SOCIAL SKILLS TRAINING WITH LEARNING DISABLED STUDENTS: A PREVENTATIVE APPROACH

by

PATRICIA MARGARET ELLIOTT

B.Ed. THE UNIVERSITY OF BRITISH COLUMBIA, 1983

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS in THE FACULTY OF GRADUATE STUDIES (DEPARTMENT OF COUNSELLING PSYCHOLOGY)

We accept this thesis as conforming to the required standard

THE UNIVERSITY OF BRITISH COLUMBIA

September, 1988

Copyright Patricia Margaret Elliott
In presenting this thesis in partial fulfilment of the requirements for an advanced degree at the University of British Columbia, I agree that the Library shall make it freely available for reference and study. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by the head of my department or by his or her representatives. It is understood that copying or publication of this thesis for financial gain shall not be allowed without my written permission.

Department of Counselling Psychology

The University of British Columbia
1956 Main Mall
Vancouver, Canada
V6T 1Y3

Date October 4, 1988
A multidimensional study was conducted with learning disabled students to assess the effects of a social skills training program. Included were measures of self-concept, peer acceptance, and social competency as rated by parents and teachers.

Forty-six intermediate grade children were evaluated prior to the program and after 13 weeks of either treatment, or no treatment. In addition, evaluation of the effect of different instructors was carried out.

It was hypothesized that subjects would demonstrate significant (alpha=.05) increases in positive self-concept, peer acceptance, and ratings of social competency by parents and teachers. Support for this hypothesis was found for parent ratings.

A secondary hypothesis was that there would be no significant difference at the .05 level between subjects receiving treatment or the placebo from Instructor A and those receiving treatment or the placebo from Instructor B. Partial confirmation was found on the parent and teacher ratings of social competency. The hypothesis was rejected for peer ratings and self-concept measures.

Suggestions for practices in education include: (a) the expanding of social skills training throughout the elementary school by presenting it as a progressive skill building program, (b) ways to interest educators in teaching social behavior, (c) application of social skills assessment and training as a function of the counsellor or school psychologist's role, and (d) the practical logistics of setting up a social skills training program in an educational setting.
Implications for future research suggest: (a) ways to refine the present study's design, (b) an examination of social behavior and peer acceptance in both the regular and special education class environments, and (c) the need for further understanding of the developmental stages in social competency.
# TABLE OF CONTENTS

List of Tables ........................................................................................................ viii
List of Figures .......................................................................................................... ix

ABSTRACT ............................................................................................................. ii

ACKNOWLEDGEMENTS ....................................................................................... x

1. INTRODUCTION ............................................................................................... 1
   1.1 Statement of the Problem .................................................................................. 2
   1.2 Delimitations of the Study ................................................................................ 5
   1.3 Definition of Terms ........................................................................................... 5
      1.3.1 Social Skills: ............................................................................................ 5
      1.3.2 Social Skills Training: .............................................................................. 6
      1.3.3 Learning Disabled: .................................................................................. 6
      1.3.4 Mainstreaming: ....................................................................................... 7
      1.3.5 Social Competence: .............................................................................. 7
   1.4 Justification for the Study .................................................................................. 7

2. REVIEW OF THE LITERATURE ..................................................................... 9
   2.1 History of Social Skills Training ...................................................................... 9
      2.1.1 Early Uses and Approaches .................................................................... 10
      2.1.2 Shaping Procedures .............................................................................. 11
      2.1.3 Modelling Techniques ........................................................................... 12
      2.1.4 Direct Training ...................................................................................... 13
   2.2 Major Social Skills Training Approaches .................................................... 14
      2.2.1 Modelling ............................................................................................. 14
      2.2.2 Cognitive–Verbal Approaches .............................................................. 15
      2.2.3 Skill Training Approaches .................................................................... 16
   2.3 Social Skills in the Educational Setting ......................................................... 17
3.4.3 The Social Skills Rating Scales - Teacher ................................. 46
3.4.4 The Social Skills Rating Scale - Parent .................................... 47
3.5 Intervention .................................................................................. 48
3.6 Analysis ......................................................................................... 51
4. RESULTS .......................................................................................... 52
4.1 Scale Reliability Analyses ............................................................... 52
4.2 Descriptive Results ......................................................................... 55
4.3 Test for Initial Differences ............................................................... 58
4.4 Test of the Hypotheses .................................................................... 60
4.5 Importance of Treatment .................................................................. 60
4.6 Importance of Instructor ................................................................... 64
5. DISCUSSION ..................................................................................... 70
5.1 General Nature of Results ............................................................... 70
5.2 Effect of Purpose ............................................................................. 72
5.3 Effect of Instructors ......................................................................... 74
5.4 Summary of the Findings ................................................................. 75
5.5 Strengths and Limitations of the Study ............................................ 76
5.6 Implications ..................................................................................... 78
5.7 Suggestions for Practices in Education ............................................ 82
5.8 Implications for Future Research .................................................... 85
REFERENCES .................................................................................... 89
Appendix A: Details of Variance ......................................................... 99
Appendix B .......................................................................................... 100
1  Piers-Harris Children's Self-Concept Scale .................................... 100
2  Peer Rating Scale or How I Feel About Others ............................... 106
3  Social Skills Rating Scale - Teacher ................................................. 110
4  Social Skills Rating Scale - Parent .................................................... 115
<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The Adapted Curriculum Outline</td>
<td>50</td>
</tr>
<tr>
<td>2</td>
<td>Reliabilities of Total Scores and Subtest Scores for Piers-Harris, Peer Rating, SSRS-T, SSRS-P</td>
<td>53</td>
</tr>
<tr>
<td>3</td>
<td>Means and Standard Deviations Across Pre and Post Testing</td>
<td>56</td>
</tr>
<tr>
<td>4</td>
<td>Intercorrelations Among Pre and Post Tests on the Piers-Harris, Peer Rating, SSRS-T &amp; SSRS-P</td>
<td>57</td>
</tr>
<tr>
<td>5</td>
<td>Summary of Pre-Treatment Differences Among Treatments</td>
<td>59</td>
</tr>
<tr>
<td>6</td>
<td>Summary of Multivariate Tests of Significance: Treatment, Instructor, Occasion, and Their Interactions</td>
<td>61</td>
</tr>
<tr>
<td>7</td>
<td>Summary of Univariate Tests of Significance: Treatment, Instructor, Occasion, and Their Interactions</td>
<td>63</td>
</tr>
<tr>
<td>Figure</td>
<td>Description</td>
<td>Page</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>1</td>
<td>Schematic for the Design</td>
<td>40</td>
</tr>
<tr>
<td>2</td>
<td>Treatment by Occasion Interaction</td>
<td>61</td>
</tr>
<tr>
<td>3</td>
<td>Instructor by Occasion Interaction</td>
<td>65</td>
</tr>
<tr>
<td>4a</td>
<td>Interaction of Treatment, Instructor, &amp; Occasion Piers-Harris</td>
<td>67</td>
</tr>
<tr>
<td>4b</td>
<td>Interaction of Treatment, Instructor, &amp; Occasion Peer Rating</td>
<td>67</td>
</tr>
</tbody>
</table>
ACKNOWLEDGEMENTS

