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A COMPARATIVE STUDY OF SOCIAL COMPETENCE AND ANTISOCIAL
BEHAVIOR BETWEEN REGULAR EDUCATION AND LEARNING DISABLED
CHILDREN

by
Kathleen A. Lewis

A Thesis

Submitted in partial fulfillment of the requirements of the
Master of School Psychology Degree in the Graduate Division
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1996

Approved by _____

Date Approved 5/7/96

ABSTRACT

Kathleen A. Lewis

A Comparative Study of Social Competence and Antisocial Behavior Between Regular
Education and Learning Disabled Children

1996

Dr. Roberta Dihoff
School Psychology

This study tested the hypothesis that learning disabled children, when compared to regular education children at an equivalent age level, would score significantly lower on a test of social competence and significantly higher on a test of antisocial behavior according to a teacher rated behavior scale. Sixty 5th and 6th grade students, 34 males and 26 females, were assigned to one of three conditions according to their educational classification; regular education (N=26), learning disabled resource (N=16), or learning disabled self-contained (N=18).

Four teachers served as judges and rated a selected number of subjects on the constructs social competence and antisocial behavior using the School Social Behavior Scale, a teacher rating scale. During an observation period, each subject received a rating on a five point scale describing behaviors that never, sometimes, or frequently occur.

A one-way analysis of variance was used to test the differences between the three groups of subjects. For all variables, Tukey post hoc tests showed that the two groups of learning disabled subjects did differ significantly from the regular education subjects on both the test for social competence and antisocial behavior. Significant differences were not found however between the two groups of learning disabled subjects on either scale.

Results supported the hypothesis that learning disabled subjects exhibit significantly lower levels of social competence and significantly higher levels of antisocial behavior than the regular education subjects.

MINI-ABSTRACT

Kathleen A. Lewis

A Comparative Study of Social Competence and Antisocial Behavior Between Regular
Education and Learning Disabled Children

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The social behaviors of three groups of students, one regular education and two learning disabled, were investigated for this study. All subjects received a score on a social behavior rating scale on the constructs of social competence and antisocial behavior. The two groups of learning disabled subjects did differ significantly from the regular education subjects on both measures, however no significant differences were found between the two groups of learning disabled subjects on either scale.

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CHAPTER ONE - THE PROBLEM

NEED

Considerable attention has been given recently to the social skill deficits of children with learning disabilities. These deficits are often a prominent obstacle which keep children with learning disabilities from being successfully integrated into the regular education system. It is during the elementary years, when friendship and peer approval are so important, that social competency becomes essential for integration with peers. Many learning disabled students do poorly in these situations and are rejected because of their antisocial behaviors and lack of social skills.

Many researchers agree that social skill deficits tend to be a characteristic that differentiates many learning disabled students from those without learning problems. It is consistently found that students with learning disabilities are less accepted and often socially rejected. The researcher became interested in this phenomena through her experiences as an instructional assistant in a special education classroom. The learning disabled students' inability to relate to their peers on a social level can be easily detected during activities when they are mainstreamed into a regular education classroom. Many of their specific behaviors cause them to be rejected and ridiculed by their nondisabled classmates.

The development of adequate social competence during the elementary years is a critical factor in childhood outcomes but also in later successes and adjustments in

life. Because the lack of social skills in learning disabled students is so pervasive in our education system today, it is critical that we implement specific curricula and strategies in the classroom which will emphasize these skills.

PURPOSE

The purpose of this study is to investigate the social skills achieved by two groups of subjects, classified learning disabled students and their regular education classmates. Antisocial behaviors displayed by the subjects will likewise be assessed. The learning disabled subjects will further be broken down into two subgroups, those in self-contained classrooms and those who receive additional assistance in resource settings.

This study will also attempt to determine if learning disabled students are at a greater risk of developing social skill deficits and forming poor peer relationships when they are educated in self-contained classrooms. By comparing the social abilities of perceptually and neurologically impaired students to those of their nondisabled peers, this study will investigate the various levels of social acceptance and antisocial behavior as determined by a teacher rating scale.

STATEMENT OF HYPOTHESIS

The social behaviors of students with learning disabilities in comparison to regular education students at the same age level were chosen to be investigated for this study. The hypothesis being researched therefore can be stated as such; learning disabled students will score significantly lower on a scale of social competence and significantly higher on a scale of antisocial behavior than their nonclassified peers.

Furthermore, through assessment of both social competence and problem social behavior, it will be shown that self-contained learning disabled students will display the most negative results according to this measure. Lastly, because the learning disabled students exhibit deficits in their social skills, they will experience rejection by their fellow students and will experience greater instances of antisocial behavior which should be indicated by the behavior scale administered.

THEORY

Since the emergence of PL 94-142, children were classified as learning disabled based upon their academic difficulties and failures. There has been a growing realization however, that learning disabled students often demonstrate deficient social skills and poor peer relationships causing a greater emphasis on the social competence of these children. Researcher's positions on this topic vary and the connection between social skill deficits and learning disabilities remains quite controversial.

Much attention has been focused therefore on the social interactions of children with disabilities. Vaughn (1990) proposes a social competence model which views social competence as a more complex construct, such as intelligence. Social competence is a compilation of many interacting elements which work together for successful social interactions. Effective social skills and positive relationships are examples of the various components which together form social competence (Vaughn et. al., 1992). Unfortunately, many learning disabled students do not demonstrate acquisition of these dimensions and instead exhibit behavior problems and social skill deficits.

Social skill deficits and peer rejection are characteristic of some learning disabled children and of some children who are not disabled. It is also true that some children with disabilities are not rejected socially and are popular with their peers. In the future, researchers may wish to focus more on these children who, despite academic difficulties, can function competently in a social environment. Also, social skills training should be made available to special as well as regular education students so that all children with social competency problems can receive help, without being labeled.

DEFINITIONS

Social competence - a summary term which reflects social judgment about the general quality of an individual's performance in a given situation.

Social skills - specific behavioral skills used to respond in given social situations.

Antisocial behavior - any behavior which deters adequate socialization and produces negative social outcomes.

Learning disability - a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations.

Neurological impairment - a specific impairment or dysfunction of the nervous system or traumatic brain injury which adversely effects the education of a pupil. An evaluation by a physician trained in neurodevelopmental assessment is required.

Perceptual impairment - a specific learning disability manifested by a severe discrepancy between the pupil's current achievement and intellectual ability in one or more of the following areas; basic reading skills, reading comprehension, oral expression, listening comprehension, mathematical computation, mathematical reasoning and written expression.

Self-contained - small group placement for children with severe learning problems that require less common methods of instruction.

Resource room - a place where a teacher is available to work with individuals or small groups of students who have specific learning difficulties.

