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# The Relationship Between Social Skills, Social Phobia And Behavior Disorders In Adolescents

Kristin A. Lavery

*Eastern Illinois University*

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THE RELATIONSHIP BETWEEN SOCIAL SKILLS,
SOCIAL PHOBIA AND BEHAVIOR DISORDERS
IN ADOLESCENTS

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# The Relationship Between Social Skills, Social Phobia, and Behavior Disorders in Adolescents

(TITLE)

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## Kristin A. Lavery

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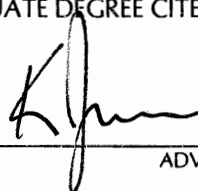
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The Relationship Between Social Skills, Social Phobia, and
Behavior Disorders in Adolescents

Kristin A. Lavery

Eastern Illinois University

Abstract

The relationship between social skills, social phobia, and behavior disorders is poorly understood. Forty adolescents with behavior disorders answered two questionnaires: the Social Phobia and Anxiety Inventory (SPAI) and the Social Skills Rating System (SSRS). Teachers of each student completed the Child Behavior Checklist - Teacher Report Form. Correlational analysis and group comparisons were performed to examine the relationship between social skills, social phobia, and externalized behavior problems (e.g., aggression, delinquency). The results suggested no significant relationship between social skills and social phobia nor were these variables significantly related to the teacher's report of behavior. Implications for future research and limitations of the current study are discussed.

The Relationship Between Social Skills, Social Phobia,

and Behavior Disorders in Adolescents

Lack of age-appropriate behaviors is the most

distinguishing characteristic of adolescents with behavioral

disorders (Lovejoy & Routh, 1988). The Illinois State Board

of Public Education describes students with behavioral

disorders as displaying persistent aggression, delinquency,

inattention, or immaturity. These behaviors often

significantly interfere with learning, interpersonal

relationships, and personal adjustment.

One of the most important predictors of future

adjustment is the ability to develop and maintain

interpersonal relationships (Parker & Asher, 1987). A large

portion of a person's health can be determined by

utilization of social skills. As most of the current

literature maintains, social skills assist an individual in

establishing support systems, developing values, and self-

esteem issues (Christopher, Nangle, & Hansen, 1993; Gresham,

1981). Needless to say, these characteristics are

especially important in the transitional period of

adolescence. Drawing from the critical developmental events

that occur during adolescence it is evident that social skills are necessary for adjusting and coping with the challenges associated with this time period.

As established by researchers interested in development (Christopher et al., 1993), social interactions and relationships become increasingly complicated in adolescence. Larger and more complex peer groups form, more time is chosen to be spent with peers, and interactions with opposite-sex peers are increased. It is during this time that a transition occurs from primarily same-sex interests and playmates of childhood to increased opposite-sex interests and friendships (Christopher et al., 1993).

Surprisingly, the majority of the information on social relationships has been elicited from children (Gresham, 1981; Gresham & Elliott, 1984). Only recently has research begun to investigate social relationships in adolescence (Christopher et al., 1993; Schonert-Reichl, 1993) and few studies have examined social relationships in adolescents with behavioral disorders (Meadows, Neel, Parker, Timo, 1991; Schonert-Reichl). The scarcity of the current literature on social skills in adolescents with behavior

disorders is indeed surprising when one considers that a lack of age-appropriate social skills is a major characteristic of behavioral disorders (Elliott & Gresham, 1993; Gresham, 1982; Singh, Deitz, Epstein, & Singh, 1991).

Epstein, Kauffman, and Cullinan (1985) factor analyzed teacher ratings of behavior and found social incompetence (defined as, social withdrawal and lack of age-appropriate social skills) to be prominent in groups of students with behavioral disorders. Hence, it is not surprising that without interventions for social skill difficulties, adolescents with behavioral disorders are at serious risk for maladjustment and psychiatric disturbances later in life (Singh et al., 1991). Therefore, information about the relationship between social skills deficits and behavioral disorders seems crucial for serving the needs of students with behavioral disorders.

Components of Social Skills

The construct of a social skill has been defined in a multitude of ways through past literature. The definition the present study has adopted is from Foster and Ritchey (1979): "...those responses, which within a given situation,

prove effective, or in other words maximize the probability of producing, maintaining, or enhancing positive effects for the interactor" (p. 626). Essentially, this definition states that social skills provide positive outcomes for a person.

Gresham & Elliott (1984) distinguish social skills by whether or not a child knows how to perform the skill in question and the existence of what is termed emotional arousal responses: anger, anxiety, fear, or impulsivity that interfere with acquiring social behaviors or performing appropriate social behaviors. Social skill deficiencies may be conceptualized along four dimensions (Gresham 1981; Gresham, 1982; Gresham & Elliott, 1984; Gresham & Elliott 1990). These dimensions are: skill deficits, performance deficits, self-control skill deficits, and self-control performance deficits. The key difference between the first two dimensions and the last two dimensions is that the latter two are characterized by the presence of emotional arousal responses.

First, skill deficits may be present in children who do not have the necessary social skills to interact

appropriately with peers. Skill deficits result from not knowing how to interact or not knowing a critical step in the performance of the skill. These are not conceptualized as being influenced by emotional arousal responses. Gresham and Elliott(1984) offers the following examples: an adolescent may not know how to carry on a conversation with peers, appropriately ask to be recognized in class, or give a compliment.

Second, performance deficits describe instances when the adolescent possesses the requisite skill, but does not exhibit the behavior when expected. These deficits may be related to a lack of motivation or an absence of the opportunity to perform the behavior. The key to identifying a performance deficit is distinguishing whether or not the adolescent can perform the behavior. As provided by Gresham and Elliott (1984), if a child does not perform a desired behavior in a classroom situation, but can perform the behavior in a role play situation, it is indicative of a performance deficit. Again, emotional arousal responses (fear, anxiety, etc...) are typically not associated with performance deficits.

A third subset of self-control skill deficits are characterized by the presence of an emotional arousal response which has hindered the acquisition of a social skill. For example, a child with social anxiety may never have learned how to cooperate in a group situation.

Fourth, self-control performance deficits may be characterized by the presence of an emotional arousal response which prevents the demonstration of a social skill consistently or frequently. An example of a self-control performance deficit is when an adolescent who is experiencing much anxiety does not follow the teacher's direction to open his math book although he knows how to open his math book.

