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A social skills training program emphasizing roleplay of social problem solving strategies for learning disabled adolescent males with behavior problems

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A Social Skills Training Program Emphasizing
Roleplay of Social Problem Solving Strategies
For Learning Disabled Adolescent Males
With Behavior Problems.

by
Anne S. Garman

A Thesis

Submitted in partial fulfillment of the requirements
of the Master of Arts Degree in the Graduate
Division of Rowman College in Special Education
May 1995

Approved By _____
Dr. S. Jay Kuder

Date Approved 5/2/95

ABSTRACT

Anne S. Garman

A social skills training program emphasizing roleplay of social problem solving strategies for learning disabled adolescent males with behavior problems

1995

Dr. S. Jay Kruder
Special Education

This study was conducted to investigate the effectiveness of a social skills training curriculum for learning disabled adolescent males with behavior problems. The need for such intervention has been established, however, the empirical evidence to support educational programs and strategies which promote effective social skills is just beginning to emerge. Roleplay activities and instruction of social problem solving strategies have been combined in this intervention.

Cooperation, assertion, empathy, and self-control were taught during twelve lessons conducted over a period of six weeks. Five students from a self-contained class, at a special services school were used for the study. Pre and post intervention assessment was conducted using the Social Skills Rating Scale (Gresham and Elliot, 1990) for teachers, parents and students. A social scenarios interview was also conducted to provide descriptive results.

The results are encouraging, with improvement occurring in specific areas. These efforts represent a preliminary attempt to develop a social skills curriculum to be used by special education teachers in the classroom. Suggestions are offered for future research.

MINI-ABSTRACT

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Chapter 1

Identification of the problem

In order for children to develop successful relationships with peers, parents, and teachers, children must acquire and use social skills. The child's own attitudes, abilities, and environmental influences affect this social process. How communication skills are developed in the child also determine whether they experience positive or negative interpersonal relationships. Socialization is important to an individual's success after leaving school. Because of this, intervention programs which teach children how to improve interactions with peers, parents and authority figures (teachers, bosses) can be a useful instructional tool for educators and beneficial to the student.

The role social skills training is playing in the educational setting is growing. Educators have begun to notice school success is linked to students' ability to conduct himself in social situations. Frequently, the inability to behave appropriately in a classroom setting overshadows the student's academic potential. However, educators have been reluctant to deal with social skill

deficiencies that result in behavioral problems, especially those considered aversive, in the school setting. To bridge the gap between the need for social skills training and the ability to follow through with instruction, an effective intervention program needs to be designed to address the individual student deficits.

Social skills are generally viewed as interpersonal competence, or the ability to get along with others. How well an individual succeeds in these areas, depends on his/hers perception and communication skills. Students who have deficits in these areas experience difficulty interacting with peers and adults. Although social deficiencies are not part of the definition, children with learning disabilities are at greater risk to experience social and emotional problems.

Academic difficulties cause frustration, anxiety, and mood swings. Social and emotional problems contribute to a student's academic difficulties. These aspects of a student's behavior are counterproductive to learning and thus limit academic success. For the learning disabled adolescent, it is becoming accepted that social skills training be a part of their individual educational program.

Adolescents are expected to deal with many complex interpersonal situations and often they do not know how to respond. Social skills training appears to be most needed

within the middle school curriculum to help learning disabled students succeed.

An improvement in social competence can help the learning disabled student compensate for academic deficits. Social skills training can increase the benefits of academic and vocational instruction. Adequate social skills are needed for success in the employment setting and are fundamental to good interpersonal relationships. Both are necessary for the adjustment to independent living as an adult.

Inappropriate behavior inhibits the learning process and keeps the student from eventually becoming a productive adult. It is generally accepted that the longer a deficit in social skills goes untreated, the more serious the social problems become as the individual gets older. For the child caught in the negative cycle of disruptive behavior, the consequences delivered by the school seem to be the precursors to more severe behavior problems. This is most evident for the learning disabled male who exhibits some degree of social-emotional disturbance.

The instructional needs of learning disabled students with behavior problems require greater attention being given to the content of classroom curriculum and methods of delivery. With their future being a matter of statistics, not hope, not optimism, today's special education teacher needs an intervention program that will be effective and

needs an intervention program that will be effective and efficient.

What is being considered in this study is; can a social skills training program emphasizing problem solving strategies with roleplay can increase the social skills of learning disabled adolescents with behavior problems?

This study will test the hypothesis that learning disabled-behavior problem adolescents will experience improved social skills after participating in a classroom intervention using roleplay and small group activities to teach social problem solving strategies.

A basic principle of social skills training is that behavior chosen for instruction should be those valued by person's important in the learner's environment. So an intervention plan should take into account the parent's perceptions of the students behavior and those teachers having opportunities to observe the student.

Also of importance, is trying to determine what function the inappropriate behavior displayed by the student serves. Is the behavior a result of mislearning or is it serving a reinforcing role? An attempt to remediate the severity and frequency of problem behavior will produce noticeable results with direct reinforcement of appropriate behavior in that setting. Of concern to educators is what intervention techniques will produce results which could be

Elaborate systems can be designed to improve social skills performance, but are too involved to be implemented in the classroom. Commercially produced programs should offer the teacher some techniques which may help most of his students, but do not address to antecedent events associated with the inappropriate behavior. Within the middle ground is an intervention program that can provide instruction of appropriate social behavior and remediation of inappropriate behavior, is beneficial to the student and practical to the teacher.

This type of social skills training can be effective in teaching adolescent males to problem solve interpersonal situations in order to respond appropriately and without negative consequences.

Chapter 2

Literature Review

The identification and treatment of students with social skill deficiencies is getting increased attention from classroom teachers. Research has indicated that social skills deficits, if untreated, are related to poor academic performance, and may potentially lead to serious social adjustment problems in adulthood (Elliot, Sheridan, & Gresham, 1989; Margalit, 1993; Reed, 1994).

All too often the Individual Education Plan (IEP), designed for the learning disabled student can not be effectively carried out because of a social skills deficit in the student. Psychological researchers, and special education practitioners alike, are beginning to document the correlation of the inability to implement the academic portion of an IEP (Margalit, 1993), and the student's impulsiveness and inappropriate assertiveness (Wise, Bundy, Bundy, & Wise, 1991).

There exists a reciprocal relationship between academic success and social skills. Much of the data supporting the need for teaching social skills comes from studies of the

relationship between social behavior and school achievement (Cartledge & Milburn, 1986).

Reasons for doing this research are scientific, therapeutic, and political. The scientist wants to understand the nature of the disability, and the therapist wants to reduce the impact of the disability. Both are working under the constraints of public policy and parental pressures (Bryan, 1994).

Educators are also involved in trying to develop classroom approaches for improving the social competencies of students. (Hollinger, 1987). Social integration instruction is a necessary part of the learning disabled and behaviorally disordered child's school program. Although social skills training is in an infant stage of development it holds promise for increasing the success of disabled children.

