

**Social Skills Training:
Is It Essential for Students with Learning Disabilities?**

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Abstract

In our inclusive schools, teachers work with many children who have learning differences such as attention-deficit hyperactivity disorder (ADHD) and learning disabilities. For most children with special learning needs such as these, educators focus on helping them to achieve academic skills. However, educators are finding that delays in social skills negatively affect students' abilities to reach their academic potential. Social skills training should have equal priority with academics, because without suitable social relationships, children cannot focus on the educational goals designed for them.

In today's inclusive educational system, teachers work with increasing numbers of children who have unique learning needs. Although teachers may teach only a few children with a specific, low-incidence disability, such as cerebral palsy or Down syndrome, they will probably work with many students who have learning differences such as attention-deficit hyperactivity disorder (ADHD) and various learning disabilities. For most children with high-incidence disorders such as ADHD and learning disabilities, the focus is on determining their learning needs and finding appropriate teaching methods. Academics seem to be the top priority in most cases. However, these children also have major issues with social skills and behaviour, and these issues negatively affect their ability to reach their academic potential. As a result, researchers wonder whether social skills training should be essential components of education plans for students with learning disabilities.

Theoretical Background

A primary need of all humans is to be liked and accepted by other human beings (Lavoie, 2005; Mather & Goldstein, 2001). Numerous human development models, such as Maslow's Hierarchy of Human Needs (as cited in Manitoba Education, Citizenship and Youth, 2009), suggest that in order for children to meet needs such as self-actualization, their needs such as hunger, safety and belonging, must first be met. Based on these premises, it makes sense to believe that most social skills errors are unintentional (Lavoie, 2005). One wonders why children would act in a way that would deliberately cause others to dislike or reject them. For students to attain success in academic areas, they must first succeed in social-emotional areas.

A Review of Learning Disabilities Research

In the early 1970s, researchers began to analyze the social-emotional component of learning disabilities (Kavale & Mostert, 2004). Since social skills deficits can adversely affect the students' social domain as well as their academic competence, researchers became more concerned about the effects of these deficits on children's overall development (Maag, 2005). Investigating social skills deficits became even more of an issue when studies determined that a significantly higher proportion of children with learning disabilities exhibit social skills deficits, as compared to their non-learning disabled peers (Bauminger et al., 2005; Gadeyne et al., 2004). Social skills intervention programs were seen as necessary to help students develop the skills needed to ensure academic and vocational success, as well as long-term social acceptance and participation (Gumpel, 2007; Miranda et al., 2008). However, in many cases, teaching these

social skills seems to be last on the list of educational goals (Lopes, 2005). Students are not receiving adequate social skills training to be successful in this area of their development.

Different learning disabilities can affect different aspects of a student's learning: reading and language, math and spatial reasoning, and memory and organizational abilities (Kemp et al., 2009). They can also affect a variety of social abilities: social competence, social cognition, social behaviour, peer status, self-concept, interpersonal skills, social adjustment, anxiety, and communication (Bauminger et al., 2005; Kemp et al., 2009; Miranda et al., 2008). The cognitive and social effects vary by individual and by learning disability. Students diagnosed as having learning disabilities later in their school career tend to have increased social, emotional and behavioural problems (Lopes, 2005; Mather & Goldstein, 2001). There seems to be no one correct way to help support children in learning positive social skills. Students require programs that take into consideration the individual effects of their learning disabilities.

While many children with learning disabilities do not receive an official diagnosis until later in their school years, their inadequate social skills can often be identified in their first years of formal education (Kalyva & Agaliotis, 2009). These children miss their peers' social cues and they may not use appropriate actions when initiating social contacts. Their abilities to cooperate with peers, establish positive relationships, and maintain peer relationships are significantly lower than those of their typically developing peers. Because early years teachers spend many hours teaching and reinforcing basic social rules, many children with learning disabilities may be working on these skills throughout their day, without any specific programming. However, their learning disabilities may hamper their ability to understand and use these social skills appropriately (Gumpel, 2007). As well, middle years teachers tend to reduce the time that they spend reinforcing social skills, and children who do not easily acquire these skills may be left floundering. It is important for teachers to initiate social skills programs as soon as they notice that children are not interacting with their peers in a typical way, as the problems may become so serious that they are difficult to rectify (Lopes, 2005). Moreover, these social skills training programs may need to continue well into the students' adolescent years because they must learn new social skills rules and competencies as they mature.

