills are important in establishing and maintaining successful social relationships (Dodge, Pettit, McClaskey, & Brown, 1986). Normally developing children

employ their language skills to share information, express feelings, direct behavior, and negotiate misunderstandings as they interact with others (Fujiki, Brinton, & Todd, 1996). It is well documented that children with a range of disabilities involving language deficits experience significant social difficulties (Antia & Kreimeyer, 1992). For these children, limited language skills and social problems are often associated.

A number of investigations have suggested that specific language impairment (SLI) does have an impact on a child's social world. Studies have indicated that children with impaired language skills interact differently than their normally developing peers in a classroom context, are less preferred playmates than their normally developing peers and experience difficulty with basic social tasks (Fujiki et al., 1996). The classroom is a primary social context for many children and a number of studies have examined the interactional patterns of children with various levels of language ability. For example, Rice, Sell, and Hadley (1991) studied four groups of preschool subjects with varying levels of language development. Observations made during play time revealed that even at the preschool level, children appeared to be aware of the communication abilities of other children, and this knowledge influenced their selection of conversational partners.

A study by Fujiki et al. (1996) explored the social skills of elementary school children with SLI by first examining their general level of social behavior and then considering the quantity and quality of their social relationships. To provide a general estimate of social skill, the Social Skills Rating System (Gresham & Elliott, 1990) teacher form (SSRS-T) was administered to the children with SLI between the ages of 8 and 12 years and their chronological age (CA) matched peers. The results of this study indicated that the subjects with SLI were less socially skilled than their typical peers and

demonstrated a higher number of problem behaviors. Findings from these studies suggest that a relationship between language, behavior, and social difficulties is evident.

A recent challenge in public school systems has been to increase the amount of time students with disabilities spend with nondisabled, "typical" peers (Kamps, 1997). Within the general education setting there are several interventions that involve the role of peers. Peer-mediation strategies have included both academic and social interventions. Academic peer mediation programs have been well accepted in general education settings, perhaps due to the benefits for peers in reciprocal tutoring programs and the personal benefits for peers as well (e.g. increased responsibility, improved social skills and helpfulness, community service awareness, etc.). Sample programs to enhance academics and skill acquisition have included cooperative learning programs, peer tutoring strategies as well as cooperative learning groups (Dugan et al., 1995). Peer-mediation for social programs have included social skills, peer modeling activities, play groups incorporating communication skills, and self-monitoring strategies (Koegel & Frea, 1993). Key features to successful social programs have included identification of the peers' role, peer training in social skills, structured teaching of social skills to all participants by the teacher, practice play sessions using peer prompting, reinforcement systems for all participants, and individualization to address the needs of the target student and his or her peers (Kamps, 1997).

Summary

To summarize the previous research, many of the studies discussed supported the assumption that there is a relationship between social skills, behavior, and academics.

Much of the research focused on intervention strategies aimed at improving social skills in order to decrease problem behaviors and heighten academic achievement. The most promising aspect of assessment of social skills is that identified deficits are highly amenable to intervention through teaching, coaching, modeling, and a variety of other strategies. The need for interventions among children as early as preschool is important, considering the possible serious negative outcomes for children who fail to develop adequate social skills.

CHAPTER THREE

Design of the study

Sample

The population for this study was composed of two heterogeneously mixed first grade classrooms in an urban South Jersey public school. There were a total of 37 students who participated in the study. Of the 37 students who participated, there were 19 girls and 18 boys. There were 16 Caucasian, 18 African American, 2 Hispanic, and 1 Asian student. The subjects ages ranged from 6.2 to 7.2 years. All of the subjects were regular education students. There were no students classified as special education.

Methods

The instrument used to measure the subjects social skills, behavior, and academic competence was the Social Skills Rating System (SSRS). The SSRS is a rating system primarily designed to measure social skills functioning in children. The SSRS teacher, parent, and student rating scales all focus on the social skills domain. All raters can assess common core behaviors from the subdomains of cooperation, assertion and self-control. The SSRS-Parent version also measures responsibility, and the SSRS-Student version also measures empathy. Five subscales were developed to measure these subdomains; cooperation, assertion, responsibility, empathy, and self-control. The Cooperation Subscale includes behaviors such as helping others, sharing materials, and complying with rules and directions. The Asssertion Subscale includes initiating behaviors, such as asking

others for information, introducing oneself, and responding to the actions of others. The Responsibility Subscale includes behaviors that demonstrate ability to communicate with adults and show regard for property or work. The Empathy Subscale includes behaviors that show concern and respect for others' feelings and viewpoints. Finally, the Self-Control Subscale includes behaviors that emerge in conflict situations, such as responding appropriately to teasing, and in nonconflict situations that require taking turns and compromising.