BACKGROUND

While researchers were trying to find ways of modifying behavior using traditional behavioral approaches, their efforts were only addressing one dimension of the problem. It appeared that other factors were also influencing what behaviors children developed.

With the introduction of Social Learning Theory (Bandura, 1977), behaviorists were given a new framework from which behavior could be explained. In addition to

rewards and punishment, factors inside the person are viewed as important to determining how an individual will chose to respond to events in the environment.

Social learning theories regard personality as largely composed of habits and habitual ways of responding to the situations that arise in one's life. Originally, social learning was confined to the principals of classical and operant conditioning. Today it takes a more cognitive view in the manner in which experience creates habitual forms of behavior.

While working to explain aggression and delinquency Bandura discovered the importance of modeling as a way children learn to behave. Children will react to situations in ways they have seen adults behave. Learning through modeling is reminiscent of the old saying, "monkey see, monkey do." However, it is more than automatic and unthinking imitation of what one has seen. Bandura (1977), has written learning by observation is "actively judgmental and constructive rather than mechanical copying."

Open to various types of learning and a wide range of influences, social learning theory allows for events in the student's environment to be integrated to develop behavioral and instructional goals. Emphasis is placed on cognition, especially the thoughts, beliefs, and perceptions about environmental events which may be effecting the behavior. To what extent the behavior occurs is determined in the

context of the individual's social development. The integrated conceptual approach of Social Learning offers an effective guide for developing a systematic social skills program for adolescents (Wise, Bundy, Bundy, Wise, 1991).

DEFINITIONS

Generally social skills are defined in terms related to interpersonal competence (Chadsey-Rusch, 1992; Cunliff, 1992; Elliott, Sheridan, & Gresham, 1989; Hollinger, 1987; Margalit, 1993; Matson, & Ollendick, 1988; Reed, 1994; Wise, Bundy, Bundy, & Wise, 1991). These definitions range from the broad to the specific focusing on the individuals ability to interact with others in a given social context that is acceptable, valued, and beneficial to those individuals involved.

Interpersonal competence refers to an individuals ability to apply appropriate pro-social behavior. Broadly defined it is a person's ability to get along with others (Matson, & Ollendick, 1988). A more specific definition views social skills as a goal-oriented, rule governed, situation-specific learned behavior that varies according to social context. This involves both observable and nonobservable cognitive and affective elements that help elicit positive or neutral responses and avoid negative responses from others (Chadsey-Rusch, 1992; Margalit, 1993).

Interpersonal competence requires the ability to organize cognition and behavior into an integrated course of action directed toward culturally acceptable goals and the ability to continuously assess and modify one's behavior to maximize the likelihood of reaching particular goals (Reed, 1994).

The work of Gresham & Elliot (1987) defined social skills in heuristic terms. This means they are pointing out what needs to encourage the student to discover for himself. Their work centers on the child and the outcome of their behavior in the school setting, as well as the child's sense of well being. Social skills is behavior exhibited in specific situations that help in assuring the attainment of important social outcomes.

Gresham and Elliot have taken the behavioral definition of social skills and have expanded it to include the necessity to determine the relevancy for the individual. In children these outcomes include a) acceptance by the peer group, b) positive judgement of social skills by significant others (parents and teachers), c) academic competence, d) adequate self-concept or self-esteem, and e) adequate psychological adjustment.

Social skills is behavior learned through modeling. Positive social skills are not considered personality traits, rather they are discrete, situation-specific behavior that is affected by the individual's environment

(age, sex, social status, and with whom the individual interacts with). A definition of a social skills deficit has been harder to develop. From Bandura's primary work (1977), and applied with Elliot and Gresham (1991) social skills deficits can be categorized into four types: skill deficits, performance deficits, self-control skill deficits, and self-control performance deficits.

Acquisition deficits occur when the individual has not learned skills that are necessary to exhibit a socially competent response. They are remedied through procedures designed to teach the social skills in question.

Performance deficits arise when the child fails to successfully perform behavior he is capable of. These are remedied through procedures designed to increase the frequency of behavioral performance.

The understanding and implementation of socially appropriate behavior requires a higher level mental processes. The complex intellectual activities, called cognition, includes social problem solving. Cognitive learning theory is putting pieces together to create a new understanding. It is an active process that involves the 'whole' person.

PROBLEMS RELATED TO LOW SOCIAL SKILLS

The consequences for a student who persistently exhibits social skill deficits are both short term and long

term. The negative consequences of inappropriate behavior can serve as predictors of more severe problems later in life. Learning Disabled (LD) students, in particular, will not find success in the classroom (Vaughn & Hogan, 1994; Margalit, 1993), because of their lower social competencies. The student's ability to learn and process information is inhibited by factors other than academic competency. This cycle will continue through their school years and into adulthood.

For the student who does not have sufficient social skills, there is an increased probability of juvenile delinquency, as well as other problem behavior (Larson, 1988; Matlack, MacMcGreevy, Rouse, Flatter & Marcus, 1994; Matson & Ollendick, 1988). Findings assert that a deficiency in social skills is related to adolescent delinquent behavior.

Incarcerated male adolescents will exhibit significantly greater social skill deficits than their non-incarcerated peers. Specifically Matlack, et. al. (1994) found two salient components of social skills deficits: Impulsiveness/recalcitrance and inappropriate assertiveness. These adolescents have difficulty conforming to social norms due to the loss of control of emotions and behavior. They lack the self-control necessary to process everyday social interactions and expectations.

Currently, male adolescents are identified far more frequently than females. According to Reed (1994) adolescent males lacking in social or interpersonal skills find their inappropriate responses met by strong sanctions, punishment and negative reinforcement from adults and peers. However, moderate improvement in male functioning will receive positive responses from peers and adults more quickly. For the male student modification of behavior in the forms of improved social judgement, interpersonal skills, and self-mastery leads to improved academic achievement and social status. Male social networks are more flexible and based primarily on current functioning. Therefore, male adolescents can improve their social status as their interpersonal functioning improves.

How teachers are viewing social skill deficits reveals a discrepancy in objectives which could explain the strong occurrence of social skill deficits in incarcerated males. Pray, Hall & Markley (1992) illustrates how teachers value academic social skills more highly than interpersonal social skills. They focus on such skills as following rules and directions, as opposed to skills involving conversation, initiating social contact and assertiveness.

Teachers are stressing task-related social skills rather than interpersonal or self-related social skills. Teachers are far more invested in the behavioral adjustment domain than in either the social or personal adjustments of

their students (Williams, Walker, Holmes, Todis & Fabre, 1989). The study also looked at students perception of social skills. In contrast to the teachers, regular education students indicated communication and social interaction/play skills as being most critical for peer acceptance.

