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AN EVALUATION OF THE EFFICACY OF A SOCIAL

SKILLS TRAINING PROGRAM WITH YOUNG

MULTIPLY HANDICAPPED STUDENTS.

by
Michele L. Kratz

A Thesis

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Approved by _____
Dr. Stanley Urban

Date Approved ___ 5 - 9 - 97 _____

ABSTRACT

Michele L. Kratz

An Evaluation of the Efficacy of a Social

Skills Training Program With Young

Multiply Handicapped Students.

1997

Dr. Stanley Urban

Master of Arts in Learning Disabilities

This study was designed to analyze the efficacy of a formal social skills training(SST) program on a group of self-contained, Multiply Handicapped students. The treatment group, consisting of 24 students, underwent five months of formal SST, at least three times a week for a 30 to 50 minute period. The participating teachers were trained in, and followed, Elias and Clabby's Social Decision Making and Problem Solving: Revised Readiness Curriculum (1988). They were asked to complete pre- and post test likert scales(Social Problem Solving Skills Checklist) on the presence of specific social skills in each student.

Average gains in the areas of self control skills, group and social awareness, and getting along with self and others were calculated, totaled, and

analyzed against three comparison groups representing a Regular Education sample(22 students), a Resource Center sample(17 students), and a Self-Contained, Multiply Handicapped comparison sample(21 students).

Results indicated that formal SST not only improved the acquisition of specific skills, but enabled the Self-Contained Treatment group to obtain the highest percentage gains in all areas, progressing at a faster rate than any of the comparison groups. This study emphasized the importance of a SST program, and it's efficacy on young, Multiply Handicapped students.

MINI ABSTRACT

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This study was designed to analyze the efficacy of social skills training(SST) on young, Multiply Handicapped students. Results indicated improvement in the acquisition of specific skills, and rapid gains as compared to students in equal and less restrictive environments. This study emphasized the importance of a SST program, and it's efficacy on young, Multiply Handicapped students.

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CHAPTER ONE

Over the past two decades, the acquisition of social skills has grown to become a significant component of the specialized curriculum for multiply handicapped students who have emotional/behavioral disorders. The ability to interact appropriately with peers and adults, is as important to the adjustment of the student as the acquisition of academic skills. The lack of social skills, or severe skill deficits, can result in juvenile delinquency, poor peer acceptance, and adult maladjustment to name just a few consequences (Bender, 1993; Sack, 1995; Schnacker, 1995; Torrey, Vasa, Maag & Kramer, 1992).

In order to achieve social competence, students must possess a variety of positive social skills and pro-social behavioral characteristics. Students need to be able to communicate clearly and work cooperatively with others. They must be able to express feelings and opinions as well as accept and appreciate the perspective of others. They should demonstrate problem solving skills such as identifying a goal, anticipating consequences, and negotiating a compromise, and they should use appropriate coping strategies when dealing with feelings such as anger and frustration (Elias & Clabby, 1988; Sack, 1995). It is not a question of possessing grace in social situations, but of possessing specific survival skills necessary to becoming a contributing member of society.

For many multiply handicapped students with behavioral disorders, the acquisition of these skills is not automatic. It has become the educator's responsibility to train students in social skills, although many feel ill-prepared for

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the task. An abundance of commercial curricula have been developed to help satisfy the need for a more direct approach to social skills training (SST), and yet the means to assist students to generalize these skills remains virtually unstudied.

Another more crucial issue, however, is the degree of improvement which is possible in children with emotional disorders, even when specialized training is provided. Many students with emotional/behavioral disorders are enrolled in programs that spend a great deal of time instructing students in social skills. Is it worth it? Does the degree of social skills acquisition and improvement justify the amount of time spent in SST? Many teachers have a difficult time focusing on improving students' social skills, and often feel that they are doing so at the expense of academics. Other teachers argue that SST is time well spent, and improved social skills enables more learning to occur in the future, with less socially inappropriate disruptions (McLeod, 1993).

The program employed in this study, the Social Decision Making and Problem Solving: Revised Readiness Curriculum, was developed in 1988 by Drs. Maurice Elias and John Clabby at the University of Medicine and Dentistry in New Jersey. Developed to help students learn to cope with everyday problems, it attempts to provide students with the "tools for decision making (Elias & Clabby, 1988)." The first two units deal specifically with self-control skills, and group and social awareness. In the self-control unit, students work on turn taking in group conversations, recognizing feelings of self and others, remaining calm in trigger situations, and interpreting body language. Unit II works on praise and criticism, making friends, and asking for help and giving help to others. Units III and IV concentrate on getting along with self and others. The classroom teachers used a variety of supplemental materials with each

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lesson, and incorporated many of the skills taught into the existing behavior modification program, offering additional rewards and praise to help promote the generalization of skills to other areas of the day.

Purpose of the Study

The purpose of this study is to examine the effectiveness of a social problem solving curriculum applied to a group of multiply handicapped elementary students with emotional/behavioral disorders. Pre and post test measures will be used to assess student acquisition and performance of specific social skills in self-control, group and social awareness and getting along with self and others (Elias & Clabby, 1988). Further comparisons will be made between the treatment group and several comparable groups who will not be receiving SST.

Research Question

The following research questions are asked for differences across the four groups of children that are subjects in this study.

Research Question 1 -- Will a group of self-contained, multiply handicapped students, who receive training through the use of the Social Decision Making and Problem Solving: Revised Readiness Curriculum, make greater gains in self control than three comparable groups of children who do not receive instruction using this curriculum?

Research Question 2 -- Will a group of self-contained, multiply handicapped students, who receive training through the use of the Social Decision Making

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and Problem Solving: Revised Readiness Curriculum, make greater gains in group and social awareness than three comparable groups of children who do not receive instruction using this curriculum?

Research Question 3 -- Will a group of self-contained, multiply handicapped students, who receive training through the use of the Social Decision Making and Problem Solving: Revised Readiness Curriculum, make greater gains in getting along with self and others than three comparable groups of children who do not receive instruction using this curriculum?

Research Question 4 -- Will a group of self-contained, multiply handicapped students, who receive training through the use of the Social Decision Making and Problem Solving: Revised Readiness Curriculum, make greater gains in total social skills acquisition than three comparable groups of children who do not receive instruction using this curriculum?

Need for the Study

Bender (1993) noted two concerns educators had about teaching social skills: Insufficient knowledge to provide appropriate social skills instruction, and a burden on their academic curricula. While educators do not receive a great deal of instruction on the pedagogical level for SST, new curricula has been developed with this in mind, and many are accompanied by multi-day inservices and workshops.

The second concern, interference with the acquisition of academic skills, should be broken down into two parts – time and importance. Special educators are aware of the social skills deficits that exist in the student

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population, and the affect these deficits have on student relations with peers and adults. Most teachers appreciate that greater social skills would reduce many negative classroom behaviors that already interfere with the acquisition of academic skills, and therefore provide more time for academics in the long run (Rutherford, Quinn, & Mathur, 1996).

However, this is dependent on the success of these social skills interventions. Social skills training programs must produce actual behavioral changes that students can generalize to other situations and maintain long after the intervention has been discontinued (Torrey et al., 1992). Without this success, SST loses it's importance to educators and students, and no longer seems beneficial. As long as educators can view SST as a successful endeavor, it will not be perceived as a burden on their academic curricula, and they will provide the necessary instructional time. Therefore, the educators greatest concern is not interference with the academic curriculum, but the success of SST.