The SSRS Social Skills Scale uses two types of ratings based on frequency and importance. Frequency ratings, which are made by all raters, reflect "How Often" a social behavior occurs (Never, Sometimes, or Very Often). Importance ratings are completed by teachers, parents, and older students (grades 7-12). For teachers, Importance is defined as the importance of each behavior for classroom success (Not Important, Important, or Critical). Parents rate each behavior based on "How Important" it is for their child's development. Students (grades 7 through 12) rate each behavior according to its perceived importance to their relationships with others.

The Problem Behaviors domain includes subdomains measuring Externalizing Problems which are inappropriate behaviors involving verbal or physical aggression towards others, poor control of temper, and arguing; Internalizing Problems which are behaviors indicating anxiety, sadness, loneliness, and poor self-esteem; and Hyperactivity behaviors which are those involving excessive movement, fidgeting, and impulsive reactions. Hyperactivity is measured only at the Elementary level. Problem behaviors which might interfere with social skills performance, are rated according to their perceived frequency.

The Academic Competence domain concerns student academic functioning. This domain consists of a small, yet critical, sample of relevant behaviors. Items are rated on a 5-point scale that corresponds to percentage clusters (1 = lowest 10%, 5 = highest 10%) of the students in a class. This domain includes items measuring reading and mathematics performance, motivation, parental support, and general cognitive functioning. These items appear on the SSRS due to recent concern about the social skills of learning disabled students and evidence that many mildly handicapped students experience social skills problems (Gresham, 1982).

Reliability refers to the consistency of test scores obtained from repeated testing of an individual with the same test or a similar test under comparable conditions. Three methods were used to estimate the reliability of the SSRS: internal consistency (coefficient alpha), test-retest, and interrater. Coefficients were based on the standardization samples.

Across all forms and levels, the median coefficient alpha reliability for the Social Skills Scale was .90, while it was .84 for the Problem Behaviors Scale and .95 for the Academic Competence Scale. The internal consistency estimates for all forms ranged from .83 to .94 for Social Skills, from .73 to .88 for Problem Behaviors, and were .95 for Academic Competence. Overall, these coefficients indicate a relatively high degree of scale homogeneity. Subscale internal consistency estimates were lower and showed more variability across forms. The sex of the student did not appear to influence the internal consistency estimates of the Scales or Subscales.

Test-retest reliability of the SSRS was measured by having samples of teachers, parents, and students from the Elementary standardization sample, rate the same students four weeks after their original standardization ratings. Substantial evidence of temporal

stability was shown for the teacher ratings, with test-retest correlations of .85 for Social Skills, .84 for Problem Behaviors, and .93 for Academic Competence. Parent correlations were .87 for Social Skills and .65 for Problem Behaviors, while student self-ratings of Social Skills yielded a test-retest reliability coefficient of .68. Social Skills Subscale reliability coefficients ranged from .75 to .88 for teachers, from .77 to .84 for parents, and from .52 to .66 for students. Problem Behaviors Subscale reliability coefficients ranged from .76 to .83 for teachers and .48 to .72 for parents. These results demonstrate good to excellent stability for Teacher forms and the Parent Social Skills Scales and Subscales. Stability coefficients for the Parent Problem Behaviors Scale and the Student forms were lower, but appear adequate in view of other supporting evidence on their reliability.

Many strategies were used to assess the validity of the SSRS. Content validity was established by using the Importance rating for each social skills item. Expert professional judgment was operationalized for the SSRS by having experienced researchers nominate a pool of items. Teachers, parents, and secondary students then rated the Importance of each social skill on the SSRS. The Teacher, Parent, and Student forms are not equivalent forms and although there is some overlap of items for Scales, the overlap is generally less than 50 percent. Therefore, it is not appropriate to make direct comparisons of Importance ratings across forms.