Social Skills Assessment

Social skills assessment in students with behavioral disorders has primarily relied upon behavioral observations, sociometric assessment, and teacher ratings to assess social skill deficits (Gresham, 1981). As previously mentioned, one of the distinguishing characteristics of adolescents with behavioral disorders is lack of age-appropriate social skills, which has most frequently been reported by

behavioral observations or the reports of others (Epkins, 1995). Few data exist concerning the self-perception of social skills among adolescents with behavioral disorders (Schonert-Reichl, 1993).

Gresham and Elliott (1990) have developed a reliable and valid measurement of rating student's social skills, the Social Skills Rating System (SSRS) which has different forms for evaluation by parents, teachers, and students. Although the validity of self-report has been questioned (Dodge & Murphy, 1984) emerging literature suggests the importance of self-reports for assessment of behavior. Dodge and Murphy (1984) advocate that persons asked to describe their own behavior may be as successful as experts or tests. In addition, Schonert-Reichl (1993) poses that obtaining direct information from the individual has implications for accurate assessment of emotional and social functioning, can positively influence the individuals self-esteem, and can provide information specific to an individual for interventions.

Bierman and McCauley (1987) concur that perceptions of adolescents are important in their own right even if they do

not agree with that of others.   Their perceptions tell more

about the problem with the individual, real or perceived.

Therefore, it seems important to obtain information about

behaviors directly from adolescents with behavioral

disorders.

## Relationship Among Externalizing and Internalizing Problems

The importance of social skills assessment is

emphasized not only because many adolescents with behavioral

disorders possess poor social skills, but also because

social skill deficits have been shown to be concurrently

associated with other behavior problems.   Specifically,

McConaughy and Skiba (1993) refer to two general

classifications of behavior:   externalizing disorders

(aggression and delinquency; includes behavior disorders)

and internalizing disorders (anxiety, depression, somatic

complaints, and withdrawal).

Achenbach (1991) reported correlations ranging from .45

to .63 between parents' ratings on the Child Behavior

Checklist (CBCL) Externalizing and Internalizing scales.

The presence of both externalizing problems and

internalizing problems indicate that these behaviors may be

functionally related for some children (i.e., social skills

may cause anxiety or vice versa). Additionally, children

who are both anxious and socially deficit may require

different forms of treatment. In order to fully attend to

all of a child's problems, it seems necessary to consider

both externalizing and internalizing disorders.

Comorbidity of Social Skills and Anxiety

Anxiety is a common complaint among people who report

difficulty in social interactions (Lucock & Salkovskis,

1988) and has been found to occur comorbidly with conduct

disorder. For example, Woolston, Rosenthal, Riddle,

Sparrow, Cicchett, and Zimmerman (1989) found an overlap of

51% between populations diagnosed with conduct disorders and

anxiety disorders. Also, McConaughy & Skiba (1993) have

found comorbidity rates for conduct disorders and anxiety

disorders ranging from 25% to 27% in nonreferred samples.

Epstein et al. (1985) found an anxiety-inferiority factor

present in all subsamples of students with behavioral

disorders.

Stravynski and Greenberg (1989) acknowledge that there

are similarities in the lack of ability to act skillfully

(e.g., social skills) and feeling too anxious to act skillfully. However, these authors suggest that the more areas of social skill difficulties experienced by an individual the greater the likelihood that the social skill difficulties are serious enough to impair functioning. In other words, Stravynski and Greenberg (1989) report the problem is a matter of degree rather than kind, and there is considerable overlap (Turner & Beidel, 1989). Epstein et. al. (1985) found specific factors relating to anxiety and feelings of inferiority as well as social incompetence for groups of students with behavioral disorders.

All of the above mentioned studies have investigated the concurrent problems of social skills deficits and anxiety, but have primarily looked at this problem in an exploratory manner. That is, the studies have all performed investigations by using global tests that measure many different variables at once. Studies that specifically measure one or two constructs with a well-defined population are clearly needed.

Social Anxiety Assessment

Social phobia is characterized by impairment in

functioning due to certain types of social or performance
situations, often leading to avoidance behavior (American
Psychiatric Association, 1994). Individuals with social
phobia may fear speaking, eating, drinking, or writing in
public. Often individuals with social phobia have concerns
about embarrassment and are afraid that others will judge
them negatively. Psychological and physiological distress
is often experienced with varying degrees of intensity
(Stravynski & Greenberg, 1989). Lifetime prevalence rates
of social phobia range from 3% to 13%. Social phobia
typically has an onset in the mid-teens (American
Psychiatric Association, 1994).

Turner, Beidel, Dancu, and Stanly (1989) have
established reliability and validity for a measurement of
anxiety which specifically assesses social phobia. This
scale, the Social Phobia and Anxiety Inventory (SPAI), looks
promising for future anxiety research which specifically
addresses assessment of social phobia.

Comorbidity of Social Anxiety and Social Skills Deficits

Children with comorbid social phobia and social skills
deficits may present unique difficulties for assessment and

treatment. Social skills training, for example, has failed

to establish significant improvements with socially anxious

clinical groups (Shepherd & Spence, 1983). Also, systematic

desensitization does not invariably produce improvements in

social phobia (Marzillier, Lambert, & Kellett, 1976).

The presence or absence of social phobia may be

important in social skills training. As noted by Wlazlo,

Schroeder-Hartwig, Hand, Kaiser, & Munchau (1990), the main

assumption in the literature is that anxiety reduction is

the primary mechanism of change for people with social

phobia and skills acquisition is essential for people with

skills deficits. Additionally, there is support of

different remediation strategies for skill acquisition

problems and skill performance problems (Elliott & Gresham,

1993; Gresham, 1984; Trower, Yardly, Bryant, & Shaw, 1978).

Skill acquisition problems are treated by modeling,

coaching, and behavioral rehearsal, whereas skill

performance problems are most effectively treated with

operant and social-cognitive procedures. Appropriate

assessment of social phobia and anxiety may lead to more

effective treatments for adolescence with behavior

disorders. For example, skill acquisition training may be enhanced if the anxiety-provoking stimuli (e.g., public praise or group setting) is removed or altered.