When considering the social skills that learning disabled (LD) students would need for satisfactory transition to regular classrooms, Carthedge, Frew, and Zaharias, (1985) also found a wide disparity between teacher perceptions and peer perceptions. The competencies assigned the lowest importance by regular education teachers were those expressed by regular education pupils as critical for peer acceptance.

Considering the results of Jarvis and Justice (1992), LD students are significantly less accurate at interpreting social situations than their non-LD peers. LD students were found to have significantly lower self-concepts and it was demonstrated that this will last into adulthood. The methods used to make this determination included the completion of a self-concept scale and the use of taped stories. Students were asked to determine the feelings present in the scenarios and why these feelings existed. The responses were scored for accuracy in interpreting the feelings and motives of the actor.

Other studies using social scenarios to determine the level of students social skills include Pearl, & Bryan (1994), and Larson, (1988). They support the suggestion that students with learning disabilities are less likely than other students to possess knowledge, expectations, and skills that are likely to bolster their ability to make more reflective and prudent appraisals of situations that could lead to or result from misconduct (Larson & Gerber, 1987). The use of social scenarios was effectively used to determine if the students knew of an appropriate way of dealing with getting caught in misconduct.

These short comings have been identified and research is beginning to determine the non-academic skills necessary for adjustment in the school setting and post-graduation. Social skills training involving young adolescents has been associated with various benefits (Wise, Bundy, Bundy, Wise, 1991). Adolescence is a time when complex social relations, heightened stress and depression, and increased pressure to conform to peers conflicts with the desire to establish a unique identity. It is also a point when the student can learn the symbolic information relevant to assertiveness and recalcitrance training.

Assuming "appropriate social behavior" is synonymous with "social skills" (the ability to interact with others in such a way as to produce positive effects and be mutually beneficial), this implies a minimal level of understanding

by the student. A person who is able to assess a situation, discriminate which social skills to use, and perform them in a manner that will bring about desired results is said to be socially skilled (Cunliffe, 1992.)

Understanding the expectations one needs to meet when interacting with a group or individual is a matter of knowing the social norms and the role to be played. If an individual does not play their part according to the rules they are most likely going to feel pressure. Social norms are the rules for role playing in a particular situation. As the situation changes so do the expectations of the role to be played.

"The development of a psychologically healthy individual appears to be related to the ability to cope adaptively with many transitions and challenges presented during the critical period of adolescence." (Hansen, Watson-Perczel, and Smith-Christopher, 1989, p. 366). Keeping in mind the adolescent will become an adult, those skills which should compose the social skills repertoire for the student can be taught. An individual appraisal of the students environment, namely the classroom, will determine the priorities.

Academics

In trying to determine the relationship of social competency and academic success, there is a high

relationship between scores on self-reported social skills measures, teacher rating of classroom behavior, and direct observation of social interactions.

From the results of Margalit (1993), four social skill domains are related to student task-orientation; Cooperation, Empathy, Assertiveness, and Self-control. Using the three measures of student self-report, teacher questionnaire and observable data, results indicate a relationship between a students view of their social skills ability and the teachers evaluation of the students task-orientation. Students who viewed themselves as more socially skilled were considered by their teachers to exhibit better classroom functioning. Additionally, students who were observed as performing more negative interactions viewed themselves as less able to cooperate and less in control of their actions.

Academic competence is a function of social behavior. Specifically, students who are involved in more negative interactions, such as using verbal and physical acts of aggression (cursing, annoying others, pushing) viewed themselves as less in control and teachers viewed them as demonstrating more behavior difficulties. The student who is focused on avoiding distractions and aiming to perform classroom tasks is characterized as having better social skills. The conclusion was drawn by Maglit (1993) that students who have fewer occurrences of hyperactivity and

behavioral difficulties will be viewed as being more compliant, task oriented, and better able to benefit from their educational program (IEP).

A balance needs to be found for the inclusion of social skills in classroom instruction. The behavior needed to develop academic success and the behavior needed to develop peer relations. Peer adjustment is being recognized as essential to a satisfactory quality of life (Hollinger, 1987). This may be among the most important aspects of a child's life. Systematic attempts to develop effective social skill curricula for use as part of the overall program of studies in school are being developed.

Intervention

Teaching appropriate social behavior can be beneficial to the individual whether it is to an adult (Chadsey-Rush, 1992), or a preschooler. The optimum age for social skills intervention is early adolescence (Burkeley & Cramer, 1990). This is period at which youngsters commonly experience a good deal of uncertainty. Adolescents are likely to directly benefit from such training that will enhance their performance in a range of social situations they will encounter through their formative teenage years.

Although academic and school competencies are important for all youngsters, nowhere are they more critical than

during adolescence. At this time students must consolidate and build on their basic skills to profit from instruction (Margalit, 1993). Social skills deficits during adolescence, particularly in the establishment and maintenance of relations with peers and authority figures, may not only have a negative impact on future interpersonal functioning, but may also affect current functioning. When in school this would mean reducing the quality and quantity of the learning experiences to which students are exposed in their special education settings.

The outcome of a social skills intervention consists of the application of specific techniques to produce development in defined areas of social functioning. (Burlkeley & Cramer, 1990). The primary techniques of intervention are modeling and roleplay.

The use of cognition in teaching social skills is receiving increased attention. Cognitive-Behavioral therapy focuses on efforts to structure thinking styles that are functional for directing social behavior. An area of emphasis is the elimination of irrational, self-defeating, or faulty thought patterns, replacing them with more rational or productive ones.

In support of this, is the development of structured thought patterns to be used under certain conditions or for specific behavior. Problem-solving procedures geared toward modifying cognition help the student to analyze social

situations accurately and make decisions based on the possible alternatives and consequences. Social awareness exercises and social problem solving strategies are also being used to inhibit aversive behavior and to teach the acquisition of new social or assertive behavior.

Assessment

Social skills training needs to be based on individual specific deficits. Instruments of assessment should be chosen depending on the purpose (Magg, 1989). An initial assessment would be used to determine individual specific deficits. To determine what specific skills need to be taught, it is most helpful to use some form of social skills rating scale completed by teachers and parents (Mehaffey & Sandberg, 1992). Another purpose of assessment is to determine the effectiveness of an intervention on the target behavior.

Methods of assessment vary along three primary dimensions, source, specificity, and proximity of report to time of behavior performance (Elliot, Sheridan, & Gresham, 1989). Methods can rely on different sources, such as parents, teachers, peers, trained observers, or the subjects themselves. The information obtained from these sources can provide a range of behavioral descriptions from the molar to the molecular (global to specific).

To allow for appropriate planning of interventions, assessment should proceed from the global to the specific. In contrast, evaluation of an interventions success typically proceeds in the opposite direction, moving from behavior-specific outcomes to more global analyses on important social outcomes.

Currently, a standard battery of test or methods for assessing social skills does not exist.