ASSUMPTIONS

The teachers chosen as raters for this study will complete the scales fairly and accurately consistently throughout the research and analysis. The sample will be representative of a random sample and all testing and results will be consistent. All measures will be obtained on all subjects during the same time period.

LIMITATIONS

The proposed study, the comparison of social competence and antisocial behavior between regular education and classified students, has limitations. The most limiting aspect of my study is the small sample size. Use of a larger group enhances generalizations about the greater population. Also, the socio-economic background of the subjects studied are from low to moderate income families, therefore the results of this study may not be constant for subjects with higher economic statuses. The age of

the subjects may have some effect on the results obtained. The subjects chosen for this study are fifth and sixth grade elementary students, therefore, these results may not be consistently found with children in other age groups.

OVERVIEW

In the subsequent chapters, there will be a discussion of the challenges many learning disabled students face in social situations. Proposed causes of social skill deficits will also be addressed.

Results of the teacher rating scale will be analyzed to assess the behavior of the subjects chosen for this investigation. Future implications will also be mentioned in the following chapters.

CHAPTER TWO - REVIEW OF RESEARCH

INTRODUCTION

The field of learning disabilities has typically focused its efforts on the identification and evaluation of the academic difficulties of children. However, current researchers are focusing more of their attention on the social skills and peer acceptance problems of students with learning disabilities. Interest in this area has been prompted by the realization that learning disabled students frequently demonstrate more problems in social behavior and peer relationships and are generally less popular than their classmates (Pickar, 1988). Compared to children without learning disabilities, learning disabled students are more often rejected by their peers and exhibit higher levels of negative social behaviors (Gresham & Elliot, 1989). In many cases, the social deficits of the learning disabled student are as serious as their academic difficulties and can be more costly when considering long-term social adjustment.

Stone and LaGreca (1990) suggest that the research concerning the relationship between learning disabilities and social skill deficits has consistently found that students with learning disabilities receive lower ratings of acceptance and are more often rejected by their classmates. These students often use inappropriate behaviors when attempting to interact with a peer, usually causing a negative response. Learning disabled students are also more likely to respond to other peers

inappropriately both verbally and non-verbally. All of these behaviors lead to difficult peer relations and the probability of rejection.

It has also been found that children and adolescents who display inadequate social competence are at a risk for later psychological maladjustment. It has been suggested that appropriate development of these social skills can be a critical factor in determining success later in life (Merrell, 1993). Therefore, the prevalence of social skill deficits found in children with learning disabilities is a cause for concern.

Reviewing the literature, it appears that progress is being made in identifying social dysfunctioning in learning disabled students, but further research is required to identify the causes of these deficits in learning disabled children. Many intervention strategies have been, and are continuing to be developed, in an attempt to make the educational experience more rewarding for children with learning disabilities.

In this chapter, several issues relevant to the field of learning disabilities in general, and more specifically to social skill deficits, will be addressed. The debate over the definition of learning disability and the status of social skills in this definition will be discussed. The proposed causes of social skill deficits and the means used to assess these deficits will also be presented. There will be a discussion of the risk factors for children with learning disabilities and the social interventions used to remediate them.

LEARNING DISABILITY DEFINITIONS

According to Public Law 94-142 or The Education for All Handicapped Children Act of 1975, specific learning disability means:

A disorder in one or more of the basic psychological processes involved in understanding or in using language spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage. (U.S. Office of Education, 1977).

This definition provides specific criteria for learning disabilities which requires a significant discrepancy between ability and achievement in several areas of academic functioning (Gresham, 1992).

Researchers and professionals in the field of learning disability are currently focusing on the social competence deficits of children with learning disabilities and are challenging these conventional definitions. The Interagency on Learning Disabilities (ICLD) was formed by Congress to establish what is currently known about learning disabilities. The committee chose several areas considered relevant to investigate. One of these areas was social skill deficits. While the ICLD acknowledged the work of the National Joint Committee on Learning Disabilities (NJCLD), it proposed a revision of its 1981 definition of learning disability. The NJCLD definition places social skills as "Problems in self-regulatory behaviors, social perception, and social interaction may exist with learning disabilities but do not

by themselves constitute a learning disability" (NJCLD, 1981). This definition does not consider social skills deficits to be a specific disability.

In contrast, the ICLD proposed the following modifications:

"...Learning disability is a generic term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of...or of social skills. These disorders are intrinsic to the individual and presumed to be due to central nervous system dysfunction (ICLD, 1987)."

The two leading committees have divergent opinions on learning disabilities and their beliefs concerning the status of social skills in their definition of learning disability. This disagreement and variability has caused controversy in the field of learning disabilities. The NJCLD has remained firm with their position stating that social inadequacies do not by themselves produce a learning disability. The U.S. Department of Education is also in disagreement with the ICLD and denies support to the revisions of the definition of learning disability that have been suggested for several reasons. First, it would require changes to PL 94-142, and these changes would generate confusion concerning the criteria used to determine eligibility for special education services. These changes would also increase the number of children classified as learning disabled (Gresham & Elliott, 1989).

DEFINITIONS OF SOCIAL SKILLS

Another controversial topic often debated is defining and classifying the constructs of social competence and social skills. These terms are often used interchangeably because of the lack of a stable and accepted definition of social skills. Gresham (1992) defines social skills as specific behaviors an individual exhibits in

specific situations in order to perform competently on social tasks. He defines social competence as an evaluative term based on judgments that a person has performed competently on a social task (Gresham, 1992). These definitions can be narrowed by explaining that skills are distinct behaviors and competence is judgment of those behaviors. Many other definitions of social skills and social competence have been proposed, but a clear, agreed upon definition is lacking.

CAUSES OF SOCIAL SKILL DEFICITS

Gresham (1992) proposes three current hypothesis concerning the acquisition of social skill deficits in learning disabled students. The causal hypothesis submits that social skill deficits are caused by some dysfunction of the central nervous system which in turn denotes a specific learning disability. This position is advocated by the ICLD as the presumed cause for learning disabilities. In some studies designed to support this view, it has been suggested that neurological dysfunctions are the cause of social incompetence in some children with learning disabilities. The disabilities are believed to be caused by dysfunctions in the right hemisphere. It is suggested that the evidence supporting the causal hypothesis is weak and speculative and lacks validity (Gresham, 1992).

The second hypothesis is known as the concomitant hypothesis and suggests that social skill deficits occur simultaneously with learning disabilities and vice versa. This hypothesis submits three possible scenarios. The first states that academic deficits cause social skill deficits. The second states that social skill deficits cause academic deficits and lastly, that both coexist in some learning disabled children. The most promising data supporting this hypothesis was done by Swanson and Malone (1992) in their comparative studies of regular education and learning disabled

students based on measures of social skills. Their findings indicate that children with learning disabilities are more often rejected socially than their regular education peers. Gresham (1992) points out that these findings also indicate a substantial number of learning disabled children have social skills on similar levels as children without handicaps. This hypothesis is in conjunction with what has already been stated by the NJCLD, that social skill deficits may coexist with learning disabilities but are not necessarily an identifying factor of learning disabilities.