Purpose of the Present Study

Independent studies have shown that specific social skill deficits may be related to anxiety (Gresham & Elliott 1984; 1990), and global anxiety may exist within populations of conduct disordered youth (Achenbach, 1991; McConaughy & Skiba, 1993; Woolston et. Al.,1989). However, the relationship between specific anxiety disorders, social skills deficits, and conduct disorders within a specific population has rarely been investigated. Identifying social phobia among conduct disordered youth is important because teaching of social skills may require alternative or modified procedures. The purpose of the present study is to investigate the relationship between social phobia, social skills, and the school related behavior problems of adolescents with behavioral disorders.

Method

## Participants

Forty adolescents ranging in age from 12 to 19 years with the mean age being 15 years, six months, currently enrolled in a selective school for students with behavioral disorders were participants. Thirteen females and 27 males completed questionnaires. All participants were previously identified by a multidisciplinary team (e.g. classroom teachers, social worker, counselor, psychologist) as behavior disordered according to state and school district criteria.

## Setting

All participants were students enrolled in an alternative school in Eastern Illinois which serves approximately 250 children in Kindergarten through twelfth grade. Primary emphasis is placed on overcoming behavioral problems through individual and group counseling. Each week group counseling focuses on improving social skill deficits utilizing education, discussion, role playing, and modeling.

Instruments

Social Phobia and Anxiety.  The Social Phobia and
Anxiety Inventory (SPAI) (Turner et al., 1989) was used to
assess the extent to which adolescents with behavioral
disorders exhibit cognitive, somatic, and behavioral
symptoms of social phobia (see Appendix A).  The SPAI is a
45-item self-report inventory which the informant rates
performance on a Likert-type scale ranging from 0 (never) to
6 (always).  "I feel anxious when entering social situations
where there is a small group," is a question from the SPAI
inventory.  The SPAI consists of two subscales:  Social
Phobia and Agoraphobia.  The most reliable score is the
difference score.  The difference score is derived from
subtracting the Social Phobia and Agoraphobia total scores
and assesses the level of social phobia a person possesses.
Classification of difference scores are based on the
following cutoffs:  greater than or equal to 80 = probable
Social Phobia; 60-79 = possible social phobia; 34-59 =
possible mild social phobia; less than 34 = social phobia
unlikely.  A cut-off score of 45 as recommended by (Turner
et al., 1989) was used to distinguish high and low social

phobia in calculating group comparisons. The SPAI is a reliable and valid measure of social phobia for adults (Turner et al., 1989) and adolescents (Clark, Turner, Beidel, Donovan, Kirisci, & Jacob, 1994). A test-retest reliability coefficient of $r = .86$ was reported by Clark et al. (1994). Clark et. al. (1994) implemented a confirmatory factor analysis which established the validity of the two separate factors of Social Phobia and Agoraphobia. The SPAI demonstrated good concurrent validity on the Social Phobia, Agoraphobia, and difference scores. Correlations ranged from .33 to .77 on the difference scale, showing statistically significant relationships with independent measures of social phobia and other anxiety variables.

Social skills. The secondary student form of the Social Skills Rating System (SSRS) (Gresham & Elliott, 1990) was used to assess the ability of the adolescents with behavioral disorder to interact effectively with others (see Appendix B). The SSRS is a 39-item, self-report instrument which encompasses two three-point ratings for each question. The two different ratings measure frequency of behavior and

importance of the behavior as assessed by the rater. Both

frequency and importance of the behavior are rated on a

Likert-type scale as follows:  0 = never, 1 = sometimes, 2 =

very often.  A cut-off score of 44 was used to distinguish

high and low social skills in calculating group comparisons.

In addition to a total score subscales including

cooperation, assertion, empathy, and self-control are

measured.  The secondary student form of the SSRS is

applicable for students in grades seven through twelve and

takes approximately 20 minutes to complete.  Raw scores are

converted to standard scores with a mean of 100 and standard

deviation of 15.  The SSRS has a coefficient alpha

reliability of .90 and criterion-related validity of .47

with the Youth Self Report.  The SSRS is a reliable and

valid instrument that identifies behaviors influencing the

student's development of social competence and adaptive

functioning.

Teacher's Report of Behavior.  The Child Behavior

Checklist Teacher's Report Form (TRF) developed by Achenbach

(1991) was used to assess behavioral/emotional problems as

perceived by the adolescent's teacher (see Appendix C).  The

TRF is completed by teachers for students aged 5 to 18. As
described by McConaughy (1993), teachers rate the child on
118 problem items using a Likert-type scale ranging from 0
(never) to 2 (always) for how true each item is now or
within the past 2 months. Cut-off scores for high (greater
to or equal to 67) and low (less than 67) were used as
suggested by Achenbach (1991) for group comparisons. The
TRF yields T scores (x = 50, SD = 10) and percentiles for
academic performance, adaptive functioning, eight cross-
informant syndromes, Internalizing, Externalizing, and total
problems. Most relevant to the current study, the TRF
includes aggression and delinquency factors, which may be
used to assess the presence of conduct disorders according
to DSM-IV (American Psychological Association, 1994;
McConaughy, 1993). The TRF is a reliable (test-retest = .90)
and valid measure of children's behavioral/emotional
problems.

Procedure

The proposed study was presented to the school for
approval. Teachers were then informed of the study, the
benefits, and asked for a commitment to participate. Each

student obtained a signature from their parent or guardian on a consent form that discussed the nature of the study and guaranteed participant confidentiality and anonymity (see Appendix D). Each student then completed the SPAI and SSRS Student Form, which were presented in random order. The students were administered the questionnaires in a classroom setting. Questionnaire administrators systematically directed all students to answer the questions honestly and to ask for help if problems were encountered with reading comprehension (see Appendix E). In addition, the administrators read the directions at the top of the questionnaires to the students and answered questions. Teachers completed a Child Behavior Checklist Teacher's Report Form (CBCL-TRF) for each participating student. Both teachers and students completing questionnaires wrote the student's date of birth and gender on top of each questionnaire which served as their unidentifiable code number. Students received a debriefing form (see Appendix F) referring them to a school counselor if issues needed discussion.

Results

Descriptive Statistics

Mean scores for the SPAI, subscales of the SSRS, and TRF are presented in Table 1.  The total population mean for SPAI difference scores was 38.9 (possible mild social phobia range).  Two students fell within the probable social phobia range and six additional students fell within the possible social phobia range.  The total for social skills (SSRS) ranged from 62 to 130 with a mean of 91.0 (30th percentile). Fifteen students (38%) fell within the lowest behavioral level for social skills.  Child Behavior Check List - Teacher Report Form (TRF) standard score means included: aggression factor = 59.9 (83rd percentile); delinquency factor = 63.8 (92nd percentile); and externalizing factor = 61.4 (86th percentile).  Six students (15%) fell within the aggression clinical range; 12 students (30%) fell within the delinquent clinical range; and eight students (20%) fell within the externalizing clinical range.