The SSRS promotes social validity in two ways. First, the Importance rating for each item allows users to select behaviors perceived as socially significant by teachers, parents, and students. Second, the SSRS can be used to evaluate the quantity and quality of changes in social skills to determine if an intervention produces important changes. SSRS Frequency ratings can be used to compare "before intervention" and "after

intervention" patterns of social skills.

Criterion-related validity was measured for the Teacher, Parent, and Student forms of the SSRS. Evidence was found to show that the SSRS correlated significantly with several other measures, such as the Social Behavior Assessment, the Harter Teacher Rating Scale, the Piers-Harris Children's Self-Concept Scale, and various forms of the Child Behavior Checklist. The results were consistent with theoretical expectations.

Several studies were conducted to evaluate the construct validity of the SSRS. These studies included developmental changes, sex differences, internal consistency, correlations with other tests, factor analysis, convergent and discriminant correlation analysis, and comparisons of contrasted groups. The findings of these studies contribute strong evidence in support of the construct validity of the Social Skills Rating System.

Procedures

The Social Skills Rating System-Teacher version (SSRS-T) was completed by two first grade classroom teachers. One teacher had 9 years teaching experience, the other teacher had 3 years experience. A scale was completed individually for each subject.

After the respondents' answers had been recorded properly in the key sheet, all questionnaires were scored. Frequency raw scores, as well as Subscale and Scale raw scores were totaled. Next, Subscale raw scores were converted to functional categories of behavior, called Behavior Levels, while total Scale raw scores were converted to Behavior Levels, standard scores, and percentile ranks. Finally, standard score confidence bands were determined using the standard error of measurement.

When scoring and interpreting the SSRS, it was important to keep in mind that the

Scale and Subscale composition of the SSRS varies by level and form. Therefore there were many possible ranges for the raw scores. Academic Competence ratings (raw scores) differed from ratings (raw scores) of Social Skills and Problem Behaviors since they represented a teacher's perceptions of a student's classroom standing. Each Academic Competence item was rated using a response scale that ranged from 1 to 5, with 5 reflecting the highest standing.

Variables

The variables of this study included Social Skills scores, Problem Behavior scores, Academic Competence scores, gender, and race/ethnicity.

Design and Analysis

The design of the study was correlational. The data was analyzed using a Pearson product-moment correlation coefficient (r).

Testable Hypotheses

H_0: There will be no significant correlation found between social skills and behavior and between social skills and academics.

H_1: There will be a significant correlation between social skills and behavior and between social skills and academics.

Summary

This study was designed to be carried out by two first grade classroom teachers. The two teachers completed the Social Skills Rating System-Teacher version (SSRS-T) for each student in their classroom. The purpose of the rating was to develop an accurate and complete characterization of each child's social skills, problem behaviors, and academic competence. The teachers were encouraged to carefully remember each child in a variety of different situations before making the rating.

CHAPTER FOUR

Analysis of Results

The purpose of this study was to examine the relationship, if any, between social skills functioning, problem behaviors, and academic competence among first grade students. In order to examine the relationship between these variables, the researcher used the Social Skills Rating System to obtain scores for each child in the areas of social skills functioning, problem behaviors, and academic competence. The Pearson r was calculated to determine if there was a correlation between the variables.

The first hypothesis states that students with higher social functioning will exhibit less problem behaviors in the classroom. The results shown in Table 4.1 indicate a Pearson r of -.880 which indicates a negative correlation between social skills functioning and problem behaviors.