Value of the Study

The fact that social skills training results in increased social skills acquisition is no longer argued in the literature. It is viewed as a certainty that with an effective, systematic social skills training program, all students can learn these skills. As long as the SST approaches are chosen to meet the individual student's needs, instruction will be effective (Warger & Rutherford, 1993).

This investigation will evaluate the effectiveness of Elias and Clabby's Social Decision Making and Problem Solving: Revised Readiness Curriculum(1988). It is expected that all the students involved in this project, in both the treatment and comparable groups, will make progress in the area of

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social skills over the course of this five month observation period. However, the value of this project is in determining how much _more_ progress the treatment group makes, in comparison to the non-treatment groups.

Most self-contained students do not have the opportunity to interact with socially appropriate peer role models at school on a daily basis. Therefore, they are at a disadvantage in acquiring appropriate social skills. However, with formal, systematic instruction, they should surpass a group of self-contained peers who are not receiving instruction using Elias and Clabby's curriculum. In fact, it is expected that the experimental group will make similar pre- to post test progress as the resource center comparison group. Although the resource center students are not receiving formal SST, they are mainstreamed for at least three hours a day, and therefore have greater opportunities to interact with peers displaying appropriate pro-social behaviors. The third comparison group, the regular education, first grade classroom, completes the continuum on which to measure the progress of the treatment group.

Limitations

1. The sample for this study was chosen for their proximity and availability to the researcher and is therefore a convenience sample. However, the children in the classes were not placed with any known bias which would make them dissimilar from the population which they represent. Generalizations made to the comparable population are judgmental and not statistical.

2. It is likely that some classes in the non-treatment groups were receiving informal social skills instruction and this could inflate their pre- to post test progress.

3. Progress in the acquisition of social skills was assessed subjectively by each classroom teacher, and they will be aware of the variables being measured. Thus, unconsciously perhaps, their knowledge might influence their ratings.

4. The sample size, especially the treatment group, was extremely small and therefore variability among subjects was limited.

5. This is a long-term intervention assessed over a short period of time and thus, the treatment may not have been fully implemented; also, no long-term follow-up is possible.

Definition of Terms

Behavior Disorder - the presentation of behaviors and characteristics socially
  inappropriate to a situation, or an inability to maintain peer and adult
  relationships, that negatively affects academic progress.

Emotionally Disturbed - "the exhibiting of seriously disordered behavior over an
  extended period of time which adversely affects educational performance
  and shall be characterized by:"

  "An inability to build or maintain satisfactory interpersonal
  relationships;

  "Behaviors inappropriate to the circumstances, a general or
  pervasive mood of depression or the development of physical
  symptoms or irrational fears(New Jersey Administrative Code
  6:28, 1995)."

Multiply Handicapped - "the presence of two or more educationally
  handicapping conditions which interact in such a manner that programs

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designed for the separate handicapping conditions will not meet the pupil's educational needs(New Jersey Administrative Code 6:28, 1995).

Regular Education - Non-classified students interact freely with peers in a regular classroom.

Resource Center Class - Classified students are instructed or assisted in all or some academic areas by a special education teacher. The students in this study are then mainstreamed with regular peers for no less than three hours each day in academic and social areas where appropriate and specified in their Individual Education Plans.

Self-Contained Class - students usually remain with the same teacher all day, and may not have an opportunity to interact with regular education peers from other classes. Common practice is to group students with the same classification, i.e. all Emotionally Disturbed students in one class, all Perceptually Impaired in another.

Social Problem Solving Skills - learned, situation-specific behaviors and characteristics used in making decisions or resolving disputes in a mutually beneficial way as described in Elias and Clabby's Social Decision Making and Problem Solving: Revised Readiness Curriculum(1988) and measured by the Social Problem Solving Skills Checklist.

Social Skills - learned, situation-specific behaviors and characteristics that result in positive social consequences as described in Elias and Clabby's Social Decision Making and Problem Solving: Revised Readiness Curriculum(1988) and measured by the Social Problem Solving Skills Checklist.

Social Skills Training - the direct instruction of social skills through group discussion, role-play, modeling, and feedback/reinforcement as described in Elias and Clabby's Social Decision Making and Problem Solving: Revised Readiness Curriculum(1988) and measured by the Social Problem Solving Skills Checklist.

CHAPTER TWO

In this chapter, current literature on social skills instruction is used to support the significance of teaching social skills in the classroom, and to describe the students who can benefit from such instruction. A variety of interventions are discussed, as well as the acquisition, maintenance and generalization of social skills in special education students.

Importance of Social Skills

It is widely accepted that social skills are a necessary element in forming socially competent behavior, and that the development of social skills is continuous through life. Social skills are learned behaviors, that yield positive consequences when used in specific social situations(Warger & Rutherford, 1993). Social skills deficits have been associated with negative classroom behaviors, juvenile delinquency, future psychiatric problems and poor peer acceptance(Rutherford, Quinn & Mathur, 1996; Schnacker, 1995).

Warger & Rutherford(1993) identified three major reasons for social skills training: To facilitate the learning process, to enhance the student's social relations with others, and to provide necessary life skills for future independent living. For many special education classes, the learning process is constantly interrupted by overt and covert social skill deficits. Calling out, disrupting others, and inappropriate body motion are just a few overt behaviors that take a toll on the academic process. Covert actions that interfere with learning can be

an inability to focus, listen, and remember or follow directions. These social skills deficits greatly affect a students ability to learn in class, and severely impair the academic process. Many teachers focus their social skills instruction on appropriate classroom behavior, and in return, are rewarded with a better educational environment in which the students can learn.

Social skills should also be taught to enhance social relations with others. The ability to relate to others and feel included in society is an important factor in social and academic success(Bender, 1993). Schumaker's(1992) review of social skills research, found that while many special education students were able to interact appropriately with others in informal situations, they had little opportunity to attend formal activities, such as school dances and group outings, and experienced social difficulties in these areas. In general, the Learning Disabled were unable to perform social skills equal to that of their same age peers. Teachers should be encouraged to promote peer interaction in class through cooperative learning, peer mediation, and peer tutoring, in order to foster these social skills(Bender, 1993).

Lastly, it is difficult to ignore the fact that acquisition of social skills is necessary for future independent living. To help students to become competent members of society, able to live independently as well as function in the world, we must begin now by equipping them with the skills they will need. In order for a student to one day have the responsibility of a job, we must begin by giving them the skills they will need to get and keep the job. Communicating with coworkers and superiors, proper on-the-job behavior, as well as receiving and carrying out directions and responsibilities are only the beginning. Social skills help a person to better understand their environment, and the demands and expectations that lie within. These skills are necessary for all aspects of adult

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life, and while deficits and difficulties may be overlooked in a child, they are not ignored in an adult.

Cruz'(1995) study on the importance of social skills showed a significant difference in special education and regular education perspectives. Regular educators rated social skills that interfered with the academic progress as the most important skills to acquire. These skills included raising one's hand, not talking out of turn, and remaining seated. Special educators allotted more importance to the skills necessary for social interactions and peer/adult relationships. Yet, both groups of educators felt strongly about the importance of social skills training and viewed it as an essential part of a child's education. There is very little argument on the importance of social skills.

Students of Social Skills Training

Most children acquire social skills through their regular day's activities and interactions with others. Parents, teachers, peers and adults in the community act as role models in the informal instruction of social skills(Sack, 1995). There is little need for intense social skills instruction in a regular education class. However, many students in special education have difficulty acquiring social skills in informal learning situations, and are unable to simply view and acquire these skills. These students need a formal, systematic approach to social skills instruction(Bender, 1993).