Table 1

Means, Standard Deviations, and Ranges for Total Population

---

| | Total Sample (n = 40) | | |
| Measure | Mean | SD | Min. - Max. |
| --- | --- | --- | --- |
| SPAI Difference Score | 38.9 | 23.2 | (1-92) |
| SSRS Total | 91.1 | 16.5 | (62-130) |
| TRF Externalizing Total | 61.4 | 6.1 | (49-77) |
| TRF Subscale Score | | | |
| Aggression | 59.9 | 6.6 | (50-76) |
| Delinquency | 63.8 | 8.1 | (53-89) |

Note. SPAI = Social Phobia and Anxiety Inventory; SSRS = Social Skills Rating System; CBCL-TRF = Child Behavior Checklist-Teacher Report Form.

Correlational Analysis

Correlational analyses were performed between anxiety, social skills, and teacher report of behaviors. The

Pearson-Product Moment Correlation between social phobia and social skills was not significant (r = .18). Correlations between social phobia and teacher's report of externalizing problems were not significant (r = -.07). Additionally, correlations between social skills and teacher's report of externalizing problems were not significant (r = -.02). No significant relationships were found between any of the total or subscale scores for anxiety, social skills, or teacher's report of behavior. A correlation matrix is reported in Table 2.

Table 2

Correlation Matrix for SPAI, SSRS, and CBCL-TRF

|  | SSRS | CBCL EXT. | CBCL DEL. | CBCL AGG. |
| --- | --- | --- | --- | --- |
| SPAI | .18 | -.07 | -.06 | -.06 |
| SSRS |  | -.02 | -.04 | .01 |
| CBCL EXT. |  |  | .64 | .94 |
| CBCL DELINQ. |  |  |  | .39 |

(Table 2 continued)

Note. SPAI = Social Phobia and Anxiety Inventory; SSRS = Social Skills Rating System; CBCL-TRF = Child Behavior Checklist-Teacher Report Form.

Group Comparisons

Group comparisons were performed to further investigate if Social Phobia (low vs. high) or social skills (low vs. high) differentially predicted levels of teacher-reported conduct problems.  First, a group comparison was made between high anxiety (e.g., difference score greater than or equal to 45) and low anxiety (e.g., difference score less than 45) which was defined by Turner et al. (1989).  A series of independent t-tests revealed no differences between low versus high anxiety groups on the Teacher Report Form externalizing, delinquent, or aggressive factors.

A second group comparison was made between high social skills (e.g., difference score greater than or equal to 44) and low social skills (e.g., difference score less than 44)

as determined by dividing the population (Gresham and Elliott, 1990). A series of independent t-tests revealed no differences between low versus high social skills on the selected Teacher Report Form factors.

## Discussion

To what extent do lack of social skills and social anxiety contribute to externalizing problems of adolescents with behavior disorders? Findings in the present investigation suggest little, if any, relationship exists among these variables. No significant correlations between measures of Social Phobia, social skills, or conduct problems were found. Group comparisons revealed no significant difference in conduct problems between levels of Social Phobia (high vs. low) or social skills (high vs. Low). Although a larger percent of the population scored highly on the SPAI, these findings did not support Gresham and Elliott's (1984) classification of social skills deficits. Among this population of students with behavior disorders, social anxiety was not related to social skill deficits. Further, social anxiety did not appear to

differentiate students' responses to social skills training, as evidenced by teacher ratings on the CBCL-TRF.

There have been a number of failures to detect social skill deficits in socially phobic patients (Arkowitz, Lichtenstein, McGovern, & Hines, 1975; Newton, Kindness, & McFudyen, 1983). The relationships among social anxiety, social skills, and conduct problems remain unclear.

Limitations of Study

Several limitations are present in the current investigation. First, the study solely relies upon indirect measures (e.g., teacher reports) to assess levels of conduct problems. The core issue with this form of assessment as described by Witt, Heffer, and Pfeiffer (1990) is that rating scale data are based on perceptions that may be biased. The teachers completing ratings may have answered questions to suit their individual needs. A related concern is the questionable reliability and validity of child and adolescent self-reports. Self-reports like teacher reports may also reflect bias. Witt et al. (1990) encourages investigators to use a variety of modes and sources. Direct observation measures which account somewhat for lack of bias

are one of many supplemental measurement options.

Second, the current investigation had too few participants to investigate possible interactions between social phobia and social skill deficits. For example, high social phobia and poor social skills may present special problems for youth because anxiety-related behavior may interfere with traditional social skill training procedures (e.g., public instructions or modeling). Until a much larger population is assessed, these questions remain unanswered.

Future Directions

An investigation with a similar premise is needed for professionals to better understand adolescents with behavior disorders. However, adjustments to the current methodology need to be considered in future research. First, alternative measures of anxiety and social skills are recommended. Adolescents may have an idealistic view of themselves and the world (Christopher et. al., 1993) that interferes with accurate self-reporting. Teacher report of these behaviors may show a clearer distinction of the problems (Raven & Rubin, 1983). However, due to potential

teacher bias peer ratings, parent ratings, and observations may also be utilized.

A second recommendation for future research includes more direct measures of conduct problems. Alternative ways of measuring conduct problems include: grades, daily social skill cards completed by the teacher, office referrals, etc.

Third, for preliminary investigations such as this one, a more heterogeneous population may be warranted. A larger population, including nonclinical samples, may allow for more sophisticated analysis of the variables.

The current study suggests that further investigation of social skills and social anxiety in adolescents with behavior disorders is needed. Social skills are at the core of the problems seen in adolescents with behavior disorders. Thus, treating this population successfully is dependent upon thoroughly investigating all obstacles to traditional treatment of social skills including the presence of social anxiety.