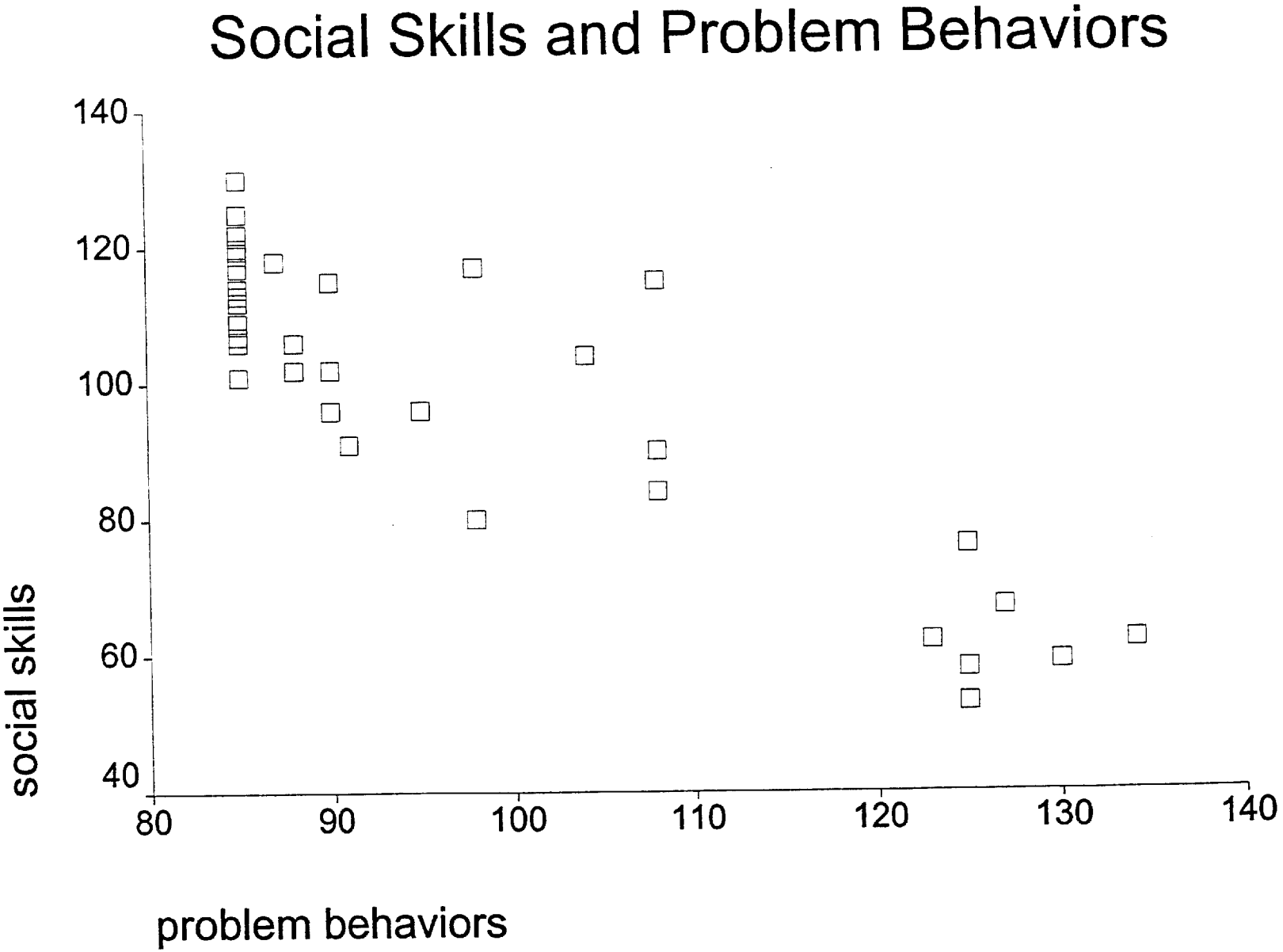
Table 4.1

Social Skills and Problem Behaviors

		Social Skills	Problem Behaviors
Social Skills	Pearson Correlation	1.000	-0.880
	Sig. (2-tailed)		0.000
	N	37	37
Problem Behaviors	Pearson Correlation	-0.880	1.000
	Sig. (2-tailed)	0.000	
	N	37	37

Figure 4.1 demonstrates that as a child's social skills functioning decreased, their problem behaviors increased. The correlation coefficient of -.880 is statistically significant at the

Figure 4.1


Social Skills and Problem Behaviors
140
120
100
80
60
40
social skills
80
90
100
110
120
130
140
problem behaviors

.01 level. Therefore, the researcher rejects the null hypothesis that there will be no significant correlation found between social skills and behavior.

The second hypothesis states that students with higher social functioning will exhibit more academic competence in the classroom. The results shown in Table 4.2 indicate a Pearson r of .644 which indicates a positive correlation between social skills functioning and academic competence.