A Review of Social Skills Intervention Programs

Social skills impairments are more noticeable at school than at home because children interact with more children and adults at school than in their home environment. Consequently, schools generally take on the primary responsibility of implementing social skills training programs (Kavale & Mostert, 2004). At school, students with learning disabilities are surrounded by their peers and by trained educators who can teach social skills properly. Social skills teaching can also be implemented with their academic programming, in order to increase the amount of time spent on social skills instruction.

Various programs are available to provide social skills training for children with learning disabilities who are experiencing social problems. Some programs focus more on the speech and language component of social skills acquisition, while others focus more on nonverbal skills such as reading facial expressions and social cues (Bauminger et al., 2005). Some programs work with a number of students at the same time, while others have an adult working one to one with the child who needs extra support (Kavale & Mostert, 2004). A number of practices, such as social stories that are commonly used with children with autism spectrum disorder, are now being used with children with learning disabilities (Kalyva & Agaliotis, 2009). Intervention programs may focus on teaching new social skills that replace specific, inadequate behaviours (Lavoie, 2005). Therefore, instead of teaching just new social strategies, educators must also teach which strategies are not successful, so that the children no longer use them (Maag, 2005). In order for social skills intervention programs to be successful, they must focus on the students' individual needs, which can vary greatly with specific learning disabilities and other

personal differences (Maag, 2005). There is no “one size fits all” program for teaching social skills.

A major focus of current research is to determine which social skills intervention programs are most successful in meeting students’ social-emotional needs. A concern for many researchers is the lack of success that prior social skills training programs have had. Despite initial social skills gains, certain intervention programs are inadequate because children do not maintain the skills over the long term (Maag, 2005). The potential reasons for this lack of success could be the training programs themselves, the intensity of the programs, the assessment devices used to measure effectiveness, and the conceptual design of the programs (Kavale & Mostert, 2004). There also needs to be more coordination between academic remediation and social skills training programs (Maag, 2005). Social skills programs require time and attention to be successful. We must not discard them in an attempt to find more time for specific academic pursuits.

Social Skills Training is an Essential Component

Based on the research surrounding social skills deficits and students with learning disabilities, it seems clear that social skills training programs are essential components of comprehensive education programs (Maag, 2005). These programs must be developed to meet not only the students’ academic needs, but their social-emotional needs as well. Because certain learning disabilities are not detected until later in a child’s school years these programs should be put into place as soon as social skills deficits are noticed (Lopes, 2005), whether the children are diagnosed with a learning disability or not. Successful intervention programs should be developed to meet children’s specific learning and social needs, and be implemented in a consistent, ongoing manner (Kalyva & Agaliotis, 2009). This instruction may take a number of years, at varying levels of intensity, depending on the students’ current social needs. Effective programs should also include varying degrees of practice, immediate feedback, instruction, and positive reinforcement (Lavoie, 2005). Well-designed and properly implemented programs will ensure the continued use of new social skills, as well as increase the generalization of previously learned skills into different social situations.

Conclusion

During the last three decades, social skills deficits have become a primary source of remediation in children with learning disabilities (Kavale & Mostert, 2004; Maag, 2005). Schools have used social skills training programs to teach the social skills necessary for these children to be successful in their daily lives. Many children with learning disabilities require the extra support provided by social skills intervention programs, but what is not clear is which programs actually work and why. Nevertheless, teaching social skills should have equal priority with academics, because without peer relationships and social connections, children are often not able to focus on learning the curricular goals set out for them (Lavoie, 2005; Manitoba Education, Citizenship and Youth, 2009). Future research needs to focus on determining which programs are most successful for the specific sub-types of learning disabilities and how to facilitate the long-term use of intervention strategies within a student’s education plan. Pro-social skills are essential for the overall development of our students, and educators must ensure that students receive the training required to ensure the healthy development of this vital domain.

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