The third hypothesis is referred to as the correlational hypothesis and purports simply that academic and social skills are correlated. There are no inferences made to one causing or leading to the other. Gresham (1992) believes that this hypothesis is the most economical at this time concerning the relationship between learning disabilities and social skills.

MEANS OF ASSESSMENT

Schumaker (1987) suggests that an ideal social skills assessment tool for learning disabled students needs to be based on validated social skill deficits, be valid and reliable, practical for use in school in school settings, and made to be used on students of all ages. While many means of assessment are currently being utilized to assess social skill deficits, none meet all of the above criteria. Because social competencies are often difficult to document, it is important to consider the best alternative for assessing social skills in children. It is suggested that assessment should come from multiple sources in order to paint an accurate picture of a student's social functioning (LaGreca & Vaughn, 1992). Using a single assessment tool would be restrictive and might not yield the required information.

Of the different methods for measuring social skills, the most commonly used procedures appear to be teacher and parent ratings, sociometrics and observation checklists. Sociometric techniques such as peer nominations (children nominate peers according to specific nonbehavioral criteria) and peer ratings (all children rate each other according to nonbehavioral criteria) help provide information about a child's acceptance level and social status in a group. Sociometric assessments are easy to administer and are considered reliable and valid (Gresham & Elliott, 1989).

Teacher and parent ratings are other popular assessment tools used to determine problem behavior and social skill deficits. Most behavior scales are inexpensive and relatively easy to administer. Because many learning disabled children's social skill deficits carry over in situations other than the classroom, intervention is suggested for both home and school settings (Gresham & Elliot, 1989). Rating scales can be used to document and assess such behaviors in various settings.

Observation checklists are used to assess social skill abilities in role-play situations. This form of assessment can be advantageous because it is very easy to use and can detect changes in behavior as a result of social skills training. However, the validity of observational checklists has been questioned by many who believe performance in a role-play situation is not indicative of behavior in a natural setting (Gresham & Elliott, 1989). The results of role-play performances can be useful as part of the overall behavioral assessment.

Improvements in the assessment techniques used to determine social skill deficits in learning disabled children continue to be made. Future research through the use of improving assessment technology should help to answer the many questions concerning the social functioning of children with learning disabilities.

RISK FACTORS

Many researchers suggest that children and adolescents who display inadequate social competence are at risk for later psychological maladjustment. There is cause for concern as to whether social skill deficits have a negative impact on the lives of learning disabled adolescents and young adults. It is also speculated that learning disabilities may contribute to other difficulties such as juvenile delinquency (Lindsey et. al., 1986).

Investigators have frequently addressed the relationship between learning disabilities and juvenile delinquency. Because many learning disabled students experience failure in school, they are often labeled and viewed negatively by peers and adults. This may lead to a negative self-image making the adolescent more likely to drop out of school or resort to antisocial behaviors.

Many learning disabled children are unable to see causal relationships and have little awareness of social cues, leaving them unable to adapt in social situations. Inadequate social competence has been found to increase the likelihood of delinquent behaviors (Murray, 1976). Because of the lack of appropriate social skills, some learning disabled children may be predisposed to later delinquent behavior (Lindsey et. al., 1986).

SOCIAL INTERVENTIONS

An important treatment for learning disabled children who exhibit social skills deficiencies is training in the areas of deficiency. Social skill development and training, which teach learning disabled students the necessary social skills, can

increase their chances for successful interpersonal relations (Schumaker et. al., 1982). Social skills training has been found to be effective in changing the behaviors that often lead to difficult social interactions and increase the chances for successful adjustment at home and at school.

Behavior modification techniques have also been successful in improving social and academic skills in children with learning disabilities. A token economy system is one example of these techniques which utilizes tangible reinforcers to foster desirable behaviors. Group psychotherapy is another form of treatment with several advantages for students having difficulty in interpersonal relationships. Group therapy often yields useful information about a child's social status while offering them support from their peers. Group psychotherapy offers students a safe environment for improving their means of relating to others and gives them the opportunity to receive feedback from their peers (Pickar, 1988).

SUMMARY

The literature has demonstrated that when compared to their nondisabled peers, learning disabled students often show deficits in positive social behaviors and exhibit higher levels of negative social behaviors than their regular education peers. Researchers continue to search for the causes of these deficits and work to improve the assessment technology used to identify them. Research needs to continue in this area because the lack of social skills in students with learning disabilities appears to be a pervasive problem in our education system today.

CHAPTER THREE - DESIGN OF STUDY

SUBJECTS

Data for this study was obtained from a sample of 60 fifth and sixth grade students from a suburban southern New Jersey elementary school district. The sample consists of 26 girls and 34 boys whose mean age is eleven years and two months. 43% of the youngsters participating in the study are regular education students; 27% of the sample receive special education support in a resource room setting; and 30% receive special education support in self-contained classrooms.

Of the 60 students in the sample, 43% are not identified as having a disability for special education services, while 57% do receive special education services. In terms of specific special education service categories of the learning disabled students, 27% are classified as neurologically impaired while 73% are classified as perceptually impaired.

The subjects, who are of lower to middle socioeconomic status, are 59% Caucasian, 38% African-American, and 3% Hispanic. Average enrollment of the school is approximately 530 students. At this time, the school has between three and four classrooms for each grade level. The district as a whole serves approximately 1,400 students.

DESIGN

The design of this study is the between subjects variety as the variation will come from differences between subjects at a single point in time. The design is correlational in that it looks for a relationship between the subjects and the behavioral descriptors of social competence and problem behavior. A one-way analysis of variance was used to test the differences between the groups.

SETTING

The chosen experimenters were instructed to complete the rating scales on a specified date and time in their respective classrooms during a teacher observation period. Proximity between the experimenter and the subjects varied according to classroom arrangement.

INDEPENDENT VARIABLES

The independent variables for this study were the three groups of subjects chosen to be investigated. The groups examined were rated according to their educational classification; regular education, resource, or self-contained students.

The four teachers chosen to rate the subjects served as the experimenters for this study. Their ratings were based on professional judgments developed through extensive and ongoing contact with the subjects. The experimenters were blind to the experimental hypothesis to avoid bias in their interactions with the subjects.

DEPENDENT VARIABLES

The dependent variable for this study were the assessed scores of the subjects on the two subscales of the School Social Behavior Scale (SSBS). The process of scoring the SSBS involves two steps. First, the raw scores were calculated for the subscale and total scores. Then these scores were converted to standard scores, percentile ranks, and Social Functioning Levels. These scores can then be interpreted to understand the relative meaning of the student's behavior in each area.

