Exploring the Effects of Social Skills Training on Social Skill Development on Student Behavior

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ABSTRACT

Most children learn social skills from interaction with others—other children, family members, friends, and adults. Some children with disabilities need to learn social skills more directly. This may include the use of a specific curriculum and the use of individualized methods. The purpose of this study was to explore the effects of social skills training on social skill development and on student behavior. It was hypothesized that using instructional strategies for teaching social skills such as modeling, role playing, positive reinforcement, practice/rehearsal, incidental teaching, prompting, and coaching would help students initiate and develop positive social relationships with others, cope effectively with the behavioral demands and expectations of specific settings, and appropriately communicate and assert one's needs, desires, and preferences. The eight children with special needs who were identified as at-risk for social adjustment problems showed a significant improvement following the intervention.

Introduction

Social skills are behaviors that help people interact with others. In school, the interaction may be with classmates, teachers, and other school staff. In later life the interaction may be with co-workers, supervisors, friends, and others that a person may meet. Children and adolescents with disabilities sometimes have behaviors that are awkward or unacceptable in social interactions. The lack of appropriate social behaviors may be a characteristic of their disability. Students may lack a specific social behavior, apply an inappropriate social behavior to a particular situation, or not be aware that a particular situation calls for a specific behavior (Smith, 2001).

2______

Not All Youth with Learning Disabilities Need social Skills Instruction

Many individuals with learning disabilities are less socially skilled than same-age peers. When they are asked to use cognitive social behaviors, students with learning disabilities may be less able to do so than their peers. They tend to engage in an antisocial behavior versus a pro social behavior when they are pressured by peers (DeGeorge, 1998). Not all youth with learning disabilities need social skills instruction and care should be taken to identify those who might need this type of instruction, given the limited instructional time available to remediate these youths' deficits (DeGeorge, 1998).

Professionals Pay Limited Attention in Designing Social Skills Assessment

Developmental considerations are often overlooked in the assessment and intervention of children's social skills, but they have obvious importance. Few people would argue that factors such as age, gender, ethno-cultural background, and the presence of developmental disabilities are not potentially important considerations in the development of social skills. However, many otherwise careful professionals pay little attention to these influences in designing a social skills assessment or training program (Merrell & Gimpel, 1998).

Many Students with Disabilities Never Learned Appropriate Behavior

Many students with disabilities have never learned "appropriate behavior" for social settings. Perhaps they did not receive this guidance in the home either because of lack of training by elders or another system of values and behaviors being taught. Perhaps they did have good role models in the home and neighborhood who promoted "appropriate" behavior, but didn't pick it up the way typical children do (Webber, 2001).

Students May Fail Because They Have Difficulty Controlling Behavior

Displaying poor social skills is likely to get the student rejected by other students. Some of the children with special needs work hard to show the new and better behaviors they've been told to show but are still rejected by others because of past reputation or maybe because of the awkward and unsure demonstration of the newly learned behaviors

that do not appear natural. At other times, students may still fail because they have difficulty monitoring and controlling their behavior when unexpected reactions occur. They misread social cues given off by others. If rejected because of their behavior, they'll rarely get the chance to display the "correct" behaviors under natural situations and fail to fit them into their behavioral repertoire (Webber, 2001).

Purpose of the Study

The purpose of the current research study was to provide social skills training and teach students with disabilities the necessary skills to function in social interactions with non-disabled peers.

Most children learn social skills from interaction with others—other children, family members, friends, and adults. Some children with disabilities will need to learn social skills more directly. This may include the use of a specific curriculum and the use of individualized methods. Further study is needed, however, to confirm existing findings and to extend the knowledge base, particularly in regards to improving social skills for children with severe disabilities. It was hypothesized that using instructional strategies for teaching social skills such as modeling, role playing, positive reinforcement, practice/rehearsal, incidental teaching, prompting, and coaching would help students initiate and develop positive social relationships with others, cope effectively with the behavioral demands and expectations of specific settings, and appropriately communicate and assert one's needs, desires, and preferences. following hypotheses were examined: (a) The mean for the social skill sessions for teacher-researcher completed Social Skills Rating System or SSRS, will increase [pretest (SSRS1) < midterm (SSRS2) < posttest (SSRS3)]. (b) The mean for the problem behavior sessions for teacher-researcher completed Social Skills Rating System or SSRS, will decrease [(pretest (SSRSPB1) > midterm (SSRSPB2) > posttest (SSRSPB3)]. The following null hypotheses were examined: (a) The mean for the social skill sessions for teacher-researcher completed Social Skills Rating System or SSRS, will not increase or decrease [pretest (SSRS1) = midterm (SSRS2) = posttest (SSRS3)]. (b) The mean for the problem behavior for sessions teacher-researcher completed Social Skills Rating System or SSRS, will not increase or decrease [pretest (SSRSPB1) = midterm (SSRSPB2) = posttest (SSRSPB3)].