Table 4.2

Social Skills and Academic Competence

		Social Skills	Academic Competence
Social Skills	Pearson Correlation	1.000	0.644
	Sig. (2-tailed)		0.000
	N	37	37
Academic Competence	Pearson Correlation	0.644	1.000
	Sig. (2-tailed)	0.000	
	N	37	37

Figure 4.2 demonstrates that as a child's social skills functioning increased, their academic competence increased as well. The correlation coefficient of .644 is statistically significant at the .01 level. Therefore, the researcher rejects the null hypothesis that there will be no significant correlation found between social skills and academic competence.

One final result that was obtained by the Pearson r was the relationship between problem behaviors and academic competence. The correlation between these two variables yielded a Pearson r of -.567, as shown in Table 4.3, which indicates a negative correlation between problem behaviors and academic competence.

Figure 4.2

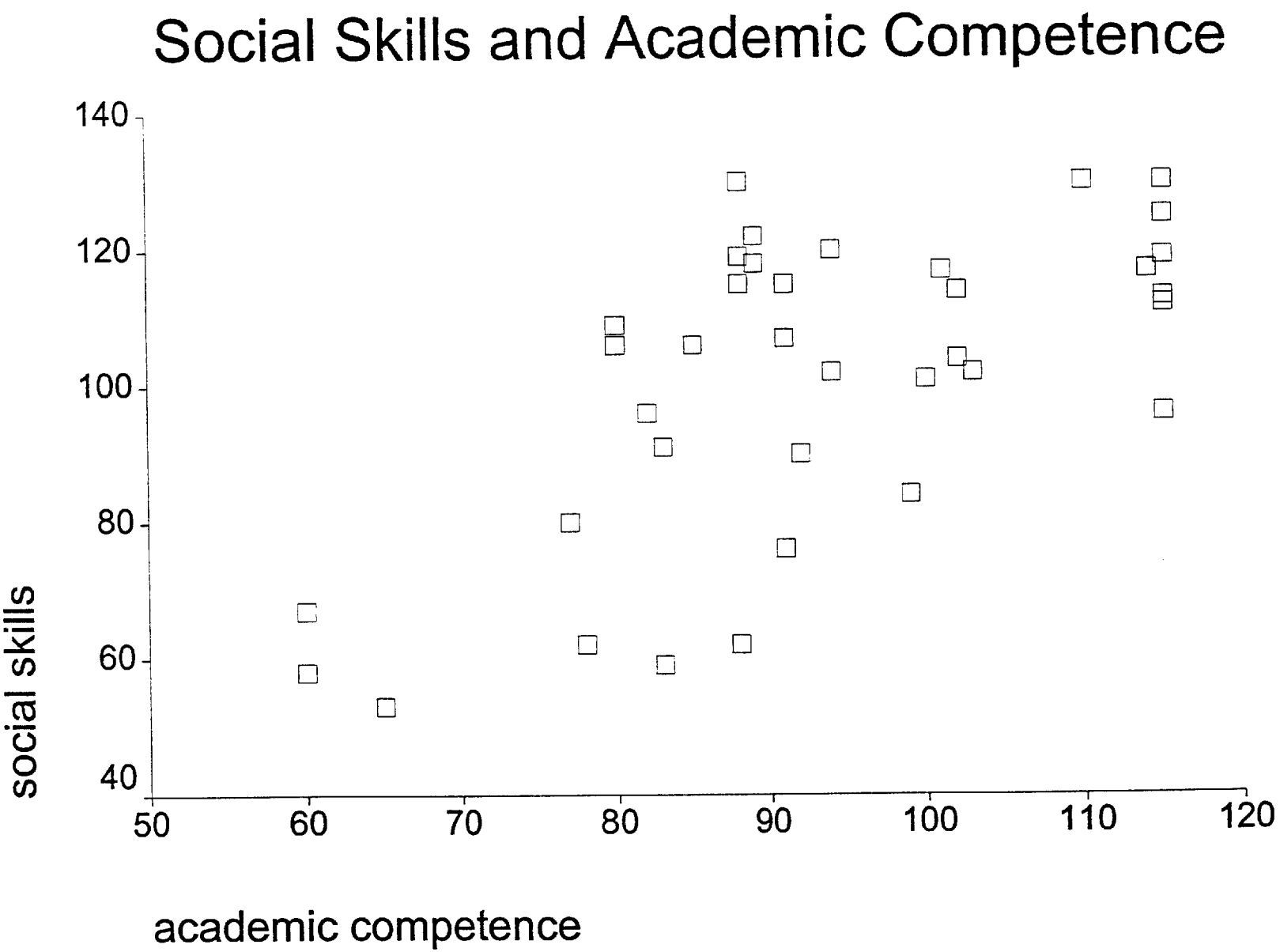

Social Skills and Academic Competence
140
120
100
80
60
40
social skills
50
60
70
80
90
100
110
120
academic competence