It has been suggested for planning effective interventions, two complementary sources of information may facilitate the assessment of learned social skills; a student's subjective interpretation of their social behavior (self report measures), and teacher reports on the student's classroom behavior.

The combination of these two measures are being used more frequently (Margalit, 1993, 1991; Matlack, et. al., 1994). The assumption being, any attempt to affect social competence should begin with subjective experiences of the individual. The use of teacher evaluations provide information on both adaptive (task-oriented) and maladaptive (aggressive) classroom behavior. Teachers' conclusions should be based on a comprehensive and representative sample of behavior.

Linking assessment results with an intervention.

After an assessment to determine the target behavior, a match needs to be made between the areas of deficit and the appropriate intervention strategy. The most significant changes in social skills are accomplished when the diagnostic information is linked to specific curricular goals. This is done so that the skills being taught are those skills determined to be deficient in the child (Mehaffey & Sandberg, 1992).

A number of procedures have been identified as effective treatment methods for social skills deficits. There are two major approaches to social skills training, both of which are based on the principles of social learning theory (Elliot and Gresham, 1991 and Hollinger, 1987). One approach is characterized by direct instruction, discussion, modeling, and rehearsal of specific social skills. This approach is commonly referred to simply as social skills training. The other major approach is characterized by an emphasis on social cognitive processes and how children solve interpersonal problems. This approach is referred to social cognitive problem solving, social problem solving, or interpersonal cognitive problem solving.

Other descriptors of the techniques used in these approaches include: a) operant conditioning, b) modeling, c) coaching, and d) social-cognitive procedures. From a review of the research data it is clear that no single treatment

approach or technique uniformly is effective. Rather, a combination of techniques has been found to be more effective than using only one method by itself.

SOCIAL SKILLS TRAINING TECHNIQUES

The effectiveness of social skills training procedures varies considerably among subjects (differing in age, sex, and handicapping condition), settings and therapists (Elliot, Sheridan & Gresham, 1989). Program which provide a combination of opportunities to acquire appropriate social controls and more normal social interactions experience greater success (Matlack, et. al., 1988). The current framework includes instruction with naturalistic rehearsal (roleplay).

Social skills training is behavior specific. The emphasis is on teaching specific pro-social behavior. Effective training programs emphasize role play or behavioral rehearsal. In addition to behavioral rehearsal, major instructional components include a) discussion of the social skills, b) modeling, and c) feedback. The training medium involves direct instruction by the trainer. This provides the student with an opportunity to develop an understanding of the skill and to expand their repertoire through practice of the skill (Elliott and Gresham, 1991 and Hollinger, 1987).

Learning social skills takes place primarily through observation, imitation, and feedback from the environment. Procedures for teaching observable social behavior almost always involve some aspect of social modeling (Cartledge & Milburn, 1986). The modeling method of treatment is based on observation and imitation. To be of greatest impact it focuses on persons who are meaningful to the student.

When children are given the opportunity to watch a scene, they are likely to imitate the behavior they have watched (Bandura, 1977). This type of intervention is now being done with live or taped models to teach desired behavior. Social modeling is also important for teaching adaptive ways of thinking and feeling in social situations, particularly where the internal events can be reflected in some overt, observable behavior.

SOCIAL PROBLEM SOLVING

Social problem solving is a cognitive-behavioral process. It consists of discrete cognitive abilities and covert thought processes that mediate behavior (Browning & Nave, 1993). The use of social problem strategies will enable more effective and independent life management by the individual.

The major assumption underlying social problem solving is that the ability to solve interpersonal problems is important to social adjustment. Thus the primary goal of

social problem solving interventions is to teach individuals how to think through and resolve interpersonal conflicts (Hollinger, 1987).

Adolescents, as well as adults, are constantly confronted with conflicts. Depending on how they approach these situations, they may either be resolved with little difficulty or could be exacerbated. It appears that one critical factor is the individuals problem solving ability. Good problem solvers tend to display better social adjustment than those with limited problem solving skills (Cartledge & Milburn, 1986).

The purpose of social problem solving is to provide individuals with general procedures that assist them in dealing independently with critical problematic situations that face them in daily living (Browning & Nave, 1993). The consensus of social problem research is that social problem solving strategies include 1) teaching problem identification, 2) evaluating the problem, 3) generating alternative solutions to the problem, 4) deciding among the alternatives based on consequences, and 5) evaluating the outcomes of that solution.

Despite the diverse application of this strategy, research with learning disabled students using social problem solving strategies has been limited. The research completed by Browning and Nave, (1993), supports other studies whose findings indicate that individuals with

learning problems can be taught to employ a social problem-solving strategy.

In their study Browning and Nave (1993), used an interactive video-based curriculum. The curriculum design was based upon a multiple instructional or cognitive behavior modification approach. It was based on the belief in the interactive, reciprocal nature of cognition, feelings, and behavior, to instill, modify, or extinguish behavior.

A variety of interactive learning opportunities was presented to the students. The teachers were given a direct and significant role in guiding the students and determining the appropriate balance of instruction for each student. Teacher control allows for curriculum adaptations to various needs and ages.

Training in problem solving involves a process for finding answers rather than delivering a specific set of behavior or solutions. This process however needs to be used carefully. The problems and pitfalls that have emerged from the use of this model need to be considered. Once the teacher initiates this process of instruction the dynamics of the group and organizational environment take over.

GROUP INSTRUCTION

A useful yet relatively untested format for treatment of social skills deficits is group counseling (Hagborg,

1991, Mehafeey & Sandberg, 1992). Social skills training in groups has been used with elementary school children. Mehafeey & Sandberg (1992), through their experiences offered a framework to follow when developing programs for children who have difficulty getting along with peers.

The goals of social skills training groups at the elementary level are to improve childrens' social interaction skills for peer relations and to give children a vehicle for social acceptance by others. Within the group format instruction and games are used with full group activities to promote group cohesion. The use of group encourages the formation of associations and friendships while providing a safe setting for the practice of learned skills.

The use of group is particularly useful for adolescents who would be appropriate for group counseling. An explanation of this is that adolescents tend to be group oriented, are willing to discuss concerns in the presence of peers, and find mutual support in sharing concerns.

Of concern to Hagborg (1991), was whether this was true for students enrolled in special education programs. It had been his experience that group counseling with students from self-contained classrooms (usually Emotionally Disturbed or Learning Disabled) are often unsuccessful. Over time sessions degenerated into verbal battles between students with desperate attempts by the counselor to maintain order.

Interactions among special education students are limited and rigid. Attempts to explore these interaction's patterns are met with strong resistance.

Despite Harbog's conclusions, that these sessions are ineffective, even destructive to the student's socio-emotional functioning, he offers a set of methods and useful therapeutic activities to improve the likelihood for success. Issues to consider are Group Mechanics, Voluntary v. Required Participation, Group Composition, Group Leadership and Goals, Group Organization, and the mode of treatment.