MEASURES

The instrument utilized for this study is the School Social Behavior Scale (SSBS) developed by Kenneth W. Merrell and published in 1993. Completion of the SSBS took the raters approximately five to ten minutes. First, the Student Information section was completed as fully as possible. The Rater Information section was also completed, offering relevant information about the person who completed the rating. After the instructions are read completely, the rater provided a rating for each item in Scale A (Social Competence) and Scale B (Antisocial Behavior). Raters were instructed to complete each item to make converting raw scores into meaningful interpretation possible. The response alternatives provided are as follows: 1-5 point ratings describing behaviors that never, sometimes, or frequently occur. After completion of the instrument, the finished protocols were returned to the investigator for scoring and interpreting the results.

Raw scores were obtained by totaling the values from each item. Total scores were then determined by summing the three subscale raw scores from both scales. The scoring procedure is the same for both the Social Competence scale and the Antisocial

Behavior scale. Once the raw scores and total scores were determined, they were converted to standard scores, percentile scores, and Social Functioning Levels. The scores and levels are then entered on the Score Grid of the test protocol.

Scores can be interpreted using the Social Functioning Levels to understand the meaning of the student's behavior in each area. Four Social Functioning Levels have been determined. The High Functioning level includes raw scores that are above 80% of the norm group's scores for Social Competence or below 20% of the norm group's scores for Antisocial Behavior. The Average level includes scores that range from approximately the 80th to 20th percentile levels for the norm group for both Social Competence and Antisocial Behavior. The Moderate Problem Social Functioning level includes scores that range from approximately the 20th to 5th percentile levels of the norm group for Social Competence scores, and the 80th to 95th percentile levels for Problem Behavior scores. The Significant Problem level includes scores similar to approximately 5% of the norm group with the lowest Social Competence scores and the highest Problem Behavior scores.

Two measures of internal consistency reliability were obtained on the SSBS norm sample, including coefficient alpha and the Spearman-Brown split-half coefficient. Both methods produced uniformly high internal consistency reliability coefficients on the two scales and their subscales. On the total scores for each scale, the range of obtained reliabilities using the two methods was .96 to .98, suggesting strong internal consistency. To assess the stability of the SSBS over time, Pearson product-moment correlations were calculated and the resulting coefficients were in the moderate to high range and significant, suggesting adequate stability over time. To assess the stability of the SSBS across raters, coefficients from the Pearson product-moment correlations were obtained

indicating moderate to high levels of interrater agreement, suggesting stability of scores across raters.

To examine the content validity of the SSBS, point-biserial correlations between items and scale totals were calculated and found to be in excess of the minimum accepted levels. The item total correlations strongly substantiate the content validity of the individual items. To assess criterion-related validity, Pearson product-moment correlations from the SSBS and a similar rating scale were calculated. The results indicate moderate to very high relationships between the two scales. To verify the construct validity of the SSBS, intercorrelations among the subscales of the Social Competence and Antisocial Behavior scales were calculated using a Pearson product-moment correlation. The correlations between subscales were moderately high to high showing a high degree of relatedness among the domains measured by the instrument. In summary, evidence indicates that the SSBS has adequate content, criterion-related, and construct validity and is a psychometrically sound and valid test instrument.

PROCEDURE

School Social Behavior Scale protocols with an instructional sheet were distributed to teachers from the participating school district. Using varying instructional sheets, teachers were instructed to complete the rating scales for the assigned students and then return the completed protocols to a central school district location where they were collected and returned to the investigator. Of the four teachers acting as experimenters for this study, one is assigned to a regular education classroom, one is assigned to a resource room, and two are assigned to self-contained special education classrooms.

Because subjects were unaware that they are being rated, no specific instructions were given to them. Subjects were chosen at random and assigned to a particular experimental or control group based on their educational classification.

CHAPTER FOUR - ANALYSIS OF DATA

STATEMENT OF HYPOTHESIS

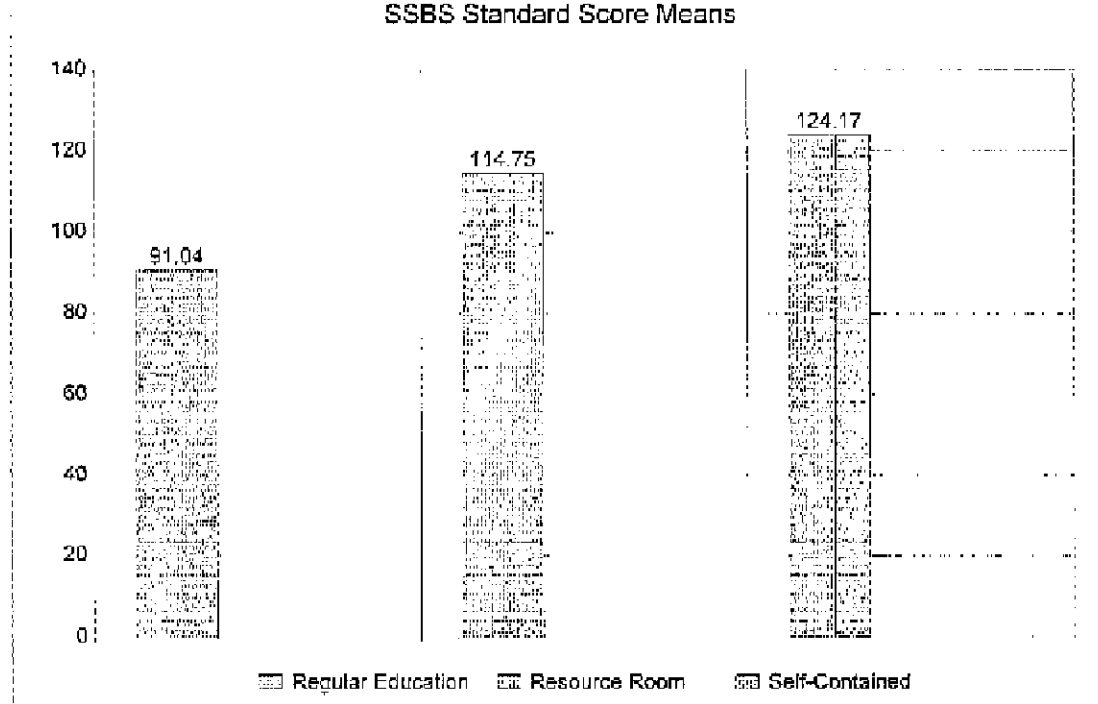
For this study, the social behaviors of three groups of students were compared. The three groups of subjects who participated in this study were regular education students and two groups of classified learning disabled students, those who receive support in a resource setting and those who are educated in self-contained classrooms. The hypothesis that was researched can be stated as such; learning disabled students will score significantly lower on a scale of social competence and significantly higher on a scale of antisocial behavior than their nonclassified peers. Furthermore, through assessment of both social competence and problem social behavior, it will be shown that self-contained learning disabled students will display the poorest results according to this measure. Lastly, because the learning disabled students exhibit deficits in their social functioning, they will experience rejection by their fellow classmates and will display increased instances of antisocial behavior which will be indicated by the behavior scale administered.