Rutherford, Quinn and Mathur(1996) describe two types of emotional/behavioral disordered students in need of social skills training: Those who externalize behaviors, and those who internalize behaviors. Students who externalize behaviors by overpowering and terrorizing others often lack problem-solving skills, such as negotiating, compromising,

communicating, and looking at a problem from the perspective of others. Instruction for these students needs to focus on self-control, problem solving strategies and decision making skills. They need to practice using multi-step approaches to problem solving through role play and group work, so they can eventually generalize it to other pressure situations.

Students who internalize their behaviors are apprehensive about social situations, displaying inner turmoil and worry. These students experience social skill deficits in communication and interaction with others(Rutherford et al., 1996). Social skills training would focus on group awareness, conversational skills, and appropriate behaviors, in order to help the student become more socially confident in group situations.

Regardless of the behaviors exhibited, it is important to keep in mind that each student is an individual. When a student has been identified as experiencing social skill difficulties, target skills must be identified and defined (Rutherford et al., 1996). As in Cruz'(1995) study on social skills development, every situation requires different skills, and every student will have different goals. The regular educator's goal was a smooth, academic environment. Target the skills that are most beneficial to each individual student. A well-designed social intervention will help the students to meet the goal, and increase their social skills repertoire.

Teaching Social Skills

There are many different curricula available for social skills training. Some focus on certain age groups, (elementary or intermediate level), others focus on specific skills to be taught, (i.e. self-control, problem solving, or self-esteem). Intervention choices can vary from curriculum to curriculum. David

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Scanlon(1996) lists a variety of intervention choices currently available, such as promoting student awareness, self-monitoring, contracts/posted rules, role playing, and praise/reinforcement. In Learning Disabilities: Best Practices for Professionals, Bender(1993) reviewed a number of popular social skills curricula, found to be more than adequate for students with learning disabilities. Scanlon(1996) also reviewed current curricula choices for teaching social skills to learning disabled students. A few of the more popular curricula are as follows:

ASSET: A Social Skills Program for Adolescents, Hazel, Schumaker,
    Sherman and Sheldon-Wildgen(1981),

The SCORE Skills: Social Skills for Cooperative Groups, Vernon,
    Schumaker, and Deshler(1993),

Skillstreaming, Goldstein, Sprafkin, Gershaw, and Klein(1980), and

Social Skills for Daily Living, Schumaker, Hazel, and Pederson(1988).

As stated in Chapter One, any systematic SST program can be effective if used correctly, and all students can learn. However, Rutherford et al., 1996, remind readers to identify students and target skills or specific needs before choosing a SST program.

Rosenthal-Malek and Yoshida(1994) studied the effects of using metacognitive strategies with SST in special education students. Using two different control groups, they compared students with moderate mental retardation to a group of chronological age peers with mental retardation and mental age peers with no retardation. Through formal and informal training, both experimental groups "acquired the targeted skills and generalized the

skills to another setting." In addition, the experimental groups made more progress than their C.A. peers, who were not undergoing a social skills intervention, and performed equally to their M.A. peers. Many of the metacognitive strategies also helped promote generalization.

Some problems were cited in teaching social skills. Bender(1993) examined reasons why social skills are not being taught to some special education students in need of training. He stated that many teachers do not feel their teacher training prepared them for providing social skills instruction. Bender(1993) also stated "many teachers feel that social skills are less important than academic skills." Both of these issues should be addressed by publishers when developing SST curricula, and by teacher training institutions.

Acquisition of Social Skills

Numerous studies have assessed the acquisition of social skills using a systematic SST program. Shapiro(1993) developed a SST program for middle school students entering a mainstreamed program, in an effort to prepare them for regular education peer interactions. SST took place in weekly meetings through discussions and role-play. After seven months, students displayed increased social skills and socially appropriate behavior. There was a marked increase in friendships, illustrating improvement in interpersonal relationships, and inappropriate school behaviors decreased. Parents reported an increase in appropriate behaviors at home as well, suggesting generalization of skills to an entirely different setting.

Roy's(1993) development of a SST program for Emotionally Disturbed students presented similar results. Students participated in 10 hours of small group social skills instruction, focusing on expressing feelings. The school staff

was so pleased with the improvement shown, that 92% voted to continue the program the following year.

In another study on the effects of SST programs for Emotionally Disturbed students, pre- and post test assessments were used to determine improvement and acquisition of social skills. Students went from a 38% level of social skills competency as their baseline measure, to an average score of 83.5% on the post test. Again students had met twice a week for formal SST, with daily informal training immersed in teacher instruction.

Results of studies by Masters(1991) and Sliwkowski(1990) also support the fact that improved in social skills areas can be made through the use of a SST program in the elementary and intermediate grades. In both studies, formal, systematic social skills instruction was used to promote improved social behaviors and interpersonal relationships.

Maintenance

In an analysis of 22 articles representing 38 studies on teaching social skills to students with behavior disorders, Schnacker(1994) found that more than half of the authors concluded that their subjects were all or partially successful in acquiring the targeted skills. He continued to report that of the 22 articles, 16 reported that subjects were able to maintain the skills after the intervention had ended, and 6 more reported their subjects to be partially successful in maintaining the improvements. This supports the contention by Torrey et al.(1992) that SST can produce lasting improvements.

Generalization

Many of the authors stated that present curricula do not address the

issues of generalizing new skills across various situations, and expressed the need for more curricula to include generalization programs(Torrey et al., 1992). "Teaching the student to 'produce' social behaviors is not sufficient. The focus of social skill instruction must be on the generalization of learned social behaviors across settings, time, and behavior(Warger & Rutherford, 1993)." It seems that often the educator is left with the task of helping students to generalize the new behaviors and characteristics they have learned. In order for SST to benefit the student, he/she must be able to generalize the new skills to many other social situations. Every SST curricula should provide a generalization program, with strategies and reinforcement techniques (Rutherford, Quinn & Mathur, 1996).

In Torrey et al.(1992), the ability to generalize SST across three school settings was evaluated in a rural elementary school. Seven mildly handicapped resource room students underwent social skills training for hour-long periods, twice a week for six weeks. Through behavioral and sociometric ratings, it was found that social skills improvement generalized from resource room to regular classroom settings. While some generalization was also seen to the recess setting, it was slight for most subjects. However, this study demonstrates that it is possible for social skills to generalize across settings, and reinforces the need to include programs for generalization in SST curricula.

Summary

Current literature describes the social skills training for special education students as an important feature in their daily curricular activities. In addition to providing students with prosocial skills that can help with peer relations as well as academic skills acquisition, it can help prevent students with poor social

skills from such negative consequences as juvenile delinquency, psychiatric problems and poor peer acceptance.

There are a variety of commercial curricula and intervention choices available, such as promoting student awareness, self-monitoring, contracts/posted rules, role playing, and praise and reinforcement. Social skills acquisition, maintenance, and generalization were also discussed, with supporting examples from current research articles.

CHAPTER THREE

The following chapter describes the student population participating in this study, the evaluative instrument, , the intervention and the data collection methods.

Population

The student population participating in this study consists of four groups of students totaling 88 students. The first group of students attend a Regional Day School in a Special Services School District. These 24 students ranged in age from 5.4 years to 10.8 years at the time of the pretest (10/15/96). The mean age for group one was 8.6 years, and the median was 9.0 years. Student Intelligence Quotients(IQs) range from 47 to within normal limits, and student classifications consisted of the following: Communication Handicapped, Educable Mentally Retarded, Emotionally Disturbed, Multiply Handicapped, Neurologically Impaired, Perceptually Impaired, Trainable Mentally Retarded, and Eligible for Full Time Special Education. This last classification applies to two students who reside in a Plan to Revise district as described in the New Jersey Administrative Code 6:28, 1995. These 24 students comprise three separate, self-contained classes at the Regional Day School, where they participated in formal and informal social skills training throughout the year, using Elias and Clabby's <u>Social Decision Making and Problem Solving: Revised Readiness Curriculum</u>(1988).