Group-oriented contingencies can also be used to control the adverse effects of small group instruction. With group-oriented contingencies, consequences are applied for the behavior of the students in the group (Elliot & Gresham, 1991). Group contingencies are easier and more efficient. They also enlist peers as agents for behavioral change.

The use of group approaches have been useful for addressing aggressive, withdrawn, and inappropriate behavior in adolescents (Cartledge, & Milburn, 1986). Early research (1967 - 1972), into the effectiveness of group approaches for correcting social skills deficits found that older, more sociable and person-oriented adolescents who can accept confrontations are more likely to benefit from group intervention. Within a small group, a contingency system

can increase attention given to modeled and coached instructions and invite participation in role-play behavioral rehearsal.

ROLEPLAY IN SOCIAL SKILLS INTERVENTIONS

The technique of roleplay is used in both approaches to social skills training. Roleplay is behavioral rehearsal or practice for eventual real life use of the skill (Cartledge, & Milburn, 1986). It is a dramatic process that involves several components.

1. It is a close representation of real life behavior.
2. It involves the individual holistically.
3. It presents observers with a picture of how the student operates in real life situations.
4. Because it is dramatic, it focuses attention on the problem.
5. It permits the student to see himself while in action in a neutral situation.

Roleplay has been determined to be an effective behavioral assessment tool (Merluzzi & Biever, 1987). Its effectiveness as an intervention strategy has been supported by Valliant and Antonwicz (1991) and Burkeley & Cramer (1990). Their social skills training (SST) consisted of certain techniques, namely roleplay, to produce development in defined areas of social functioning.

Valliant and Antonwicz (1991) conducted a five week cognitive behavior therapy program to teach ways of restructuring faulty thinking and improve social skills. Problem solving and social skills training with role play was used. The educational format of the intervention consisted of instruction being given at levels appropriate to the abilities of the inmates. A video provided an educational model of the cause/effect relationship of specific behavior.

The roleplay put participants in situations and they were asked to then explore past roles and belief systems before they reacted. They were then asked to formulate new roles and interpretations to the situations. The results showed improvement in self-esteem and a reduction in anxiety and aggressive traits.

Social skills training using an instructional approach with roleplay support is showing positive results in adolescents (Reed, 1994; Wise, Bundy, Bundy, & Wise, 1991). Lecture, discussion, and homework was used to introduce and teach the skill. Directed roleplay was then used to identify recognition of skills and practice the use of the skill.

A method of treatment for young adolescents in small group settings was developed by Burkely & Cramer (1990). It was their determination that group treatment provides an ideal context for the use of roleplay (one of the most

useful techniques in SST), and the use of ice-breaking games. The use of games in SST is supported by Bond (1986) who found they were useful in building group cohesiveness. The use of games allows young people to experience the breakdown of barriers and the release of tension with their peers in a safe situation.

Burkeley and Cramer's (1990) treatment consisted of ten weekly sessions. They lasted one hour and a quarter. Generally the sessions began and ended with games, while roleplay was used to enact simulated situations.

Conclusion

From the review of current social skills literature a theoretical framework to begin actual classroom intervention has been provided. The need for social skills training has been researched and documented. Most special education practitioners recognize this on a daily basis.

What is beginning to appear in the literature are studies of intervention programs designed to address the social skill needs of our students. Emphasizing the techniques of roleplay and small group instruction a curriculum was developed to test their effectiveness.

Chapter 3

Procedure

Subjects and Setting

Five adolescent males, ages 12-15, were used to test the effectiveness of a social skills training intervention. The students were in one self-contained multiple-handicapped class at a special services school. These students were placed in the special services program following their inability to perform in the mainstream, regular education setting. This was due to continued academic failure as well as behavioral and emotional difficulties.

The extent of the behavioral disorders centered on non-compliant, inappropriate acting out. All had participated in aggressive acts. Attention deficit, hyperactivity, oppositional, defiant or non-compliant were common descriptors found in student files.

IQ scores ranged from low normal to superior (88-123). All demonstrate characteristics which indicate a discrepancy in achievement vs. potential. The diversity in the students reading levels was a consideration in the design of the intervention. One student is considered a "classic dyslexic" (as per the school reading specialist). Another

student demonstrates language difficulties, which are at least partially due to the student living in a bi-lingual household. Two students were functioning just below grade level and one was functioning above grade level.

The students lived in rural, suburban, and small urban communities. As an indicator of socioeconomic status all qualified to receive free lunch. This means the household income for the student's family was close to poverty levels.

The ethnic composition of the class was, one African-American, one Hispanic, and three white males.

Rating scales were completed by the students, a parent, and four out of classroom teachers (art, music, physical education, and experiential education). The intervention was carried out by the classroom teacher.

Assessment Instruments

For the purpose of this intervention, two assessments were needed. First, a pre-intervention battery was used to determine the extent of specific social skill deficits and establish base-line behavior. Second, the post-intervention test was used to determine the effectiveness of the social skills curriculum.

Student social skill levels were evaluated through a cross selection of measures; direct observation, interview, and social skills questionnaire. Teachers and parents also completed a social skills questionnaire. The battery was

assembled to offer formal and functional insight into the individual social skills of the students.

Direct observation included a teacher daily rating scale. Anecdotal remarks are recorded regarding the student's behavior and academic accomplishments. The student was also given a rating of either super, satisfactory, below average, or non-compliant.

An interview was administered by a research assistant. It was composed of open ended social scenarios. The students were asked how they would respond to situations like; "You're in gym class and your team just lost the baseball game because Tom dropped a fly ball. Other classmates start calling him names and push him around. How would you feel?, What would you do?" and "You're walking down the hallway at school and someone leans into you. They call you retarded. How would you feel?, What would you do?"

Answers were coded for level of response. The interview included questions designed to measure the students ability to appropriately respond to social situations. Interview scenarios were written to match the social skills of cooperation, assertion, empathy, self-control, and responsibility. There were ten scenarios total, two for each domain. The scenarios reflect situations the student may have faced or will face within their school or home environment. The scores from this

measure were used to determine if learning disabled student with behavioral disorders can improve their ability to articulate socially appropriate responses to interpersonal challenges using a social problem solving (SPS) strategy.

The social skills questionnaire selected was the Social Skills Rating Scale by Gresham and Elliot (1990). It is a nationally standardized series designed to obtain information on the social behavior of adolescents according to the perceptions of teachers, parents, and the student themselves. The SSRS is a scale in which social behavior is rated on a three point frequency dimension (often true, sometimes true, never true). The three main sub scales which appear on each report are:

Cooperation: Behavior such as helping others, sharing materials, and complying with rules and directions, such as "I ask before using other people's things." and "Uses time appropriately while waiting for help."