RESULTS

After completing a one-way analysis of variance on the data, the following conclusions were reached: significant confidence levels were observed when comparing the learning disabled students to the regular education students on the constructs of antisocial behavior and social competence. On the test of antisocial

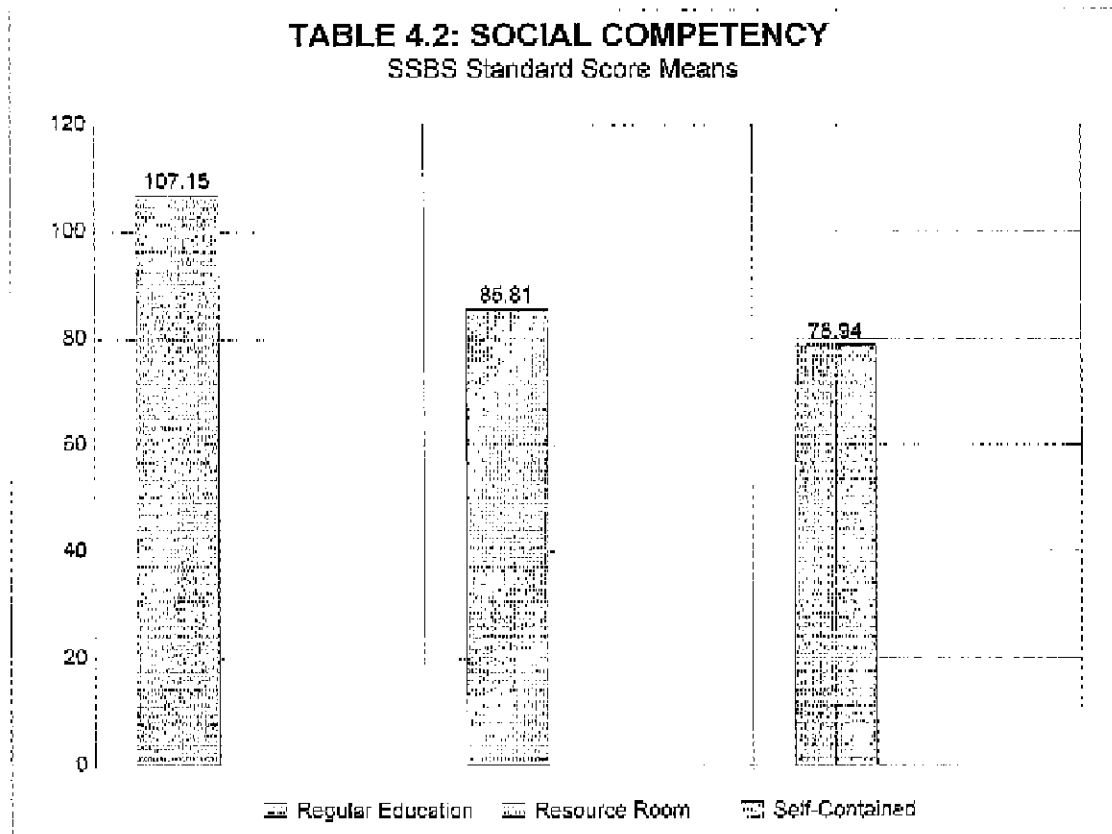
behavior, significant differences were found between the regular education subjects and the two groups of classified learning disabled subjects at the .05 significance level. This can be seen in Table 4.1, in which the means for the two groups of learning disabled subjects are significantly higher than the mean for the regular education subjects {M1(regular)=91.04, M2(resource)=114.75, M3(self-contained)=124.17}, $F=27.4$, $p < .05$.

TABLE 4.1: ANTISOCIAL BEHAVIOR
SSBS Standard Score Means



On the test for social competence, significant differences were again found between the regular education subjects and the two groups of learning disabled subjects at the .05 significance level. This is indicated in Table 4.2, in which the mean for the regular education subjects is significantly higher than the means for the two groups of learning disabled subjects {M1=107.15, M2=85.81, M3=78.94}, $F=60.39$, $p < .05$. Significant differences were not found however between the two

groups of learning disabled subjects on the test for antisocial behavior or social competence.



SUMMARY

These high levels of significance display support for my hypothesis. The difference in scores on the antisocial behavior test was significant, and the differences in the social competence scores were striking. Due to the small sample size (N=60), I am mindful of the potential for misinterpretation, yet the strength of the ANOVA is compelling.

CHAPTER FIVE - SUMMARY AND CONCLUSIONS

SUMMARY OF RESULTS

The social behaviors of three groups of students, one regular education and two learning disabled, were investigated for this study. The subjects were chosen according to their educational status, either learning disabled or nonlearning disabled. Subjects in group 1 receive instruction in a regular education classroom, subjects in group 2 receive support services in a resource setting, and subjects in group 3 are educated in self-contained classrooms. All subjects were observed and rated on a social behavior rating scale. Each subject received a score on a test for two measures, social competence and antisocial behavior.

The results of this study indicate that children classified with learning disabilities exhibit deficits in social functioning and display increased instances of problem social behavior in comparison to their nondisabled peers. These results support the hypothesis that learning disabled students would score significantly lower on a scale of social competence and significantly higher on a scale of antisocial behavior than their nonclassified peers. Significant differences were found between the regular education and learning disabled subjects but not between the two groups of learning disabled subjects. This suggests that students educated in self-contained classrooms are at no greater risk for developing social skill deficits than those who receive support in resource settings.

EXPLANATION FOR FINDINGS

The results of this study indicate that there is a correlation between learning disabilities and social skill deficits in the subjects tested. There are several interpretations for these findings. One interpretation is that social skill deficits are caused by neurological dysfunctions that exist in some children with learning disabilities. This view suggests that these deficits are intrinsic to children with learning disabilities and are not a result of the socialization process. Another interpretation of these findings is that social skill deficits may occur simultaneously with learning disabilities. This view submits that either academic failure causes social skill deficits, social skill deficits cause academic failure, or that both coexist in some learning disabled children. It can also be inferred that learning disabilities and social skills are correlated but that one does not necessarily cause or lead to the other.

Although significant differences were found in the social abilities of the subjects with and without learning disabilities, they were not found between the two groups of subjects classified with learning disabilities. The social functioning levels of learning disabled subjects educated in self-contained classrooms did not differ significantly from the social functioning levels of those subjects who receive instructional assistance in resource settings. This suggests that the instructional environment of the learning disabled subjects in this study does not influence their social abilities. Social skill deficits could be side effects or consequences of academic difficulty. They may also be due to lack of opportunity to learn social skills or lack of reinforcement for behavior in a socially skilled manner.