The second group of students serve as one of the three comparison groups in this research project. These students represent a Multiply Handicapped, self-contained student sample, that is not currently undergoing formal social skills training. This group consists of two self-contained classes with a total of 21 students. Student ages range from 6.11 to 11.1, with a mean of 8.7 and a median age of 8.4 years. Student IQ's range from 64 to 104, with a mean of 80, and classifications are as follows: Communication Handicapped, Educable Mentally Retarded, Multiply Handicapped, Neurologically Impaired, and Perceptually Impaired. These students are not participating in a social skills training program.

The second comparison group represents classified Resource Center students who have some interaction with regular education students, and thereby have more opportunities to view socially appropriate behavior. These 17 students comprised two Resource Center classrooms, and were mainstreamed with regular education classes for no less than three hours per school day. Student ages range from 6.2 to 8.8 , with a mean of 7.9 at the time of the pretest (10/15/96). . Student classifications were mostly Perceptually Impaired, with others as follows: Communication Handicapped, Emotionally Disturbed, Multiply Handicapped, and Neurologically Impaired. Neither of these classes were participating in formal social skills training.

The third comparison group represents a regular education student sample on a first grade level. This class consisted of 22 students, ranging in age from 5.11 to 7.3, with a mean of 6.5 years. As stated above, students were not classified, therefore IQs were within normal limits. Students were not participating in any formal social skills intervention.

Method of Sample Selection

Over a five month period, the researcher contacted several teachers in search of volunteers to participate in this research project. Classroom teachers were contacted based on the need for representative samples as described below.

The student sample to receive treatment was selected from among seven classes at the Regional Day School currently participating in a social skills training program using Elias and Clabby's Social Decision Making and Problem Solving: Revised Readiness Curriculum(1988). The three classes that will be monitored during this social skills intervention were selected based on similar age ranges and Intelligence Quotients to form a representative student sample of at least 20 students.

The comparison groups were selected to fit a specific spectrum of abilities, to later provide a continuum on which the progress of the treatment group can be measured. After interviewing the teachers of the treatment classes, it was discovered that most of the students are on a first grade academic level. Therefore, it seemed most appropriate to have one comparison group consisting of first grade, regular education students, representing regular social skills acquisition. These students were not participating in social skills intervention.

The second comparison group was chosen to represent the experimental group — a self-contained, multiply handicapped student population. This group does not interact with regular education students during the school day, and is not participating in a social skills training program.

The third comparison group represents classified students, who are mainstreamed for no less than three hours per day. During this time, these

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Resource Center students have the opportunity to interact with regular education students who provide appropriate social skills role models. This groups was not participating in a formal social skills training program.

Instrumentation

The pre- and post test evaluative instrument was adapted from one included in Elias and Clabby's Social Decision Making and Problem Solving: Revised Readiness Curriculum(1988) program. The original instrument was given to four teachers, who are familiar with the curriculum. Their comments and opinions were reviewed, and the instrument was adapted to better evaluate student progress. As an example, the original instrument listed "Resists provocations by others" as a skill to be mastered. However, three of the teachers felt this was too broad. The modified version provides four separate skills for this one area:

"Resists provocations by others through:

ignoring provocation	1	2	3	4	5
using a coping strategy (count to ten, breathe deeply)	1	2	3	4	5
removing self from situation	1	2	3	4	5
avoiding those who provoke others	1	2	3	4	5"

The modified version was then given to four professionals to review. They were asked to evaluate clarity of skills listed, as well as ease to complete. Two of the four professionals were special education instructors teaching at Regional Day School, and familiar with Elias and Clabby's Social Decision Making and

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Problem Solving: Revised Readiness Curriculum(1988). One was a regular education first grade teacher, and the other is a professor in the special education department of a state college, with a doctorate in special education. Their comments were all positive, and no further modifications were made on this evaluative instrument.

The Social Problem Solving Skills Checklist, as this evaluative instrument was labeled, consists of 26 skills with a likert scale rating system as follows:

	1 - Student does not have this skill.
(25%)	2 - Student demonstrates this skill rarely.
(50%)	3 - Student demonstrates this skill occasionally.
(80%)	4 - Student demonstrates this skill often and consistently.
(90%)	5 - Skill Mastery – always demonstrates skill.

Total pre- and post test scores can range from 26 to 130 points, and are recorded as such. Student progress in social skills acquisition, will be measured by analyzing the difference, over a five month period, between pre- and post test scores on the total instrument, as well as for each of the three specific areas identified by the curriculum: Self-control, group and social awareness, and getting along with self and others.

Collection of Data

Each classroom teacher was sent a packet of pretests, parent letters where necessary, and a stamped, self-addressed envelope to return the pretests. The teachers were instructed to randomly assign their students to one

of the pre-numbered pretests, and to record those numbers for later use in completing the post test measures. To insure confidentiality, no names were recorded on the Social Problem Solving Skills Checklist. Teachers were also asked to record each student's birth date, IQ, and classification where applicable. Although teachers received no formal training in completing the Social Problem Solving Skills Checklist , they were given the researcher's address and phone number to contact with any questions. In a follow-up phone survey, no teacher expressed confusion or misunderstanding about the instrument and it's use.

Research Design

Social skills training is viewed as a vital part of the education provided by the Special Services' Regional Day School. As one of the school level goals, Elias and Clabby's Social Decision Making and Problem Solving: Revised Readiness Curriculum(1988), has been used at Regional Day School for the past three years with older Emotionally Disturbed students, and is in it's second year with the young Multiply Handicapped students. Each special education teacher in the treatment group, as well as their classroom aides, participated in a two day training program on the use of this curriculum. This inservice program was provided by the New Jersey University of Medicine and Dentistry(NJUMD), whose behavioral science department, particularly Drs. Elias and Clabby, developed the curriculum.

Each class spends three formal periods a week, ranging from thirty to fifty minutes, on the social skills training curriculum. In addition, all three teachers participating in this study, supplement the use of the curriculum with informal

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lessons pertaining to current problems in the class, information from other sources on related curriculum topics, and positive reinforcement of the generalization of skills.

While these three classes participate in social skills training all year, for this study, they were monitored from October 15, 1996 to March 15, 1997 – a total of five months. At the same time, the three comparison groups were not participating in any formal social skills training programs. Pre- and post tests were used to assess the unaided progress of regular education first graders, elementary aged resource center students, and elementary aged, multiply handicapped, self-contained students.

With the data depicting unaided improvement in social skills acquisition by each comparison group, a continuum of progress levels can be developed. Then the social skills progress observed in the treatment group, can be viewed against the continuum of unaided progress provided by the comparison groups. The researcher hypothesizes the following:

Students who receive Social Skills training will improve from pre- to post test intervention as measured by the Social Problem Solving Checklist.

Students who receive Social Skills training will make more progress from pre- to post test measures than the self-contained, multiply handicapped comparison group.

Students who receive Social Skills training will make as much progress, from pre- to post test measures, as the Resource Center comparison group.

Analysis

The pre- and post test data collected will be recorded and analyzed for significant improvement using a two-tailed test of significance. The social skills progress of the treatment group for each of the three curriculum units, as well as the total gain on the Social Problem Solving Skills Checklist will be graphed against a continuum of unaided social skills progress provided by each of the three comparison groups.