Assertion: Initiating behavior such as asking others for information, introducing oneself, and responding to others actions such as peer pressure and insults, such as "I start talks with classroom members." and "Appropriately tells you when he thinks you have treated him unfairly."

Self-control: Behavior that emerges in conflict situations (e.g. responding appropriately to teasing) and in non-conflict situations (e.g. taking turns and compromising),

such as "I control my temper when people are angry at me." and "Responds appropriately when hot or pushed by other children."

Students also rate themselves on empathy: Behavior that shows concern and respect for others' feelings and viewpoints, such as "I accept people who are different."

Parents also rated the children on responsibility: Behavior that demonstrates awareness of rules and manners, such as "Informs you before going out with friends."

The problem behavior scale in the teacher and parent questionnaire was very useful for designing this intervention. By having parents and teachers respond to questions such as, "Is easily embarrassed." and "Gets angry easily." the sources of the interfering behavior can be determined. Some student may demonstrate external problems, while other may have internal problems. These need to be addressed prior to the student being able to demonstrate positive social skills.

The scores obtained from the SSRS are not normed for handicapped students at the secondary level. These reports were used to identify areas of weakness and determine if an intervention process could remediate these social skill deficiencies.

The learning objectives reflect what the student will be able to recognize including; definition and examples of

each skill and the feelings associated with each skill. The student will be able to implement a SPS strategy to determine an appropriate response to the scenarios. The goals were to have students increase the frequency in which they perform positive social behavior and decrease the problem behavior that interferes with social skill acquisition and performance.

Procedure

A teacher summary of classroom behavior was initially used to determine the extent of a social skills deficit. A research assistant then interviewed the students individually. The interview was tape recorded, transcribed and coded. The coding was developed to categorize the student responses as being able to develop appropriate responses to the social scenarios. The students were then given the Social Skills Rating Scale (SSRS), (Gresham & Elliot, 1990). The parents version of the SSRS was sent home and to four out-of-classroom teachers as well as the classroom teacher, completed a SSRS.

Using pre-intervention test results a curriculum was developed. The students then began a seven week, 12 session, intervention program. The lessons were conducted in the classroom and each session lasted one hour. Sessions were held twice a week. Most sessions followed the format of:

1. beginning the class with a social skills game to build group cohesiveness,
2. teaching a particular social skill through discussion and guided questioning, and
3. having the student applying the new skill or strategy in a roleplay situation, and concluding with a closure activity.

In each session when the students were first introduced to a new skill guided questioning was used to develop an understanding of the concepts. Through the guided discussion students would explore and identify the skill's importance and usefulness. They were then shown how the skill works, and given the opportunity to try the skill out. Each session ended with a review of the lesson.

Using this format students were given an opportunity to learn a new skill using the principals of modeling, participation, and feedback. The advantage of this type of learning situation is that immediate feedback on performance in the roleplay situation can be given. This enabled the student to modify and improve performance within the context of a safe environment.

A curriculum summary of the intervention design is in the Appendix.

Positive reinforcement was used whenever possible. Verbal praise was most frequently used when appropriate

verbal and nonverbal responses came from the students. Redirection was used first when inappropriate responses were seen or heard.

In support of this attempt to reduce the reoccurrence of problem behavior during the session, a group contingency system was established. The sessions were divided into five minute increments. If responses and behavior supported the lesson a plus (+) was recorded for that time period. If responses or behavior deteriorated within the five minutes a minus (-) was recorded. If the group earned 80% pluses or 10 out of 12, they earned preferred activity time.

Since the intervention occurred within the classroom schedule, it was also a part of the behavior point system which was used on a daily basis. Points were awarded for successfully completing the assignment for that period.

Chapter 4

Results

In this study, the effectiveness of a social skills training program using roleplay and small group activities was tested. Students classified as learning disabled with behavior problems were pre and post tested using the Social Skills Rating Scale (SSRS), (Elliot & Gresham, 1990). The intervention consisted of twelve sessions over a six week period.

The differences between the pre and post-test scores were charted and analyzed. The results are reported in terms of overall group improvement and individual differences within the group. Specific skill differences within the group and by the individuals are presented. The pretest and post est are in table 1.

Using t-tests, the pre-test and post-test scores from the SSRS were compared. The means for differences between the pretest and post-test should improve. However, there was a high variance among the scores. Although scores improved, there were no statistically significant results on the Total Social Skills Scale or Problem Behavior Scale.

Table 1

PRETEST AND POST TEST SCORES

STUDENT	1		2		3		4		5	
SELF REPORT	pre/post		pre/post		pre/post		pre/post		pre/post	
TOTAL	67	69	88	104	98	95	78	100	84	75
COOPERATION	11	9	15	17	14	13	9	11	11	10
ASSERTION	5	10	10	16	10	11	10	17	8	8
EMPATHY	3	4	7	5	13	13	10	9	7	9
SELF-CONTROL	8	6	10	13	12	9	6	12	13	6
PARENT REPORT										
TOTAL	78	94	76	93	85	102	96	93	81	78
COOPERATION	5	11	12	8	8	16	12	9	7	7
ASSERTION	11	11	10	9	12	15	16	15	10	8
RESPONSIBILITY	11	15	9	12	12	16	14	14	12	7
SELF-CONTROL	9	14	4	6	10	10	11	12	10	14
PROBLEM BEHAVIOR	102	102	116	108	133	102	109	116	109	112
TEACHER REPORT										
TOTAL	348	372	314	321	340	321	320	307	356	346
COOPERATION	48	56	37	40	40	40	36	35	5	55
ASSERTION	37	40	24	26	37	27	27	26	53	46
PROMBLEM BEHAVIOR	485	462	519	499	497	503	507	499	451	468

In terms of the hypothesis, the student did experience improved social skills on two out of three total scores and on certain subdomains. There also was reduced occurrences of problem behavior. Results of this analysis are reported in Table 2. The results support the predictions that students can benefit from social skills instruction, however not to a level of significance ($p < .05$).

and teachers reported a slight decrease in the students use of assertion skills(-.2,-1.0).

Self-Control: Parents report an almost significant increase in the use of self-control skills(+2.4,P=.06). Students also felt they were demonstrating increased self-control(+.6). Teachers saw a decrease in self-control skills(-2.6).

Problem Behavior: A drop in score represents the desired outcome. Both parents and teachers saw a noticeable drop in the occurrence of problem behavior(-5.8,-6.)

Individual Results

The descriptive data of individual students is provided to enable comparison of outcomes and insight into program development. Table 3 provides a summary of individual total social skill scores as reported by the student(self), parent and teachers.

Student 1: Showed the greatest overall increase of social skills and the greatest decrease in problem behavior. Teachers and parents report an impressive increase in total skills(+16,+24). Teachers also saw a dramatic decrease in problem behavior(-23). The self report reflected minimal improvement in perceived use of social skills(+2)

Student 2: The strongest increases for this student appeared on the self report(+16), and parent report(+17).