Method

Subjects

The subjects for this study included 8 students with mental retardation and other health impairments as set forth by the *Stanford-Binet Intelligence Scale*, *Fourth Edition*

4_____

(Thorndike, Hagen, & Sattler, 1986). The students ranged in age from 9 to eleven years old. Table 1 shows the subjects' demographic information.

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Participant	Physical Age	Mental Age	Gender	Disability
AB	10 yrs	4 yrs	Female	Mental Retardation ,Speech Delay
CD	11 yrs	5 yrs	Female	Spina Bifida, Mental Retardation
EF	9 yrs	5 yrs	Male	Mental Retardation
GH	11 yrs	5 yrs	Male	Autism, Speech Delay
IJ	10 yrs	4 yrs	Male	Mental Retardation, Speech Delay
KL	9 yrs	3 yrs	Female	Mental Retardation, Speech Delay, Epilepsy
MN	11 yrs	4 yrs	Male	Mental Retardation, Speech Delay, Epilepsy
OP	9 yrs	3 yrs	Male	Mental Retardation, Cerebral Palsy

Table 1 – Subjects' Demographic Data

Procedure

The teacher-researcher used the *Social Skills Rating System* (SSRS), a standardized, norm-referenced instrument (Buros Institute, 1990) designed to provide professionals with a means to screen and classify student social behavior in educational and family settings. Moreover, the SSRS facilitates the development of intervention strategies for youth from preschool through grade twelve who may experience difficulty because of social skills or performance deficits. The procedure for this study included the Teacher Form Preschool Level of the SSRS (Teacher Form) for evaluating student social behavior. For this research, the Teacher Form was completed by the teacher-researcher. The students were divided into two groups based on pretest (SSRS1, SSRSPB1) scores. The decision to place the students into two groups was to provide as much one-on-one instruction as necessary. The social skills groups did not differ by level of intelligence and included competent students as well as students with significant skill deficiencies.

Skills that were taught were those identified as either an acquisition or performance deficit. The two groups met for approximately thirty to forty-five minutes weekly for 8 consecutive weeks with a new social skill introduced at every session; a total of 8 social skills were taught to the entire sample based on the *Boys and Girls Town Model* (Flanagan, 2005) using role-play. Following the role-play, the teacher-researcher rated the children according to their level of mastery (i.e., needs more instruction, mastery).

The first fifteen minutes for each group were devoted to practicing the social skill that was introduced the previous session. The children who did not receive a rating of "mastery" in the previous session were selected first to role-play and were given the most instruction during this time. However, all of the students were required to practice the previously taught social skill. At the end of 4 weeks of social skills instruction, the teacher-researcher completed rating forms on the students [midterm (SSRS2, SSRSPB2)]. The two groups then attended a play group for 4 more weeks and at the end

of that social skills instruction, the teacher-researcher again completed the SSRS for all students [(posttest (SSRS3, SSRSPB3)].

Instrumentation

The design of the study is pretest/posttest. The teacher-researcher completed th Social Skills Rating System for each student at the beginning of the assessment, the middle, and again at the end of the assessment. The scores derived from this test were used to determine the social skills gains for each student.

The Teacher Form of the SSRS responses are collapsed into 3 Social Skills Subscale raw scores (i.e., Cooperation, Assertion, and Self-Control). These 3 raw scores compose the Social Skills Scale total raw score. The Teacher Form also has 2 Problem Behaviors Subscale raw scores (i.e., Externalizing and Internalizing) that are combined to yield a total Problem Behavior raw score. The Social Skills Scale and Problem Behaviors Scale raw score totals are then converted into Standard Scores (mean = 100; standard deviation = 15).

The final component of the SSRS is the Assessment-Intervention Record (AIR). The AIR provides an effective means for analysis of student strengths and weaknesses and for prioritizing areas of concern in regard to student social skills. But more importantly, the AIR functions to facilitate the critical link between assessment and intervention (Buros Institute, 1990).