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Appendix A

Social Phobia and Anxiety Inventory

(Turner, Beidel, & Dancu, 1989)

# SPAI-THE SOCIAL PHOBIA AND ANXIETY INVENTORY

Name:_____ Age:_____ Sex: M  F   Date:____/____/____

**Please use the scale listed opposite and circle the number which best reflects how frequently you experience these responses.**

| | Never | Very Infrequent | Infrequent | Sometimes | Frequent | Very Frequent | Always |
|---|---|---|---|---|---|---|---|
| 1. I feel anxious when entering social situations where there is a small group | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. I feel anxious when entering social situations where there is a large group | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. I feel anxious when I am in a social situation and I become the center of attention | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. I feel anxious when I am in a social situation and I am expected to engage in some activity | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. I feel anxious when making a speech in front of an audience | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. I feel anxious when speaking in a small informal meeting | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. I feel so anxious about attending social gatherings that I avoid these situations | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. I feel so anxious in social situations that I leave the social gathering | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. I feel anxious when in a small gathering with: | | | | | | | |
|   strangers | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   authority figures | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   opposite sex | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   people in general | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. I feel anxious when in a large gathering with: | | | | | | | |
|   strangers | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   authority figures | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   opposite sex | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   people in general | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. I feel anxious when in a bar or restaurant with: | | | | | | | |
|   strangers | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   authority figures | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   opposite sex | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   people in general | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. I feel anxious and I do not know what to do when in a new situation with: | | | | | | | |
|   strangers | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   authority figures | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   opposite sex | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   people in general | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 13. I feel anxious and I do not know what to do when in a situation involving confrontation with: | | | | | | | |
|   strangers | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   authority figures | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   opposite sex | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   people in general | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. I feel anxious and I do not know what to do when in an embarassing situation with: | | | | | | | |
|   strangers | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   authority figures | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   opposite sex | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   people in general | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. I feel anxious when discussing intimate feelings with: | | | | | | | |
|   strangers | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   authority figures | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   opposite sex | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   people in general | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 16. I feel anxious when stating an opinion to: | | | | | | | |
|   strangers | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   authority figures | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   opposite sex | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   people in general | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 17. I feel anxious when talking about business with: | | | | | | | |
|   strangers | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   authority figures | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   opposite sex | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   people in general | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 18. I feel anxious when approachng and/or initiating a conversation with: | | | | | | | |
|   strangers | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   authority figures | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   opposite sex | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   people in general | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 19. I feel anxious when having to interact for longer than a few minutes with: | | | | | | | |
|   strangers | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   authority figures | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   opposite sex | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|   people in general | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

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*Please flip form over for items 20 to 45*

PAGE 2

**Please use the scale listed opposite and circle the number which best reflects how frequently you experience these responses.** 👉

Scale: Never (0), Very Infrequent (1), Infrequent (2), Sometimes (3), Frequent (4), Very Frequent (5), Always (6)

20. I feel anxious when drinking (any type of beverage) and/or eating in front of:

| | Never | Very Infrequent | Infrequent | Sometimes | Frequent | Very Frequent | Always |
|---|---|---|---|---|---|---|---|
| strangers | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| authority figures | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| opposite sex | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| people in general | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

21. I feel anxious when writing or typing in front of:

| | Never | Very Infrequent | Infrequent | Sometimes | Frequent | Very Frequent | Always |
|---|---|---|---|---|---|---|---|
| strangers | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| authority figures | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| opposite sex | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| people in general | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

22. I feel anxious when speaking in front of:

| | Never | Very Infrequent | Infrequent | Sometimes | Frequent | Very Frequent | Always |
|---|---|---|---|---|---|---|---|
| strangers | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| authority figures | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| opposite sex | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| people in general | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

23. I feel anxious when being criticized or rejected by:

| | Never | Very Infrequent | Infrequent | Sometimes | Frequent | Very Frequent | Always |
|---|---|---|---|---|---|---|---|
| strangers | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| authority figures | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| opposite sex | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| people in general | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

24. I attempt to avoid social situations where there are:

| | Never | Very Infrequent | Infrequent | Sometimes | Frequent | Very Frequent | Always |
|---|---|---|---|---|---|---|---|
| strangers | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| authority figures | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| opposite sex | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| people in general | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

25. I leave social situations where there are:

| | Never | Very Infrequent | Infrequent | Sometimes | Frequent | Very Frequent | Always |
|---|---|---|---|---|---|---|---|
| strangers | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| authority figures | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| opposite sex | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| people in general | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

26. Before entering a social situation I think about all the things that can go wrong. The types of thoughts I experience are:

| | Never | Very Infrequent | Infrequent | Sometimes | Frequent | Very Frequent | Always |
|---|---|---|---|---|---|---|---|
| Will I be dressed properly? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| I will probably make a mistake and look foolish | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| What will I do if no one speaks to me? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| If there is a lag in the conversation, what can I talk about? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| People will notice how anxious I am | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

| | Never | Very Infrequent | Infrequent | Sometimes | Frequent | Very Frequent | Always |
|---|---|---|---|---|---|---|---|
| 27. I feel anxious before entering a social situation | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 28. My voice leaves me or changes when I am talking in a social situation | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 29. I am not likely to speak to people until they speak to me | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

30. I experience troubling thoughts when I am in a social setting. For example:

| | Never | Very Infrequent | Infrequent | Sometimes | Frequent | Very Frequent | Always |
|---|---|---|---|---|---|---|---|
| I wish I could leave and avoid the whole situation | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| If I mess up again I will really lose my confidence | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| What kind of impression am I making? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Whatever I say it will probably sound stupid | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

31. I experience the following prior to entering a social situation:

| | Never | Very Infrequent | Infrequent | Sometimes | Frequent | Very Frequent | Always |
|---|---|---|---|---|---|---|---|
| Sweating | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Frequent urge to urinate | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Heart palpitations | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

32. I experience the following in a social situation:

| | Never | Very Infrequent | Infrequent | Sometimes | Frequent | Very Frequent | Always |
|---|---|---|---|---|---|---|---|
| Sweating | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Blushing | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Shaking | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Frequent urge to urinate | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Heart palpitations | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

| | Never | Very Infrequent | Infrequent | Sometimes | Frequent | Very Frequent | Always |
|---|---|---|---|---|---|---|---|
| 33. I feel anxious when I am home alone | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 34. I feel anxious when I am in a strange place | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 35. I feel anxious when I am on any form of public transportation (e.g., bus, train, airplane) | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 36. I feel anxious when crossing streets | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 37. I feel anxious when I am in crowded public places (e.g., stores, church, movies, restaurants, etc.) | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 38. Being in large open spaces makes me feel anxious | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 39. I feel anxious when I am enclosed in places (e.g., elevators, tunnels, etc.) | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 40. Being in high places makes me feel anxious (e.g., tall buildings) | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 41. I feel anxious when waiting in a long line | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 42. There are times when I feel like I have to hold on to things because I am afraid I will fall | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 43. When I leave home and go to various places, I go with a family member or a friend | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 44. I feel anxious when riding in a car | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 45. There are certain places I do not go to because I may feel trapped | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

Appendix B

Social Skills Rating System:   Secondary Student Version

(Gresham and Elliott, 1992)

This paper lists a lot of things that students your age may do. Please read each sentence and think about yourself. Decide **how often** you do the behavior described.