Table 2

Differences of Mean Scores and Standard Deviations

		SELF	PARENT	TEACHER
TOTAL SOCIAL SKILL	M	+5.6	+8.8	-2.2
	SD	13.012	10.78	17.41
COOPERATION	M	0	+1.4	+1.8
	SD	1.78	3.367	3.834
ASSERTION	M	+3.8*	-.2	-1.0
	SD	3.114	1.924	4.95
SELF CONTROL	M	+ .6	+2.4**	-2.6
	SD	5.128	2.074	5.683
EMPATHY	M	0	-	-
	SD	1.581	-	-
RESPONSIBILITY	M	-	+1.2	-
	SD	-	3.834	-
PROBLEM Behavior	M	-	-5.8	-6
	SD	-	15.123	

*significant, $p < .05$

** $P = .06$

Social Skill Results

Total Score: Parents saw an overall increase in the use of social skills(8.8). Students also reported an increase in the use of social skills(+5.6). Teachers reported a slight decrease in the use of social skills (-2.2).

Cooperation: Parents and teachers reported a slight increase in cooperation skills(+1.4,+1.8). Students reported no difference.

Assertion: Students reported a significant increase in the use of assertion skills(+3.8, $P<.05$). However parents

Teachers report also showed an increase in social skills(+7) and decrease in problem behavior(-20).

Student 3: The scores for this student show a dramatic contradiction between parent report and teacher report. The parent saw a large increase in social skills(+17) and a large decrease in problem behavior(-21). The teachers, however, report a large decrease in social skills(-19)and an increase in problem behavior(+6). The student reported a slight decrease in the use of social skills(-3).

Student 4: On the self report a large increase in the perceived use social skills was reported by the student(+22). However, parents and teachers saw a decrease in the use of social skills(-3,-13). The parent report also shows an increase in problem behavior(+7). While teachers report a decrease in problem behavior(-8).

Student 5: All three reports showed a decrease in the use of social skills and an increase in problem behavior.

Table 3

Individual Differences in Total Social Skill Scores

Student	1	2	3	4	5
Self	+2	+16	-3	+22	-9
Parent	+16	+17	+17	-3	-3
Teacher	+24	+7	-19	-13	-1

Chapter 5

Discussion

This study was developed to look at the effectiveness of a social skills training program for learning disabled adolescents with behavioral disorders. The results indicate that the hypothesis was not substantiated. However, due to limitations discussed below, this does not deter from the potential efficacy of such programs. This study has brought together principles of social skills training (SST), social problem solving (SPS), and social cognitive theory for classroom instruction.

The improved social skill rating scores demonstrated by the students were kept from reaching levels of significance primarily due to the small sample size. Other successful social skill research projects used sample with number more in the range of 30 to 80 (Jarvis and Justice, 1992; Wise, Bundy, Bundy, and Wise, 1991; Valliant and Antonowicz, 1991; and Margalit, 1991).

A larger social problem solving study tested their curriculum using 104 learners with mild disabilities in sixteen classes. With a sample this large Browning and Nave (1993) were able to also use control group measures to

demonstrate the effectiveness of video based social skill instruction.

Two social skill training programs using smaller samples; Reed (1994) used 18 adolescents, and Bulkeley and Cramer (1990) used 9 young adolescents, to support their intervention strategies. A plausible explanation for not being able to achieve significance levels is the wide variations within the groups of scores. For the study, using small population sample, the subjects should closely match in scoring profiles.

The measurement techniques used in this study can continue to be used for the assessment of social skills. The use of the Social Skills Rating Scale (SSRS), (Gresham and Elliott, 1990) and the Social Scenarios met the two objectives of determining baseline deficits and any increases in the occurrence of positive social skills.

The SSRS self-report was used in Margalit (1991). The method of instruction emphasized computer assisted presentation of social skills. Students demonstrate smaller increases in overall and sub-scale scores than this study, but the students performed with smaller variability in the Margalit (1991) study.

Curriculum Evaluation

Results of this study provide preliminary evidence on the development of effective social skills curriculum. It

has shown that it is possible to present a social problem solving strategy to learning disabled adolescents and experience individual improvement.

A systematic approach to social skills training, rather than a random selection of activities, allows for the continued testing and modification of instruction. The use of roleplay, used successfully by Bulkely and Cramer (1990), should continue to be included in future social skills programs for adolescents.

Activities originally chosen to build group cohesiveness and presented as games were particularly beneficial to the student. The activities are presented in the Appendix. They were selected from Games for Social and Life Skills by Tim Bond (1986) to correspond to the social skills being taught. They provided additional opportunity for rehearsal and feedback. Students enjoyed this part of the lesson.

It turns out that games are particularly suited for improving social skills. Specific social issues were examined in a structured setting. Personal experiences were more likely to emerge in these less formal activities as opposed to the structured roleplay activities. Learning by direct personal experience has more lasting impact than lecture/discussion.

The first hand experiences of the student made it easier for them to relate to the social skills being

presented. These activities also appear to encourage cooperation, honesty and improve communication skills. Similar the roleplay the game activities provide a safe environment to practice social skills.

Student Performance

Despite the non significant results as determined by the t-test, the improvement by individual students offers insight into future curriculum development.

Changes in self-reports indicate a better understanding of the social skills taught. Improved communication skills contributed to the significant increases of positive assertion behaviors.

Changes in parent report are partially due to the parents increase follow through with classroom lessons. Their enthusiasm for such a program and willingness to use new approaches with their sons is encouraging. Further social skills intervention for the home setting should also be explored.

Changes in Teacher reports are reflective individual agendas being expressed. Contradictory responses such as a drop in social skills with a concurrent drop in problem behavior made it difficult to achieve across the board success with this intervention.

Social scenario interview

The use of social scenarios to measure improvement in social problem solving (SPS), needs additional development. It can be said that the students in this study improved in their ability to express appropriate responses to interpersonal conflicts and apply the SPS strategy. However, the system of placing a value on the responses made by the students did not allow for a confident quantification of improvement.

The coding of responses during the pre-test phase did not accurately represent a base-line assessment. At best the use of social scenarios in this study can serve as a pilot test. For each of the students the length of their responses and the complexity of their interpretation of the situation increased. The most noticeable difference in comparing pre and post intervention responses was the students ability to identify feelings.

Future uses of social scenarios should be considered. It is recommended additional questions be added to the interview to determine student understanding of the SPS strategy. The open ended question "What would you do?" did offer enough of a prompt for the students.

Future Research

Any attempt to measure changes in behavior and changes in cognitive processes as they relate to a specific

intervention will require larger intervention samples and control group research design. Since classes for learning disabled adolescents with behavior problems are generally self-contained, several teachers need to implement an intervention simultaneously to document significant effective social skills training programs.