Analysis

A two (skills) x three (assessment sessions) design was utilized. In order to compare the social skills ratings for the groups at the assessment points, analyses were conducted using a repeated measures analysis of variance (see Tables 2 & 3).

Skills

- 1. Social Skills
- 2. Problem Behaviors

Assessment Sessions

- 1. Beginning of Project SSRS Teacher Form Assessment
- 2. Middle (4wks) SSRS Teacher Form Assessment
- 3. End SSRS Teacher Form Assessment

6

Table 2 – Descriptive Statistics

	Mean	Std Deviation
Session 1 social skill	87.00	8.652
Session 2 social skill	92.75	9.192
Session 3 social skill	101.88	6.896
Session 1 problem behaviors	22.63	12.546
Session 2 problem behaviors	33.75	21.379
Session 3 problem behaviors	54.63	16.818

Table 3 – Analysis of Variance Summary

SOURCE	SS	df	MS	F	Sig.
Skill	38817.188	1	38817.188	531.764	.000
Error(skill)	510.979	7	72.997		
Session	4509.375	2	2254.688	11.414	.001
Error(session)	2765.625	14	197.545		
Skill * session	613.625	2	306.813	10.114	.002
Error(skill*session)	424.708	14	30.336		

Results

A 2x3 repeated measures two way analysis of variance was conducted to determine whether skill training in the areas of social skills and problem behaviors increased scores for each of the Social Skill Rating System (SSRS) assessments. Results of the analysis indicated a main effect from Session 1 to Session 2, F (1, 7) = 531.764, p <.05 with Session 2 M = 92.75 increased from Session 1 M = 87.00. There was a statistically significant main effect of training and session of assessment, F (2, 14) = 11.414, p < .05. The mean assessment evaluations on the pretest (SSRS1), midterm (SSRS2), and posttest (SSRS3) were respectively 54.82, 63.25, and 78.25. There was a statistically significant increase from training and assessment 3, F (2, 14) = 10.114, p <.05. A Tukey test indicated that within the social skill area, assessment session scores did statistically significantly increase. A comparison mean of the social skill sections of the assessment sessions from pretest (SSRS1) (M = 87, SD = 8.652), midterm (SSRS2) $(\underline{M} = 92.75, \underline{SD} = 9.192)$, and posttest (SSRS3) $(\underline{M} = 101.88, \underline{SD} = 6.896)$, indicated that all of the differences between conditions were statistically significant, p < .05. The Tukey test indicated that the problem behaviors section had a statistically significant increase in scores from the pretest (SSRSPB1) (M = 22.63, SD = 12.546), midterm (SSRSPB2) (M = 33.75, SD = 21.379), and posttest (SSRSPB3) (M = 54.63, SD = 16.818), p < .05. By comparing surveys completed at the beginning of the assessment with surveys completed at the end of the assessment, rating scales show gains for every student in the area of social skills. Therefore, one must reject the null hypothesis that no

statistic significant difference will be found between social skills training and the assessment sessions scores. However, when comparing pretest (SSRSPB1) with posttest (SSRSPB3), rating scales show an increase in the student's problem behaviors. Thus, this indicates the intervention contributed to a significant difference in the area of problem behaviors but in the opposite direction of what the teacher-researcher had intended. Therefore, one must reject the null hypothesis that no statistic significant difference will be found between social skills training in problem behavior and assessment scores.

Discussion

Several conclusions may be drawn from the results of the present investigation of social skills and problem behavior. First, the children with special needs who were identified as at-risk for social adjustment problems showed a significant improvement on the SSRS Social Skills composite following the intervention. Second, performance in the area of problem behaviors showed a significant increase, partly due to a participant who had been badly abused by a guardian and had been removed from the home. The participant showed disruptive behavior in the classroom, which in turn contributed to the increase of problem behaviors with the other participants. Third, the SSRS appears to be a useful instrument for identifying and classifying children with specific social skills deficits and has recently been shown by this study to be valid for use with the present population.

Concluding Remarks

Although some children with special needs are able to pick up positive skills through their everyday interactions with adults and peers, it is important that educators and parents reinforce learning of social skills with direct and indirect instruction. One must also recognize when and where children pick up the behaviors and that they might be detrimental to their development or safety. In the past, schools have relied exclusively on families to teach children important interpersonal and conflict resolution skills. However, increased negative societal influences and demands on family life make it imperative that schools partner with parents to facilitate this social learning process.

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