> If you **never** do this behavior, circle the **0**.
> If you **sometimes** do this behavior, circle the **1**.
> If you **very often** do this behavior, circle the **2**.

Then, decide how important the behavior is to your relationships with others.

> If it is **not important** to your relationships, circle the **0**.
> If it is **important** to your relationships, circle the **1**.
> If it is **critical** to your relationships, circle the **2**.

Here are two examples:

|  | How Often? | | | | How Important? | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Never | Sometimes | Very Often | | Not Important | Important | Critical |
| I start conversations with classmates. | 0 | 1 | ②️ | | 0 | ①️ | 2 |
| I keep my desk clean and neat. | 0 | ①️ | 2 | | ⓪️ | 1 | 2 |

*This student **very often** starts conversations with classmates, and starting conversations with classmates is **important** to this student. This student **sometimes** keeps his or her desk clean and neat but a clean and neat desk is **not important** to this student.*

If you change an answer, be sure to erase completely. Please answer all questions. When you are finished, wait for further directions from your teacher. Be sure to ask questions if you do not know what to do. There are no right or wrong answers, just your feelings of how often you do these things and how important they are to you.

**Begin working when told to do so.**

| FOR OFFICE USE ONLY How Often? | | | | Social Skills | How Often? | | | | How Important? | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| C | A | E | S | | Never | Sometimes | Very Often | | Not Important | Important | Critical |
|  |  |  |  | 1. I make friends easily. | 0 | 1 | 2 | | 0 | 1 | 2 |
|  |  |  |  | 2. I say nice things to others when they have done something well. | 0 | 1 | 2 | | 0 | 1 | 2 |
|  |  |  |  | 3. I ask adults for help when other children try to hit me or push me around. | 0 | 1 | 2 | | 0 | 1 | 2 |
|  |  |  |  | 4. I am confident on dates. | 0 | 1 | 2 | | 0 | 1 | 2 |
|  |  |  |  | 5. I try to understand how my friends feel when they are angry, upset, or sad. | 0 | 1 | 2 | | 0 | 1 | 2 |
|  |  |  |  | 6. I listen to adults when they are talking with me. | 0 | 1 | 2 | | 0 | 1 | 2 |
|  |  |  |  | 7. I ignore other children when they tease me or call me names. | 0 | 1 | 2 | | 0 | 1 | 2 |
|  |  |  |  | 8. I ask friends for help with my problems. | 0 | 1 | 2 | | 0 | 1 | 2 |
|  |  |  |  | 9. I ask before using other people's things. | 0 | 1 | 2 | | 0 | 1 | 2 |
|  |  |  |  | 10. I disagree with adults without fighting or arguing. | 0 | 1 | 2 | | 0 | 1 | 2 |
|  |  |  |  | 11. I avoid doing things with others that may get me in trouble with adults. | 0 | 1 | 2 | | 0 | 1 | 2 |
|  |  |  |  | 12. I feel sorry for others when bad things happen to them. | 0 | 1 | 2 | | 0 | 1 | 2 |
| C | A | E | S | SUMS OF HOW OFTEN COLUMNS | | | | | | | |

2

## Social Skills (cont.)

| | | | | Item | How Often? | | | | How Important? | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| C | A | E | S | | Never | Sometimes | Very Often | | Not Important | Important | Critical |
| | | | | 13. I do my homework on time. | 0 | 1 | 2 | | 0 | 1 | 2 |
| | | | | 14. I keep my desk clean and neat. | 0 | 1 | 2 | | 0 | 1 | 2 |
| | | | | 15. I do nice things for my parents like helping with household chores without being asked. | 0 | 1 | 2 | | 0 | 1 | 2 |
| | | | | 16. I am active in school activities such as sports or clubs. | 0 | 1 | 2 | | 0 | 1 | 2 |
| | | | | 17. I finish classroom work on time. | 0 | 1 | 2 | | 0 | 1 | 2 |
| | | | | 18. I compromise with parents or teachers when we have disagreements. | 0 | 1 | 2 | | 0 | 1 | 2 |
| | | | | 19. I ignore classmates who are clowning around in class. | 0 | 1 | 2 | | 0 | 1 | 2 |
| | | | | 20. I ask someone I like for a date. | 0 | 1 | 2 | | 0 | 1 | 2 |
| | | | | 21. I listen to my friends when they talk about problems they are having. | 0 | 1 | 2 | | 0 | 1 | 2 |
| | | | | 22. I end fights with my parents calmly. | 0 | 1 | 2 | | 0 | 1 | 2 |
| | | | | 23. I give compliments to members of the opposite sex. | 0 | 1 | 2 | | 0 | 1 | 2 |
| | | | | 24. I tell other people when they have done something well. | 0 | 1 | 2 | | 0 | 1 | 2 |
| | | | | 25. I smile, wave, or nod at others. | 0 | 1 | 2 | | 0 | 1 | 2 |
| | | | | 26. I start conversations with opposite-sex friends without feeling uneasy or nervous. | 0 | 1 | 2 | | 0 | 1 | 2 |
| | | | | 27. I accept punishment from adults without getting mad. | 0 | 1 | 2 | | 0 | 1 | 2 |
| | | | | 28. I let friends know I like them by telling or showing them. | 0 | 1 | 2 | | 0 | 1 | 2 |
| | | | | 29. I stand up for my friends when they have been unfairly criticized. | 0 | 1 | 2 | | 0 | 1 | 2 |
| | | | | 30. I invite others to join in social activities. | 0 | 1 | 2 | | 0 | 1 | 2 |
| | | | | 31. I use my free time in a good way. | 0 | 1 | 2 | | 0 | 1 | 2 |
| | | | | 32. I control my temper when people are angry with me. | 0 | 1 | 2 | | 0 | 1 | 2 |
| | | | | 33. I get the attention of members of the opposite sex without feeling embarrassed. | 0 | 1 | 2 | | 0 | 1 | 2 |
| | | | | 34. I take criticism from my parents without getting angry. | 0 | 1 | 2 | | 0 | 1 | 2 |
| | | | | 35. I follow the teacher's directions. | 0 | 1 | 2 | | 0 | 1 | 2 |
| | | | | 36. I use a nice tone of voice in classroom discussions. | 0 | 1 | 2 | | 0 | 1 | 2 |
| | | | | 37. I ask friends to do favors for me. | 0 | 1 | 2 | | 0 | 1 | 2 |
| | | | | 38. I start talks with classroom members. | 0 | 1 | 2 | | 0 | 1 | 2 |
| | | | | 39. I talk things over with classmates when there is a problem or an argument. | 0 | 1 | 2 | | 0 | 1 | 2 |