INTEGRATION OF FINDINGS WITH PAST LITERATURE

The results of this study conform with results from related studies. In a study of the effects of group psychotherapy on the social behavior of learning disabled adolescents, it was found that learning disabled students frequently demonstrate more problems in social behavior and peer relationships than their nonclassified classmates (Pickar, 1988). These findings concur with the results of this study which demonstrate that children with learning disabilities often display poor interpersonal skills and antisocial behavior which can lead to isolation from peers and low self-esteem.

In a study of the social interaction skills of children with disabilities, it was determined that children with learning disabilities are often socially rejected by their nondisabled peers (Prasad, 1994). It was found that children with learning disabilities are especially vulnerable to social rejection because while they may have the skills to initiate a social interaction with another child, they often use inappropriate behaviors to do so. These behaviors are likely to provoke a negative response from the peer. The findings of this study also indicate that children with disabilities lack the ability to sustain an interaction and respond appropriately both verbally and nonverbally.

In a study of social skill assessment for learning disabled students it was discovered that learning disabled students are more poorly accepted by peers, show deficits in a variety of positive social behaviors, and exhibit higher levels of negative social behaviors (Gresham, 1989). This fits with the findings of this study which indicate that students classified as learning disabled are less accepted by peers, and demonstrate less effective social behaviors across several domains of interpersonal functioning than nonhandicapped students.

Extensive research documents the difficulties students with learning disabilities have in forming and maintaining social relationships. Most of the research that documents the social difficulties of students with learning disabilities is based on how students with learning disabilities compare with nonlearning disabled students on peer acceptance and peer social status. This research has provided convincing evidence that children with learning disabilities, when compared to their nonlearning disabled classmates, are less well accepted and often socially rejected. Addressing this issue provides information for determining whether the poor social functioning of children with learning disabilities is specific to their disability or is related to low achievement in a broader sense. The results of this study are similar to many previous studies which have consistently found that children with learning disabilities often display ineffective social skills and maladaptive social behavior when compared with nonhandicapped children.

IMPLICATIONS OF FINDINGS

A number of researchers have recently focused on understanding the interpersonal competencies of learning disabled children. A consistent finding emerging from this work is that learning disabled children are less socially accepted than their nondisabled classmates. On the basis of these findings, it can be argued that social skill deficits constitute a defining characteristic of the learning disabled population. These findings and the results of this study imply therefore that learning disabled children can be considered a population at heightened risk for the development of social relationship problems.

One theory of social competence proposes a model that views social competence as a multidimensional construct comprised of several interacting components that

together lead to effective social behavior (Vaughn, 1990). These components are positive relationships with others, accurate social cognition, absence of maladaptive behaviors, and effective social skills. Deficits in any of these areas can lead to difficult peer relations and low self-esteem. The results of this study indicate that the learning disabled subjects showed deficits in at least two of these components, effective social skills and absence of maladaptive behaviors, which may lead to problem social behavior.

Very few studies have examined how the social difficulties of students with learning disabilities compare with those of other students who have learning problems. If low achievement is related to peer rejection, the low peer ratings of students with learning disabilities may be more a result of general academic problems than of learning disabilities.

LIMITATIONS

Some important limitations were detected through the results of this study that must be acknowledged. Because the design of this study is correlational, it is impossible to say that the independent variable caused differences in, or affected the dependent variables. Therefore, it can not be inferred from the data that having a learning disability necessarily causes social skill deficits and maladaptive social behavior.

Another limitation of this study is small sample size. A larger group might reveal more consistent findings. Ethnic and gender differences should also have been considered because of the possibility of their influence over the results. Also, this

study investigated the social behaviors of students at one age level, therefore similar results may not be consistently found with children in other age groups.

FUTURE DIRECTIONS

In the future, research based on the social competence of learning disabled children might examine the social difficulties of students with learning disabilities prior to and following identification of the learning disability to determine the extent to which social difficulties existed before identification or were manifested after identification. By conducting cross-sectional and longitudinal research, we will have a better understanding of the development and course of learning disabilities. Presently, longitudinal studies that examine children with learning disabilities are limited.

Whether or not social skill deficits represent a learning disability is irrelevant for providing remediation to students who exhibit difficulties in interpersonal relationships. Social skill goals should be part of an Individualized Education Plan for students demonstrating social skill deficits. Training in the areas of deficiency should also be considered as a treatment technique for children with learning disabilities. Teaching learning disabled children necessary and important social skills could increase their chances for successful interpersonal interactions and decrease the likelihood of inappropriate behavior. Such a behavior change could lessen the problems they encounter in social situations and increase their chances for satisfactory adjustment at school and at home.

SUMMARY

In summary, the results of this study indicate that learning disabled students differ significantly from their nonhandicapped peers on a measure of social competence and antisocial behavior. Educators should consider these results when planning instructional goals for learning disabled students. Opportunities for learning social skills should be made available for students who display social skill deficits. Curricula and strategies focusing on the social skill deficits of learning disabled students should also be developed.