Table 4.3

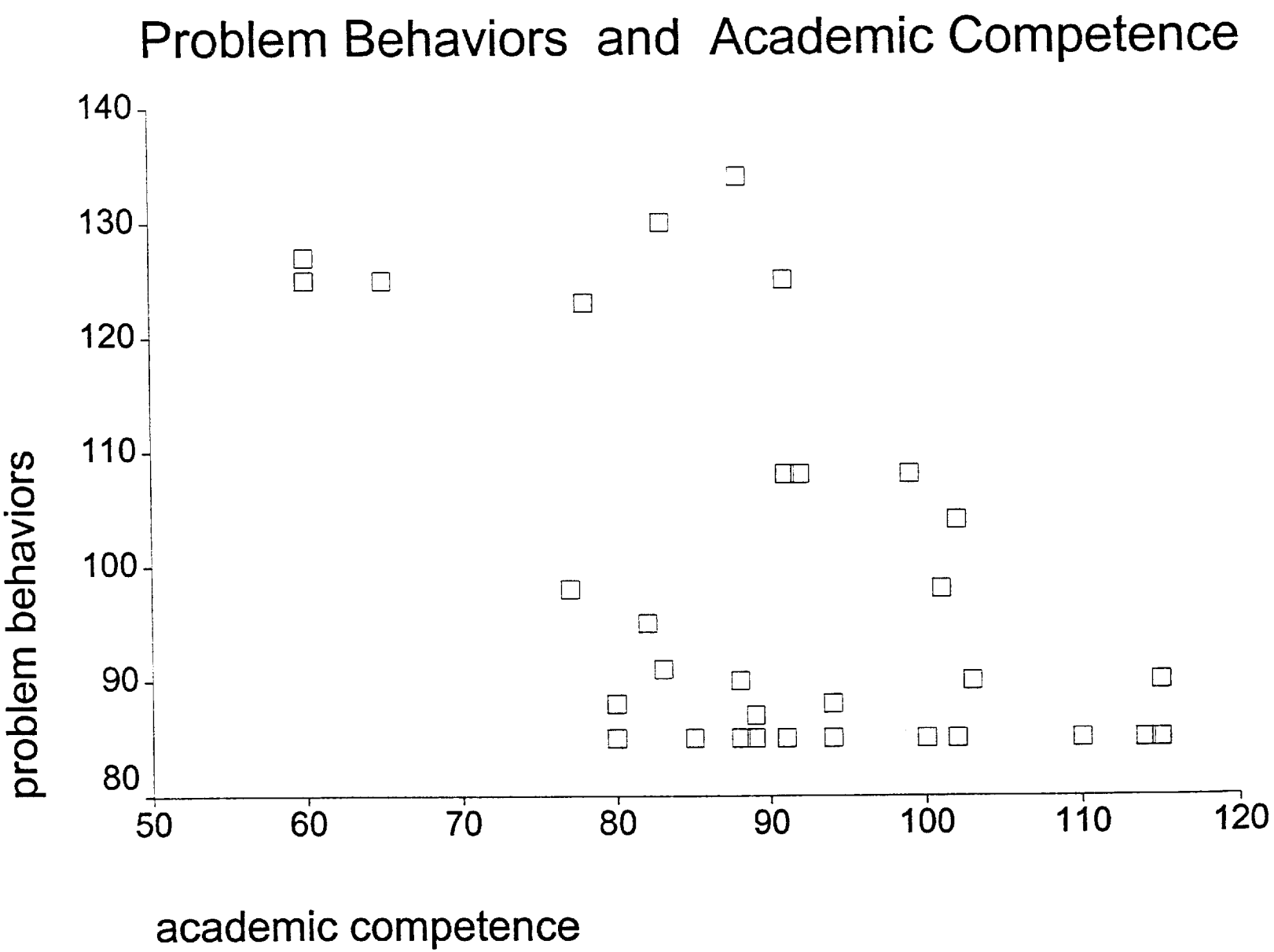
Academic Competence and Problem Behaviors