| C | A | E | S | SUMS OF HOW OFTEN COLUMNS |
|---|---|---|---|---|

**Stop. Please check to be sure all items have been marked.**

## SUMMARY

### SOCIAL SKILLS

| HOW OFTEN? TOTAL | | BEHAVIOR LEVEL (see Appendix A) | | |
|---|---|---|---|---|
| (sums from p. 2) | (sums from p. 3) | Fewer | Average | More |
| C + = | | | | |
| A + = | | | | |
| E + = | | | | |
| S + = | | | | |
| Total (C + A + E + S) | | | | |

*(see Appendix D)*

| Standard Score | | Percentile Rank | |
|---|---|---|---|
| | | | |

*(see Appendix E)*

| SEM ± | | Confidence Level 68% ☐  95% ☐ |
|---|---|---|

| Confidence Band (standard scores) | to |
|---|---|

Appendix C

Child Behavior Checklist-Teacher Report Form

(Achenbach, 1991)

Below is a list of items that describe pupils. For each item that describes the pupil now or within the past 2 months, please circle the 2 if the item is very true or often true of the pupil. Circle the 1 if the item is somewhat or sometimes true of the pupil. If the item is not true of the pupil, circle the 0.

**0 = Not True (as far as you know)**    **1 = Somewhat or Sometimes True**    **2 = Very True or Often True**

| | | | |
|---|---|---|---|
| 0 1 2 | 1. Acts too young for his/her age | 0 1 2 | 31. Fears he/she might think or do something bad |
| 0 1 2 | 2. Hums or makes other odd noises in class | 0 1 2 | 32. Feels he/she has to be perfect |
| 0 1 2 | 3. Argues a lot | 0 1 2 | 33. Feels or complains that no one loves him/her |
| 0 1 2 | 4. Fails to finish things he/she starts | 0 1 2 | 34. Feels others are out to get him/her |
| 0 1 2 | 5. Behaves like opposite sex | 0 1 2 | 35. Feels worthless or inferior |
| 0 1 2 | 6. Defiant, talks back to staff | 0 1 2 | 36. Gets hurt a lot, accident-prone |
| 0 1 2 | 7. Bragging, boasting | 0 1 2 | 37. Gets in many fights |
| 0 1 2 | 8. Can't concentrate, can't pay attention for long | 0 1 2 | 38. Gets teased a lot |
| 0 1 2 | 9. Can't get his/her mind off certain thoughts; obsessions (describe): _____ | 0 1 2 | 39. Hangs around with others who get in trouble |
| | | 0 1 2 | 40. Hears things that aren't there (describe): |
| | _____ | | _____ |
| 0 1 2 | 10. Can't sit still, restless, or hyperactive | 0 1 2 | 41. Impulsive or acts without thinking |
| | | 0 1 2 | 42. Likes to be alone |
| 0 1 2 | 11. Clings to adults or too dependent | 0 1 2 | 43. Lying or cheating |
| 0 1 2 | 12. Complains of loneliness | 0 1 2 | 44. Bites fingernails |
| 0 1 2 | 13. Confused or seems to be in a fog | 0 1 2 | 45. Nervous, highstrung, or tense |
| 0 1 2 | 14. Cries a lot | 0 1 2 | 46. Nervous movements or twitching (describe): |
| 0 1 2 | 15. Fidgets | | _____ |
| 0 1 2 | 16. Cruelty, bullying, or meanness to others | | |
| 0 1 2 | 17. Day-dreams or gets lost in his/her thoughts | 0 1 2 | 47. Overconforms to rules |
| 0 1 2 | 18. Deliberately harms self or attempts suicide | 0 1 2 | 48. Not liked by other pupils |
| 0 1 2 | 19. Demands a lot of attention | 0 1 2 | 49. Has difficulty learning |
| 0 1 2 | 20. Destroys his/her own things | 0 1 2 | 50. Too fearful or anxious |
| 0 1 2 | 21. Destroys property belonging to others | 0 1 2 | 51. Feels dizzy |
| 0 1 2 | 22. Difficulty following directions | 0 1 2 | 52. Feels too guilty |
| 0 1 2 | 23. Disobedient at school | 0 1 2 | 53. Talks out of turn |
| 0 1 2 | 24. Disturbs other pupils | 0 1 2 | 54. Overtired |
| 0 1 2 | 25. Doesn't get along with other pupils | 0 1 2 | 55. Overweight |
| 0 1 2 | 26. Doesn't seem to feel guilty after misbehaving | | 56. Physical problems without known medical cause |
| 0 1 2 | 27. Easily jealous | 0 1 2 | a. Aches or pains |
| 0 1 2 | 28. Eats or drinks things that are not food (describe): _____ | 0 1 2 | b. Headaches |
| | | 0 1 2 | c. Nausea, feels sick |
| | _____ | 0 1 2 | d. Problems with eyes (describe): _____ |
| | _____ | | _____ |
| 0 1 2 | 29. Fears certain animals, situations, or places other than school (describe): _____ | 0 1 2 | e. Rashes or other skin problems |
| | | 0 1 2 | f. Stomachaches or cramps |
| | | 0 1 2 | g. Vomiting, throwing up |
| | _____ | 0 1 2 | h. Other (describe): _____ |
| | | | _____ |
| 0 1 2 | 30. Fears going to school | | |