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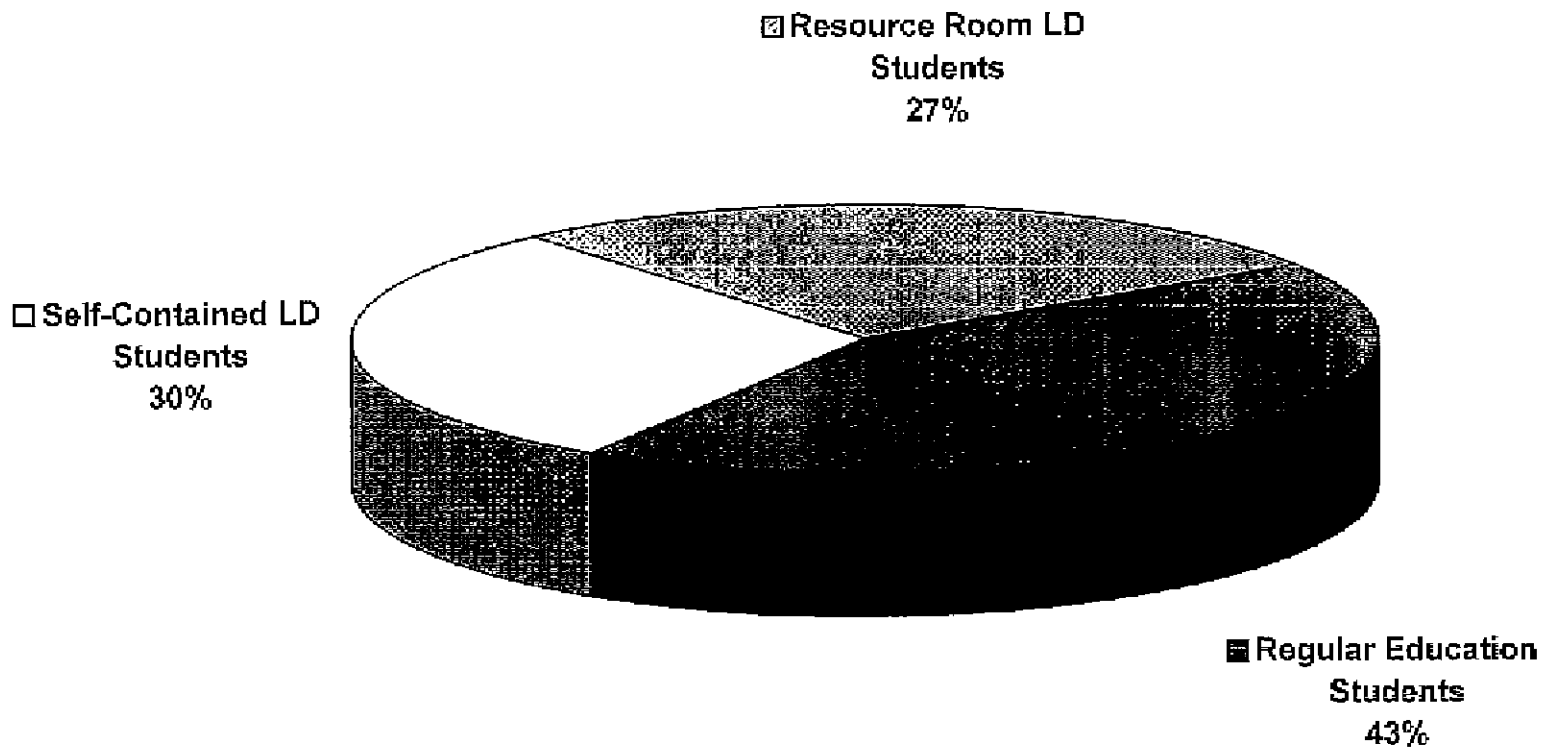
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APPENDICES

APPENDIX 1

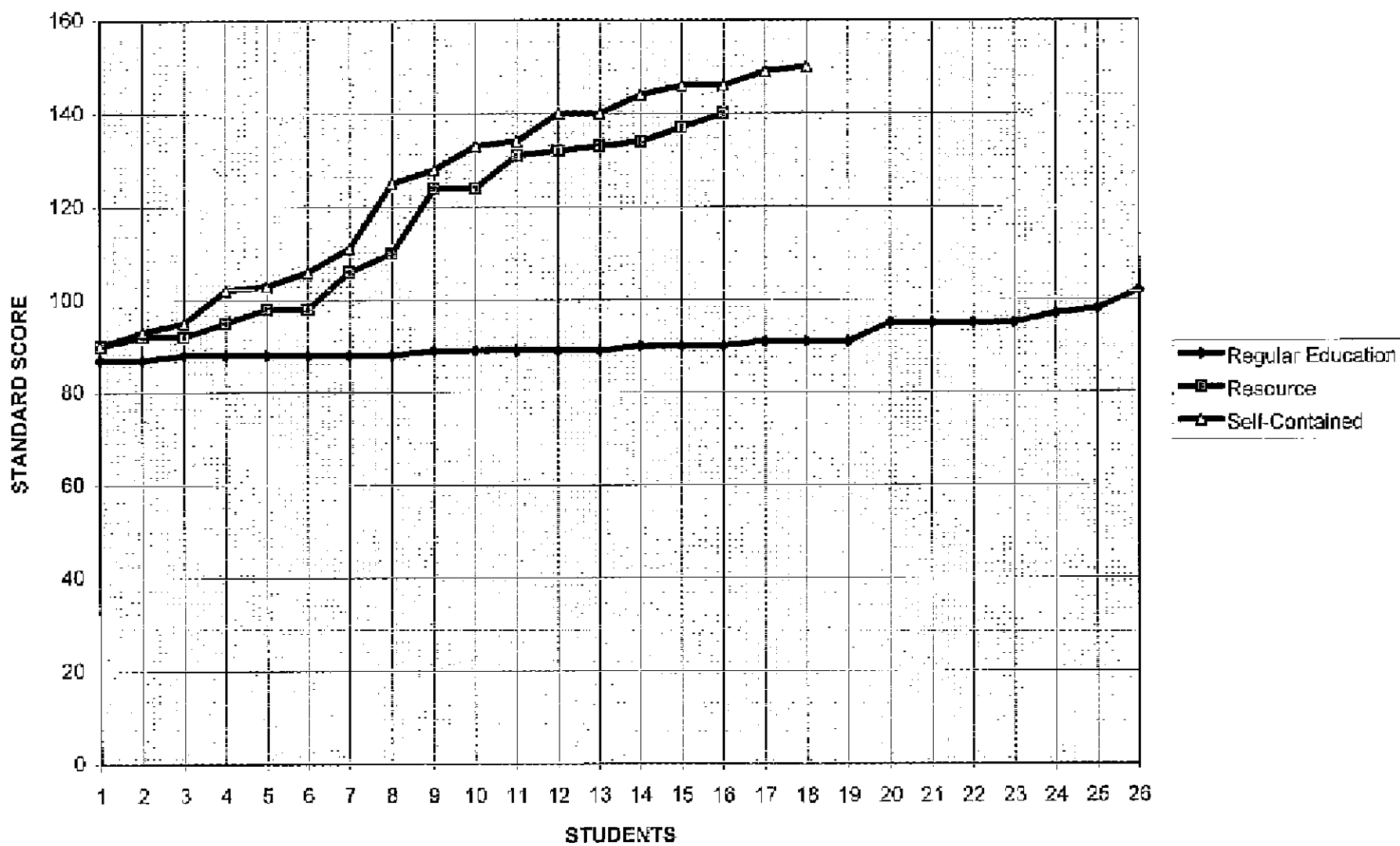
Educational Classification Groups



Characteristics of the SSBS Sample Based on Participation in Regular and Special Education