Summary

Chapter three provides detailed information of the student population participating in this study, as well as the selection procedures for including these students in this five month Social Skills intervention program. The development of the evaluative instrument was discussed, as well as the data collection methods which included data from student files provided by teachers, and teacher ratings of each student on the Social Problem Solving Skills Checklist. The research design was included, describing the intervention to be used, and the purpose of the comparison groups in analyzing student progress.

CHAPTER FOUR

The review of the literature established the importance of good social skills in the educational setting. This research study was designed to detail the benefit of a formal social skills training program in the acquisition of these skills, as well as the efficacy of teaching social problem solving to the learning disabled in comparison to a continuum of other student groups in equal or less restrictive learning environments.

Results

The results of the pre- and post test measures were split into four separate areas as designed by the research questions: Acquisition of Self Control Skills, Acquisition of Skills in Getting Along With Self and Others, Acquisition of Group and Social Awareness Skills, and Total Social Skills Acquisition.

Research Question 1 - Will a group of self-contained, Multiply Handicapped students, who receive training through the use of the Social Decision Making and Problem Solving: Revised Readiness Curriculum, make greater gains in self control than three comparison groups of children who do not receive instruction using this curriculum?

In the area of self control, mean social skills gains between the pre- and post test ratings for this area, (items 1 to 12), were determined for the treatment group and the three comparison groups. All four groups made gains from October to March, with significant gains for the Self-Contained Treatment group(Self-Cont. 1) at a .01 level, and for the Regular Education comparison group at a .05 significance level. Table 4.1 presents the pre- and post test means, and the October to March gain for each group.

TABLE 4.1

Pre- to Post Test Means(M) for the Area of Self Control

	Pre-Test - M	Post Test- M	Gain - M	% Gain
Self Cont. 1	27	35.4	8.3	31%
Self Cont. 2	33.7	35.6	1.9	6%
Resource 3	32.5	32.8	.3	1%
Regular 4	40	47.4	8.1	20%

It is clear that the Self-Contained Treatment group made the largest gain, rising 8.3 points, with a 31% improvement over their initial pre-test mean score. The Regular Education group also made a large gain, rising 20% above their initial mean score. The Self-Contained comparison group (Self Cont. 2), selected for their similarity to the treatment group, made only a 6% gain of approximately 2 points, and surprisingly, the Resource Center group made little gain at all.

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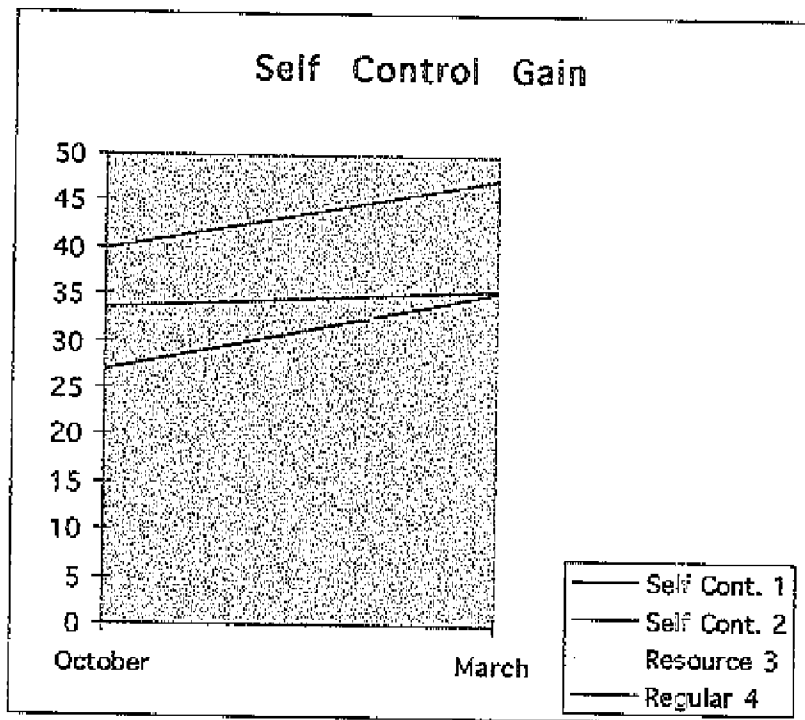
Figure 4.1. Mean scores from the pre- and post test Social Problem Solving Skills Checklist for each of the four groups.

Figure 4.1 graphically depicts the significance of the pre- to post test gain for the Self-Contained Treatment group. It is evident that their October pre-test scores for the area of self control, were the lowest of all four groups, falling almost 10 points below the Self-Contained comparison group. However, within five months time, they were able to acquire more specific social skills than the Resource Center group, and come within 0.2 points of the Self-Contained comparison group, according to teacher ratings. Of particular importance is the rate of acquisition of self control skills for the treatment group. Clearly, the rise in acquired social skills for the Self-Contained Treatment group is on a similar incline to the gain made by the Regular Education comparison group, which can be interpreted as a similar rate of learning.

Research Question 2 - Will a group of self-contained, Multiply Handicapped students, who receive training through the use of the Social Decision Making and Problem Solving: Revised Readiness Curriculum, make greater gains in group and social awareness than three comparison groups of children who do not receive instruction using this curriculum?

Mean scores were again recorded from the pre- and post test measures for the items that corresponded with group and social awareness skills, (items 13 to 19). Each group was tracked in this area for five months, and their average scores and percentage gains are listed in Table 4.2 below.

TABLE 4.2

Pre- to Post Test Means(M) for the Area of Group and Social Awareness

	Pre-Test - M	Post Test - M	Gain - M	% Gain
Self Cont. 1	16	19	3.1	20%
Self Cont. 2	22.24	24.1	1.7	8%
Resource 3	20.4	19.2	-1.1	-6%
Regular 4	25	29.3	4.3	17%

Although the Regular Education comparison group made the largest point total gain of 4.3, the Self-Contained Treatment group made the largest percentage gain(20%), relative to their October pre-test scores. The Regular Education group was the only group to show significant gains to the .05 level, and the Resource Center group actually decreased in the area of group and

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social awareness skills, exhibiting a 6% decrease in relation to their original

pre-test scores. The Self-Contained comparison group made minimal

improvement in this area, with an 8% increase relative to their pre-test scores.

Obviously, the treatment group more than doubled their counterparts gain.

As depicted in Figure 4.2, the Self-Contained Treatment group made

similar gains to the Regular Education group in this area. However, while

interpreting this graphic data it is necessary to note that both the Self-Contained

Treatment group and the Regular Education group are starting from a different

amount of acquired social skills in their group repertoire, and should not be

considered to possess similar group and social awareness skills at this time.
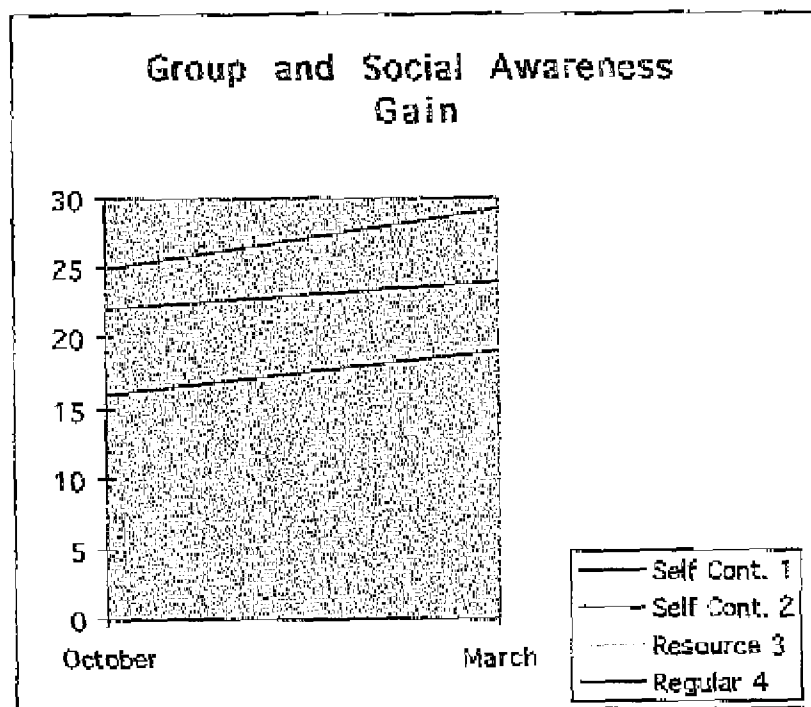

Figure 4.2. Mean scores from the pre- and post test Social

Problem Solving Skills Checklist for each of the four groups.