| | | | |
|---|---|---|---|
| 0. | 1 | 2 | 57. Physically attacks people |
| 0 | 1 | 2 | 58. Picks nose, skin, or other parts of body (describe): _____ |
| 0 | 1 | 2 | 59. Sleeps in class |
| 0 | 1 | 2 | 60. Apathetic or unmotivated |
| 0 | 1 | 2 | 61. Poor school work |
| 0 | 1 | 2 | 62. Poorly coordinated or clumsy |
| 0 | 1 | 2 | 63. Prefers being with older children |
| 0 | 1 | 2 | 64. Prefers being with younger children |
| 0 | 1 | 2 | 65. Refuses to talk |
| 0 | 1 | 2 | 66. Repeats certain acts over and over; compulsions (describe): _____ |
| 0 | 1 | 2 | 67. Disrupts class discipline |
| 0 | 1 | 2 | 68. Screams a lot |
| 0 | 1 | 2 | 69. Secretive, keeps things to self |
| 0 | 1 | 2 | 70. Sees things that aren't there (describe): _____ |
| 0 | 1 | 2 | 71. Self-conscious or easily embarrassed |
| 0 | 1 | 2 | 72. Messy work |
| 0 | 1 | 2 | 73. Behaves irresponsibly (describe): _____ |
| 0 | 1 | 2 | 74. Showing off or clowning |
| 0 | 1 | 2 | 75. Shy or timid |
| 0 | 1 | 2 | 76. Explosive and unpredictable behavior |
| 0 | 1 | 2 | 77. Demands must be met immediately, easily frustrated |
| 0 | 1 | 2 | 78. Inattentive, easily distracted |
| 0 | 1 | 2 | 79. Speech problem (describe): _____ |
| 0 | 1 | 2 | 80. Stares blankly |
| 0 | 1 | 2 | 81. Feels hurt when criticized |
| 0 | 1 | 2 | 82. Steals |
| 0 | 1 | 2 | 83. Stores up things he/she doesn't need (describe): _____ |

| | | | |
|---|---|---|---|
| 0 | 1 | 2 | 84. Strange behavior (describe): _____ |
| 0 | 1 | 2 | 85. Strange ideas (describe): _____ |
| 0 | 1 | 2 | 86. Stubborn, sullen, or irritable |
| 0 | 1 | 2 | 87. Sudden changes in mood or feelings |
| 0 | 1 | 2 | 88. Sulks a lot |
| 0 | 1 | 2 | 89. Suspicious |
| 0 | 1 | 2 | 90. Swearing or obscene language |
| 0 | 1 | 2 | 91. Talks about killing self |
| 0 | 1 | 2 | 92. Underachieving, not working up to potential |
| 0 | 1 | 2 | 93. Talks too much |
| 0 | 1 | 2 | 94. Teases a lot |
| 0 | 1 | 2 | 95. Temper tantrums or hot temper |
| 0 | 1 | 2 | 96. Seems preoccupied with sex |
| 0 | 1 | 2 | 97. Threatens people |
| 0 | 1 | 2 | 98. Tardy to school or class |
| 0 | 1 | 2 | 99. Too concerned with neatness or cleanliness |
| 0 | 1 | 2 | 100. Fails to carry out assigned tasks |
| 0 | 1 | 2 | 101. Truancy or unexplained absence |
| 0 | 1 | 2 | 102. Underactive, slow moving, or lacks energy |
| 0 | 1 | 2 | 103. Unhappy, sad, or depressed |
| 0 | 1 | 2 | 104. Unusually loud |
| 0 | 1 | 2 | 105. Uses alcohol or drugs (describe): _____ |
| 0 | 1 | 2 | 106. Overly anxious to please |
| 0 | 1 | 2 | 107. Dislikes school |
| 0 | 1 | 2 | 108. Is afraid of making mistakes |
| 0 | 1 | 2 | 109. Whining |
| 0 | 1 | 2 | 110. Unclean personal appearance |
| 0 | 1 | 2 | 111. Withdrawn, doesn't get involved with others |
| 0 | 1 | 2 | 112. Worrying |

113. Please write in any problems the pupil has that were not listed above:

| | | | |
|---|---|---|---|
| 0 | 1 | 2 | _____ |
| 0 | 1 | 2 | _____ |
| 0 | 1 | 2 | _____ |

Appendix D

Parent or Guardian Consent Form

## Parent or Guardian Consent

I grant permission for Kristin Lavery, a student at Eastern Illinois University completing her master's thesis to administer a questionnaire to _____, for whom I am the legal parent or guardian. I understand that my child will be given two rating scales that assess social skills and there will be no questions asked verbally.

Participation in this study is completely voluntary. I understand that my child is free to withdraw from this study at any time without penalty. I understand that this study is not expected to involve risks greater than those ordinarily encountered during the school day. Although there does not seem to be any risks, some adolescents may feel uncomfortable when asked questions about their personal lives. Lastly, I understand that confidentiality and anonymity will be maintained with regard to the child's participation. Under no circumstances will identifying information be revealed in this study.

General results of this study will be provided to TLC team members to help aid in teaching social skills to all students.

_____ I have read and understand the above and I hereby give my consent for my child to participate in this study.

_____ I have read and understand the above and do NOT wish for my child to participate in this study.


Parental/Guardian Signature and
Date_____

Appendix E

Debriefing Form

## DEBRIEFING

Thank you very much for answering the questionnaires concerning social skills. The results will help clarify the extent to which social skill deficits and social anxiety are exhibited in adolescents with behavioral disorders.

The general results will be available to you at a later date through your teacher. If these questionnaires have raised any troubling issues for you, I recommend you discuss the specific issues with your counselor. Thank you.

Appendix F

Student Questionnaire Directions

# Directions for Giving Questionnaires

SPAI (Social Phobia and Anxiety Inventory)

1. Pencil or pen may be used. NO ERASING, PLEASE. The scoring sheet will pick-up the erasure marks.
2. Put your date of birth on page 2 where it says name. Names are not needed.
3. Press hard on the questionnaire. Your response must go through several pages. Answer the front and back. Please leave the inside pages alone.

SSRS (Social Skills Rating System)

1. Please put your date of birth in the upper right hand corner. No names.
2. For each question please answer both how often the behavior occurs and the importance of the behavior.

*Please answer all questions honestly.
*If you do need help reading the questionnaire or do not understand the questionnaire ask for help.

THANK YOU!!! THANK YOU!!! THANK YOU!!! THANK YOU!!! TH