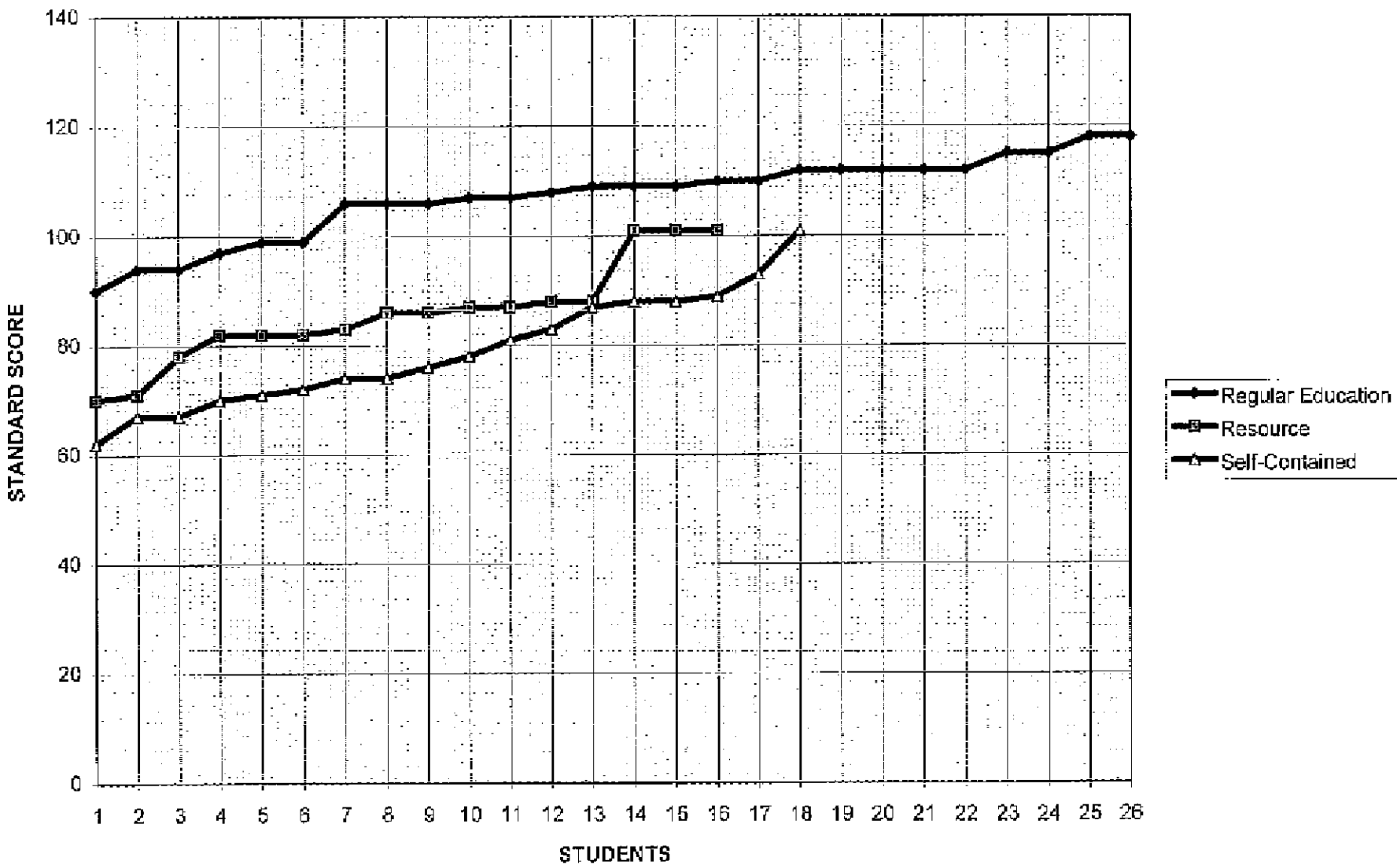
APPENDIX 2

ANTISOCIAL BEHAVIOR PERFORMANCE BASED ON STANDARD SCORES



APPENDIX 3

SOCIAL COMPETENCE PERFORMANCE BASED ON STANDARD SCORES



School Social Behavior Scales



Kenneth W. Merrell, Ph.D.

Student Information

Student Name		Last	
First	Middle		
Grade	Age	Sex:	M F
School			
If this student receives special education services, please list the special education service category or classification:			
If this student participates in any other educational program(s), please list the program name (Talented and Gifted, Chapter 1, Remedial Education, etc.):			

Rater Information

Rated By

Position

Date Completed

List the setting(s) in which you observe or interact with the student:

Instructions

After you have completed the student and rater information sections, please rate the student on each of the items on pages 2 and 3 of this rating form. The rating points after each item appear in the following format:

Never Sometimes Frequently
1 2 3 4 5

Never If the student does not exhibit a specified behavior, or if you have not had an opportunity to observe it, circle 1, which indicates *Never*.

Sometimes Circle the numbers 2, 3, or 4, (which indicate *Sometimes*) if the student exhibits these behaviors somewhere in between the two extreme rating points, based on your estimation of how frequently the specified behavior occurs.

Frequently If the student often exhibits a specified behavior, circle 5, which indicates *Frequently*.

Please complete all items, and do not circle between numbers.

Scale B
Antisocial Behavior

	Never	Sometimes	Frequently	Scoring Key				
1. Blames other students for problems	1	2	3	4	5			
2. Takes things that are not his/hers	1	2	3	4	5			
3. Defies teacher or other school personnel	1	2	3	4	5			
4. Cheats on schoolwork or in games	1	2	3	4	5			
5. Gets into fights	1	2	3	4	5			
6. Lies to the teacher or other school personnel	1	2	3	4	5			
7. Teases and makes fun of other students	1	2	3	4	5			
8. Is disrespectful or "sassy"	1	2	3	4	5			
9. Is easily provoked; has a short fuse	1	2	3	4	5			
10. Ignores teacher or other school personnel	1	2	3	4	5			
11. Acts as if he/she is better than others	1	2	3	4	5			
12. Destroys or damages school property	1	2	3	4	5			
13. Will not share with other students	1	2	3	4	5			
14. Has temper outbursts or tantrums	1	2	3	4	5			
15. Disregards feelings and needs of other students	1	2	3	4	5			
16. Is overly demanding of teacher's attention	1	2	3	4	5			
17. Threatens other students; is verbally aggressive	1	2	3	4	5			
18. Swears or uses obscene language	1	2	3	4	5			
19. Is physically aggressive	1	2	3	4	5			
20. Insults peers	1	2	3	4	5			
21. Whines and complains	1	2	3	4	5			
22. Argues and quarrels with peers	1	2	3	4	5			
23. Is difficult to control	1	2	3	4	5			
24. Bothers and annoys other students	1	2	3	4	5			
25. Gets in trouble at school	1	2	3	4	5			
26. Disrupts ongoing activities	1	2	3	4	5			
27. Is boastful; brags	1	2	3	4	5			
28. Cannot be depended on	1	2	3	4	5			
29. Is cruel to other students	1	2	3	4	5			
30. Acts impulsively or without thinking	1	2	3	4	5			
31. Unproductive; achieves very little	1	2	3	4	5			
32. Is easily irritated	1	2	3	4	5			
33. Demands help from other students	1	2	3	4	5			
						Totals		
						B1	B2	B3