Also of interest is the intersection of the Self-Contained Treatment group's gain and that of the Resource Center group's at the point of post test. Apparently the Self-Contained Treatment groups was able to acquire the specific social skills necessary (according to teacher ratings), at an accelerated rate over the five month study, to bring them up to the level of the Resource Center group's final post test scores.

Research Question 3 - Will a group of self-contained, Multiply Handicapped students, who receive training through the use of the Social Decision Making and Problem Solving: Revised Readiness Curriculum, make greater gains in getting along with self and others than three comparison groups of children who do not receive instruction using this curriculum?

Once again, the Regular Education comparison group made the greatest point gain from the October pre-test to the March post-test, with a mean gain of 4.3, and a percentage gain of 18% relative to their original October scores, as represented in Table 4.3. However, the largest percentage gain was made by the Self-Contained Treatment sample, improving their pre- to post test scores 30%, with a mean gain of 3.4 points. Altogether, in the area of getting along with self and others, both the Regular Education and the Self-Contained Treatment groups showed significant gains to the .05 level. Additionally, the Self-Contained comparison group exhibited an increase of 15% in this area, which while it was not considered a significant gain, was similar to the progress

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made by the Treatment group. Finally, consistent with their performance in the area of group and social awareness, the Resource Center comparison group showed a decrease in social skills of 9%, with a drop of 1.7 points from the pre- to post test scores.

TABLE 4.3

Pre- to Post Test Means(M) for the Area of Getting Along With Self and Others

	Pre-Test - M	Post Test - M	Gain - M	% Gain
Self Cont. 1	11.8	15.2	3.4	29%
Self Cont. 2	17.1	19.8	2.6	15%
Resource 3	17.9	17.5	-1.6	-9%
Regular 4	23.3	27.6	4.3	18%

It is evident, in both the table above, and Figure 4.3 below, that the Self-Contained Treatment group is experiencing a rapid rate of progress as compared to the Regular Education and Self-Contained comparison groups in the acquisition of these skills, (measured by Items 20 to 26 on the Social Problem Solving Skills Checklist), despite their dissimilar starting points in October.

When viewing Figure 4.3, it is important to remember that Elias and Clabby's Social Decision Making and Problem Solving: Revised Readiness Curriculum, was designed for long-term intervention, and not all of it was completed within the five months of the research study. All of the teachers who participated in the Self-Contained Treatment group portion of this study, stated

that they did not reach Unit Three in the curriculum, which targets the skills in this third area more specifically. However, the skills are intertwined, less formally, in other sections of the curriculum

Figure 4.3. Mean scores from the pre- and post test Social Problem Solving Skills Checklist for each of the four groups.

Research Question 4 - Will a group of self-contained, Multiply Handicapped students, who receive training through the use of the Social Decision Making and Problem Solving: Revised Readiness Curriculum, make greater gains in total social skills acquisition than three comparison groups of children who do not receive instruction using this curriculum?

Total mean scores were collected from the October pre-tests and the March post tests for each of the four groups in the study, and relative gains were calculated. Table 4.4 visually represents these scores.

TABLE 4.4

Pre- to Post Test Means(M) for the Total Social Skills Acquisition

	Pre-Test - M	Post Test - M	Gain - M	% Gain
Self Cont. 1	54.8	69.7	14.9	27%
Self Cont. 2	73.2	79.4	6.4	9%
Resource 3	70.1	69.5	-.6	-1%
Regular 4	88.3	104.3	16	18%

The Regular Education group made the greatest gain in point total overall, rising an average of 16 points, with a 18% gain relative to their October Pre-Test scores. The Self-Contained Treatment group made the greatest percentage gain, improving their pre- to post test scores by 27% with an average increase of 15 points. The Resource Center's measured pre- to post test scores decreased .6 points, with a negative gain of 1%, and the Self-Contained comparison group rose 6.4 points exhibiting a 9% increase. The Regular Education group gains, were the only ones shown to be significant on a .05 level. Of particular distinction is the amount of improvement by the Treatment group in comparison to the Self-Contained and Resource Center comparison groups, as represented in Figure 4.4 below.
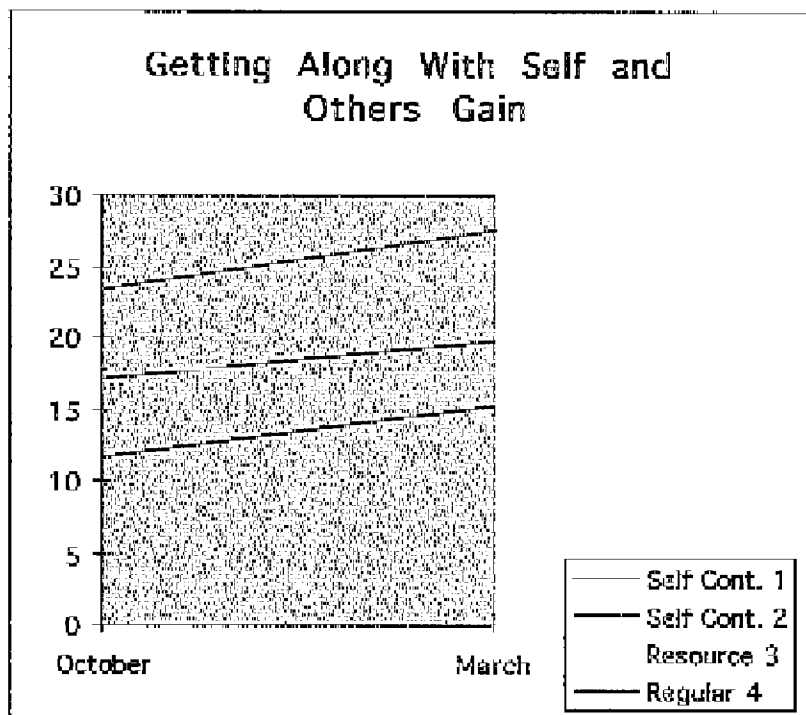
Total Social Skills Gain
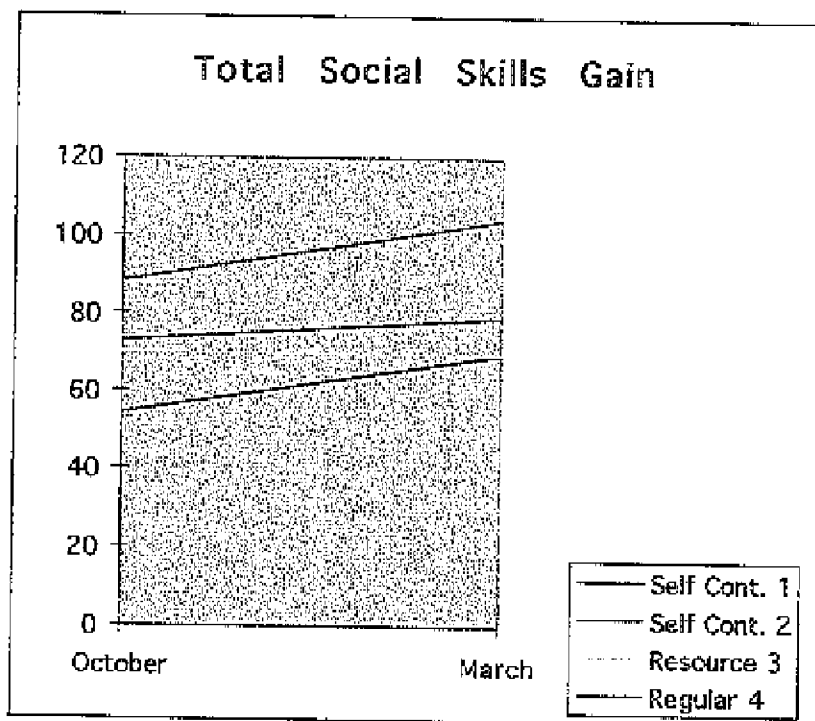
Figure 4.4. Mean scores from the pre- and post test Social Problem Solving Skills Checklist for each of the four groups.