		Academic Competence	Problem Behaviors
Academic Competence	Pearson Correlation	1.000	-0.567
	Sig. (2-tailed)		0.000
	N	37	37
Problem Behaviors	Pearson Correlation	-0.567	1.000
	Sig. (2-tailed)	0.000	
	N	37	37

Figure 4.3 demonstrates that as a child's academic competence increased, their problem behaviors decreased. The correlation coefficient of -.567 is statistically significant at the .01 level.

The results of this study indicate that there is a significant relationship between social skills functioning, problem behaviors, and academic competence. For the population sampled, a significant negative correlation was found between social skills functioning and problem behaviors. A significant positive correlation was found between social skills functioning and academic competence. Finally, a significant negative correlation was found between problem behaviors and academic competence. Due to the nature of these results, the researcher rejects the null hypothesis and accepts the alternate hypothesis.

Figure 4.3


Problem Behaviors and Academic Competence
problem behaviors
140
130
120
110
100
90
80
50
60
70
80
90
100
110
120
academic competence

CHAPTER FIVE

Summary and Conclusions

The purpose of this study was to examine the relationship between social skills functioning, problem behaviors, and academic competence among first grade students. The Social Skills Rating System was used to measure the variables and the Pearson r was calculated to determine any correlations. It was hypothesized that students with higher social functioning would exhibit less problem behaviors in the classroom and would exhibit more academic competence. The results indicated a significant positive correlation between social skills functioning and academic competence. A significant negative correlation was found between social skills functioning and problem behaviors and also between problem behaviors and academic competence.

The results of this study can be related to prior research which found that there is a relationship between a child's social skills and their behavior and academics. There is much related literature which supports these findings. Much of the previous research focused on intervention strategies aimed at improving social skills in order to decrease problem behaviors and heighten academic achievement. It was found that a promising aspect of assessment of social skills is that identified deficits are highly amenable to intervention through teaching, coaching, modeling and a variety of other strategies.

From the significant correlations of this sample it can be concluded that a child who exhibits higher social skills functioning will have less problem behaviors in the classroom and will therefore perform higher academically. These students with higher

social functioning tend to be more focused and exhibit more self-control, thus performing more successfully on academics. Therefore the conclusions drawn from this study imply that social skills functioning plays a significant role in a student's scholastic achievement. Personal experience in the classroom appears to support these implications. Many first grade students who are socially inept do have more difficulty focusing their attention, and their lack of social functioning overflows into disruptive behaviors. As the children grow and mature their social skills functioning may change; therefore, repeating this study in a higher grade level may yield different results.

Further research is recommended in this area due to the small sample size of this study. The results cannot be generalized due to the small number of subjects. Future research may also look at the similarities and differences between boys and girls. Previous research has shown gender differences in the area of behavior, with boys displaying more problem behaviors than girls. Another future implication could be to examine the differences between ethnicities as well as between classified and non-classified students.

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APPENDIX A

STANDARD SCORES FOR SOCIAL SKILLS, PROBLEM BEHAVIORS, AND ACADEMIC COMPETENCE

Subject	Social Skills	Problem Behaviors	Academic Competence
1	91	91	83
2	84	108	99
3	62	123	78
4	119	85	115
5	58	125	60
6	80	98	77
7	96	95	82
8	112	85	115
9	117	85	114
10	67	127	60
11	62	134	88
12	96	90	115
13	120	85	94
14	101	85	100
15	113	85	115
16	130	85	110
17	76	125	91
18	59	130	83
19	102	90	103
20	115	90	88
21	106	88	80
22	130	85	88
23	117	98	101
24	119	85	88
25	106	85	85
26	114	85	102
27	125	85	115
28	122	85	89
29	102	88	94
30	53	125	65
31	90	108	92
32	130	85	115
33	104	104	102
34	118	87	89
35	109	85	80
36	115	108	91
37	107	85	91