Using incarcerated individuals in social skills research has provided essential data in establishing the connection between social skills deficits and their consequences. Juvenile delinquents may also be a potential sample for determining effective intervention programs. Improving the social skills of committed youth is generally an informal goal of rehabilitation programs. By bringing social skill solutions to those individual in greatest need the benefits of effective programs should become apparent more quickly.

Conclusions

Results of this study indicate that young adolescents can learn and increase their use of positive social behaviors. This can be done by presenting the information to young people in a way that is relevant and enjoyable to them. From the instructor's point of view these social skill lessons had been successful. They represented a positive learning experience and were practical to implement.

What has been presented is a systematic and comprehensive way for teachers to deal with the social development of learning disabled students. The lessons presented for improving social skills and reducing problem behaviors are based on the preliminary research and observations of other social skill educators. The use of these types of lessons need additional support and refinement. By rearranging, reshaping, and modifying the experiences students have in the classroom, approaches and programs to improve the likelihood of adolescent success will be developed.

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Appendix A

ADOLESCENT SOCIAL SKILLS SCENARIOSDescription of situations

1. Ignoring distractions from classmates when doing work.
2. Being left out. Joining a group.
3. Accepting responsibility for your actions.
4. Recognizing the differences in others and not reacting to them.
5. Coping with being provoked.
6. Recognizing a problem and asking for help.
7. Avoiding peer pressure.
8. Getting caught in misconduct. Dealing with a difficult situation.
9. Feeling sorry for others when bad things happen to them.
10. Coping with being teased.

SITUATIONS

1. You are completing your vocabulary lesson in class. You have a few left before you are done. If you finish it you won't have any homework. Your classmate next to you keeps drumming his pencil and whispering to you.
-What would you do?-
2. You enter your classroom, a social activity has already started. You look around and no one asks you to join them.
-What would you do?-
3. You made the decision to stay up late on a school night. Now its the next morning, you're tired and your teacher just gave you an assignment; complete a long, hard work sheet before the class is over.
-What would you do?-
4. After being in school a few months, you notice John keeps wearing the same pants and shirt over and over.
-What would you do?-

5. You're walking down the hallway and someone leans into you, they call you retarded.
-What would you do?-
6. You're having trouble with your math assignment. You've worked and worked on one problem, but you're not getting the correct answer.
-What would you do?-
7. You're at the mall with you friend Paul, he wants to steal a tape from the music store. He wants you to help him. You are thinking its wrong.
-What would you do?-
8. The teacher notices there is a doodle drawing on your textbook page. After looking through your book, teacher counts about 15 drawings in the book.
-What would you do?-
9. You're in gym class and your team just lost the baseball game because Tom dropped a fly ball. Four other classmates start calling him names and push him around.
-What would you do?-
10. You're at the playground shooting baskets. A group of older guys come by. They start calling you names trying to get you to leave the court.
-What would you do?-

Appendix B

Curriculum Summary

Pre-test:

Social Skills Rating Scale (Elliott & Gresham, 1990), and
Social Scenarios Interview.

Session 1:

"Induction" using Behavioral Contracting and Group
Contingencies. Initial Building Group Cohesiveness Activity
"My Neighbor is..." interviewing experience.

Session 2:

"Introduction to Social Problem Solving (SPS)." An eight
step strategy is taught using guided questioning. Develop a
poster size chart on board or flipchart. Allow for
discussion and presentation of examples. Check for
understanding of definitions. Check for knowledge of eight
steps with activity; group arranges eight cards to
demonstrate proper sequence of SPS strategy. Roleplay
activity; Students will select cards labeled with feelings
and emotions. They will act out the card. Class will guess
feeling or emotion being acted out.

Session 2a:

Applying SPS to historical time period or event. For this unit the Revolutionary war was used.

Session 3:

The importance of listening is experienced during "Pass the Story." In this game a passage of appropriate length is read to one person who in turn repeats the passage to another student. Who in turn repeats what they recall to the next student. This goes on until all students were told the passage. The last person says what they were told. The class discusses what was missing, changed, or even added to the passage. This activity is included to also build group cohesiveness. "Positive Social Skills, Cooperation, Assertion, and Self-Control." Instruction is delivered through guided questioning. Definitions are developed and displayed on board or flipchart. Roleplay activity: Ignoring distractions from classmates, an application of SPS.

Session 4:

To build group cohesiveness and increase comfort level of acting in front of group the "Mime Game" is used. "Giving appropriate feedback." Instruction on the importance of being able to give appropriate feedback, both positive and constructive, instead of negative. Students will practice

three step technique for giving constructive feedback.
Roleplay activity: Cards are drawn from a pile and students provide feedback for that situation the other students identify SPS strategy being used by in the roleplay.

Session 5:

"Systematic Desensitization." Relaxation techniques are presented. The objective is for the student to keep relaxed and in control when anxiety occurs. Four techniques; deep muscle relaxation, breathing, unwind/shake a leg, and guided fantasy. Students will develop a list of trigger situations which bring them anxiety, anger, etc. These situations will be presented to students who will roleplay keeping self calm.

Session 6:

"Defining peer pressure according to the students own experiences." Using guided questioning allow students to develop a definition of peer pressure in their words, according to their experiences. Display their definition on board/flipchart. Continue with guided questioning to build a list of examples of positive peer pressure and negative peer pressure. Roleplay activity consists of students performing both positive and negative peer pressure.

Session 7:

"Responding to peer pressure." Using overhead projector students will complete a study guide outlining a strategy for Handling peer pressure. A matching game allows the student to apply the strategies and recognize the responses to deal with peer pressure.

Session 8:

"Accepting and Getting along with others who are different." Using guided questioning and cooperative learning teams student answer the questions to determine differences that exist among people. Role play activity is Putting yourself in the shoes of someone having a specific handicap.

Session 9:

"Effective communication skills game." Shape it/ Draw it game. One student makes a design using cut out shape. Instructions are given to other students who may ask questions so they can reproduce the original design. Giving and Receiving Feedback. After establishing the three types of feedback; positive, negative, and constructive students Roleplay examples of giving and receiving each type of feedback. Application of SPS is also used here.

Session 10:

Truth game. Students draw from a pile of cards and either answer the question or they may pass. "Stating your feelings to an adult in an appropriate manner."

Compromising in conflict situations by changing an opinion, modifying actions, or offering alternative solutions.

Assertion roleplay.

Session 11:

"Joining, Volunteering and inviting someone to an activity."

Cooperation without prompting. Roleplaying activities.

Session 12:

"Pulling it all together." Using guided questioning review previous lessons. Introduce making positive self-statements. Patting yourself on the back when you successfully solved a social problem or used a social skill. Predicaments roleplay, what would you do if....

Post test:

Social skills Rating Scale (Elliot & Gresham, 1990). and Social Scenarios interview.