The total mean gain for the Self-Contained Treatment group and each of the three comparison groups was compiled and graphically displayed in Figure 4.5. The Self-Contained Treatment group surpassed the Resource Center and Self-Contained comparison groups, to fall just 1 point below the progress made by the Regular Education group. Of particular importance is the amount by which the Treatment group improved over it's counter parts in the Self-Contained comparison group that did not receive social skills intervention, a total of 8.5 points, doubling the progress made by the comparison group.
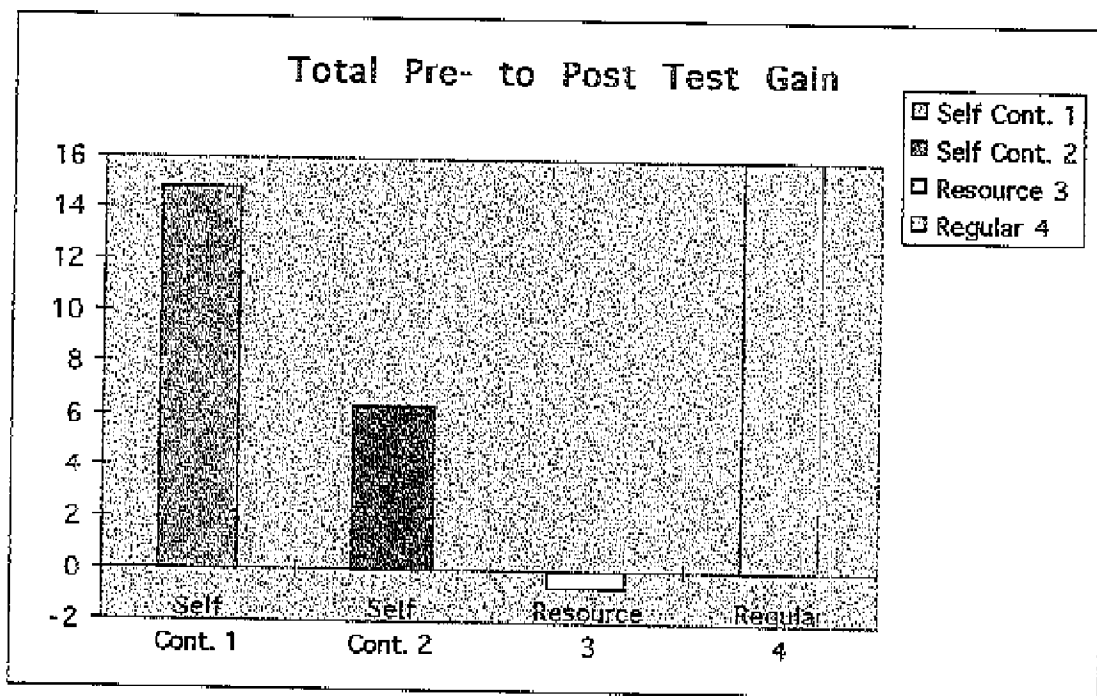
Figure 4.5 Average pre- to post test gains on the Social Problem Solving Skills Checklist for all groups.

Summary

The Self-Contained Treatment group made significant pre- to post test improvement, as measured by teacher ratings on the Social Problem Solving Skills Checklist, in the areas of self-control and getting along with self and others. Their total October to March gains were 15 points, which is an average gain of 27% in relation to their original pre-test results.

The only other group that made significant gains was the Regular Education comparison group, which was significant in all areas, with an overall gain of 16 points from October to March, averaging an 18% increase. The Resource Center and Self-Contained comparison groups failed to show significant gains in any area.

CHAPTER FIVE

Summary

This study was designed to analyze the efficacy of a formal social skills training(SST) program on a group of self-contained, Multiply Handicapped students. The treatment group consisted of 24 students, ages 5.4 to 10.8 years at the time of the pretest, October 15, 1996. These students underwent five months of formal SST, at least three times a week, for 30 to 50 minutes a period. The participating teachers were trained in, and followed, Elias and Clabby's Social Decision Making and Problem Solving: Revised Readiness Curriculum (1988). They were asked to complete pre- and post test likert scales(Social Problem Solving Skills Checklist) on the presence of specific social skills manifested by each student.

Three other comparison groups were also measured in pre- to post test gain over the five month period, using the Social Problem Solving Skills Checklist. These groups were chosen for their proximity to the researcher, and representation of the following samples: A Regular Education sample(22 students), A Resource Center sample(17 students), and a Self-Contained, Multiply Handicapped comparison sample(21 students). None of these comparison groups were participating in any formal SST programs during this research period.

Pre- to post test gains were calculated and totaled for the following three areas: Self control, group and social awareness, and getting along with self and others. The Self-Contained Treatment group made statistically significant gains in two of the three areas, with a total mean gain of 27% above their October pre-test scores. They completed the five month intervention well above the three comparison groups, with the Regular Education students following at 18%. In point total gain, the Self-Contained Treatment group rose 15 points, falling one point behind the Regular Education comparison group(16). The Self-Contained comparison group(6.4 points), and the Resource Center(-0.6 points), followed.

Conclusions

Results from this study indicate that the use of Elias and Clabby's formal Social Skills Training Program with young, Multiply Handicapped students can have great benefits. As stated in Chapter Two, few question the ability of a SST program to aide in the acquisition of social skills, and these results only further support that theory. However, this study demonstrated the tremendous value of the program, in relation to the rate at which the Treatment group progressed. An increase in the acquisition of social skills, at a rate so much higher than the comparison groups, gives hope to the thought that with the benefit of formal SST, these students could approach the social skills level at which their chronological peers reach so effortlessly.

It can therefore be concluded that this program had an extremely positive effect on the Treatment group. In addition, it has helped to equip the Treatment group with the social skills possessed by their more socially appropriate peers at a more rapid rate than if there had been no social skills intervention at all.

Discussion & Implications

Elias and Clabby's Social Decision Making and Problem Solving: Revised Readiness Curriculum(1988) was designed for long-term intervention, and the entire curriculum kit contains three levels of manuals ranging from Kindergarten to High School levels. The Social Problem Solving Skills Checklist, used to measure teacher perceptions of acquired social skills in this study, was designed around the first three units of the curriculum which focus on the three areas of the study. Each of the three teachers who participated in the intervention, stated in a follow-up interview that they did not reach Unit Three in the curriculum, and one teacher stated that he had just begun Unit Two at the time of the post test. While students are exposed to some of these skills in Unit One, it is not until they reach Units Two and Three that they focus more specifically on the skills involved in group and social awareness, and getting along with self and others.

It is clear that the Self-Contained Treatment group made it's greatest gains in the area of self control. These skills are specifically targeted in the first Unit of the curriculum, which was covered by each instructor in this group. It is also possible that such large gains were due to the severe deficit in self control

skills at the start of the study. The Regional Day School from which the Self-Contained Treatment sample was taken, educates a large population of emotionally and behaviorally disordered students. It could be argued that they were better able to make such significant progress because they had so far to go in achieving age appropriate social skills. Yet, both the Resource Center and Self-Contained comparison groups did not make nearly the improvement the Treatment group made, and they also have a significant gap in self control skills.

Surprisingly, the Treatment group made significant gains in the third area of getting along with self and others, though each teacher stated they did not reach Unit Three. However, informal lessons arose daily around general classroom problems and behavior. It is possible that these social skills were targeted in the more informal lessons, which usually centered around getting along with others.

The most unexpected result of this study was the poor performance of the Resource Center comparison group. This group consists of two separate classes, and each student is mainstreamed for no less than three hours a day. With such a large amount of time spent with the regular education population, it was assumed that these students would acquire social skills from their chronological peer role models at a quicker rate than the Self-Contained comparison group. While the Checklist can be said to reflect teacher perceptions of acquisition, which can imply skewed results, there were two separate instructors rating these students.

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However, maybe it is the presumed benefit of being mainstreamed no less than three hours a day, that interfered so drastically with the perceived acquisition of social skills for this Resource Center group. All of the other instructors involved in the study, spent the entire day with their students. On a daily basis, they were able to observe, model, and target social skills, formally or informally. The unexpected results of the Resource Center comparison group could be due to the teachers inability in three (possibly scattered) hours to assess social skills improvement, or target needed skills. If, for example, a student visits the Resource Center for three separate periods a day, can the instructor truly make an accurate judgment of the skills in that student's social skills repertoire, and then assess the progress they have made after five months? Can it not be presumed that the student would be mainstreamed first and foremost during times when group and social awareness skills, and getting along with others could best be observed, such as lunch and recess? How accurately would the Resource Center teacher perceive these skills if their only contact with the student was in math, reading, and language?

Finally, as mentioned in Chapter One under limitations, there is no way of knowing to what degree social skills were taught informally to the students in the comparison groups. Although the teachers and supervisors stated that no SST program was being used, social skills are used daily, and modeling, correcting, and training can occur everyday without planning.

Implication for Further Studies

This study had a number of unavoidable limitations that would be beneficial to target in future research. The first was the small research sample, selected for it's proximity and availability. Due to time, it was impossible to acquire a random sample of students, and representative samples were chosen instead. In addition to producing a small sample, this also reduced the variability in the sample and comparison groups.

Another limitation was the short time span of the research study. When examining the effects of a long-term curriculum such as this one, it would be more appropriate to perform a longitudinal study, examining skill acquisition, maintenance and generalization over time. The generalization of social skills in particular, has been greatly ignored in the current literature. This should be considered in future studies.

Finally, the researcher had little contact with the instructors participating in the study, beyond the pre- and post test measures. It can only be assumed that the participating instructors fully understood the Social Problem Solving Skills Checklist, their role in the research study, and their full participation in the implementation of the curriculum for the Self-Contained Treatment group. Perhaps this could have been better controlled by working with all the participating instructors to make them aware of these conditions, and their possible effect on the study.

With the benefits of social skills training(SST) growing more apparent everyday, school districts have started to focus greater effort in creating

Instruction that meets each student's personal needs, as well as academic. The exploration of social skills training has just begun, and there are so many aspects of it still in need of research. It is in this area, that classroom teachers can become researchers, and work together to clarify the needs and effects of a SST program. After all, who better to analyze and evaluate the interpersonal skills of the students, than those people given the opportunity to observe and interact with them every day.

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APPENDIX

Resource Center Sample, Group 3   Student Number: _____

Student Age: _____   Student I.Q.: _____
Date of Pretest: _____   Classification: _____

Social Problem Solving Skills Checklist
Pre-Test Measure

Please rate the students in your class in relation to the skills listed below.

              1 - Student does not have this skill.

(25%)   2 - Student demonstrates this skill rarely.

(50%)   3 - Student demonstrates this skill occasionally.

(80%)   4 - Student demonstrates this skill often and consistently.

(90%)   5 - Skill Mastery -- always demonstrates skill.

UNITS I & II

Listen carefully to others.	1	2	3	4	5
Remember and follow directions.					
one - step	1	2	3	4	5
two - step	1	2	3	4	5
three - step	1	2	3	4	5
Converse appropriately with peers (e.g. speak in turns, appropriate topics).	1	2	3	4	5
Converse appropriately with adults.	1	2	3	4	5
Recognize problem situations	1	2	3	4	5
Keeps control of self when frustrated/angry.	1	2	3	4	5
Resists provocations by others through:	1	2	3	4	5
ignoring provocation	1	2	3	4	5
using a coping strategy (count to ten, breathe deeply)	1	2	3	4	5

removing self from situation	1	2	3	4	5
avoiding those who provoke others	1	2	3	4	5
Shows trust, comfort with peers.	1	2	3	4	5
Shows trust, comfort with adults.	1	2	3	4	5
Shares feelings with classmates.	1	2	3	4	5
Selects praiseworthy friends.	1	2	3	4	5
Appropriately asks others for help.	1	2	3	4	5
Appropriately gives help to others.	1	2	3	4	5
Confidently and assertively confronts others in neither a passive nor aggressive nature.	1	2	3	4	5

UNIT III

Recognizes others' feelings.	1	2	3	4	5
Recognizes own feelings.	1	2	3	4	5
Puts problems into words.	1	2	3	4	5
Clearly states a goal in problem situations.	1	2	3	4	5

UNIT IV

Considers more than one way to solve an impersonal problem.	1	2	3	4	5
Considers more than one way to solve an interpersonal problem.	1	2	3	4	5
Decides on their own best solution based on consequences.	1	2	3	4	5

October 8, 1996

Dear Parent or Guardian,

I am a graduate student at Rowan College of New Jersey, enrolled in the Learning Disabilities Master's Program. I am currently researching my thesis project. This project will assess the social skills progress a group of multiply-handicapped students make through the use of a specific social skills curriculum.

I would like to include Ms. Smith's first grade class in my study as a control group. Through a simple pretest/post test assessment, I will be comparing the social skills progress of the multiply-handicapped class to the normal social skills progress of Ms. Smith's regular education class.

These pre-/post test assessments will be completed by Ms. Smith now, and again at the end of the year. No names will appear anywhere on the assessments, and Ms. Smith will mail the assessments directly to me. ALL NAMES AND RESULTS WILL REMAIN CONFIDENTIAL.

These assessments will only be used for my graduate thesis project. The social skills progress of your child and his/her classmates will help to demonstrate the difference social skills training can make for multiply-handicapped students. I truly appreciate your cooperation in allowing your child to participate in my project.

If you do not wish for your child to participate, or you have questions and/or concerns about this research project, please contact your school principal.

Sincerely,

Michele L. Kratz
Graduate Student
Rowan College of New Jersey