I would like to express my gratitude to my program advisor and chairman, Dr. John Allan, research advisor, Dr. Robert Conry, and committee member Dr. Du-Fay Der for their guidance, patience and continued encouragement.

I would also like to acknowledge the Coquitlam School District for their cooperation, and to recognize the time and effort of all those who were kind enough to participate in this research.

Thank you to my friends for their care and concern, and for taking the time to listen.

I am especially indebted to Dr. Stuart Brown for his support, and for believing in me and never doubting that I could succeed.

To my children, who were sometimes short-changed in their time with me, thank you for your understanding and love.
Interpersonal relationships are the root of all our most intense human experiences. Our development, learning and accomplishments are all dependent, to some extent, on successful social interaction. A lack of social skills can have a profound effect on nearly every aspect of life whether it be childhood or adulthood. According to Csapo (1982) individuals who are incompetent in this arena find themselves at a serious disadvantage when compared to their more socially competent peers.

For children in school with such a disadvantage, it means the likelihood of negative interaction with teachers and peers, and usually low self-esteem or self-worth. Amidon and Hoffman (1965) found failure at social acceptance seems to go hand-in-hand with difficulties in academic learning and inappropriate classroom or playground behavior. Schools, however, have been accused of being negligent in implementing systematic strategies for teaching children basic social skills (Combs & Slaby, 1977). Communication and language skills are certainly taught as part of the school curriculum, but what appears to be missing, is the explicit training of how to use these skills to acquire or improve relationships with others. The concern with how we behave with one another and the social guidance that parents and teachers, both inadvertently and purposefully, offer their children has always been understood as part of their role. What is still relatively new, is the idea that this training can be approached in a more systematic, scientific manner by assuming that social skills can be taught and practised.
From my experience as an educator of intermediate learning disabled students, I became aware of their difficulty when confronted with new teacher expectations and new peer social codes during their integrated periods in the regular classrooms. The assumption that this exposure to positive role models would result in learning through some form of osmosis was just not happening. Nor were the learning disabled students very successful in establishing friendships with these other students. They seemed to have no idea of what behaviors either facilitate making friends or alienate peers. I became convinced that social behaviors needed to be taught as part of my regular curriculum. It made sense to me that these skills were just as vital to a child's development as academic skills. They were maybe even more important for children who could not hope to equalize themselves with the mainstream students in many other ways. These learning disabled children, in particular, appeared to need this type of training quite intensively if they were expected to successfully integrate and to break down the stigma of being "special" and thereby "different".

1.1 Statement of the Problem

The main objective of this study was to investigate the effects of social skills training on self-concept, peer acceptance, and social competency (as rated by teachers and parents) of learning disabled students.

The development of appropriate social skills is one of the most important issues for teachers and counsellors in schools today. Social competency appears to be a critical indicator of adjustment problems as judged by the majority of referrals for both psychological assessment or counselling. In a recent needs survey conducted by Allan and Barber (1986) with the input of two hundred
elementary school teachers, "all teachers seemed more interested in information regarding academic and social behaviors than emotional or physical behaviors" (p. 278). In spite of this recognition of need, teachers up to this point have little or no formal training to deal with either peer-to-peer social skills or adult-to-child social skills and do not tend to see it as part of their responsibility (Walker, 1983). It is a difficult assignment to teach these social skills since it is, at present, the hidden curriculum in the classroom. As with any complex skill, without a systematic approach to instruction, problems will arise. However, Jackson, Jackson, and Monroe (1983) believe "children who are deprived of opportunities to learn such skills may be left with skill deficits" (p. 2), and without some form of training in this area, instruction in the regular subject curriculum can become next to impossible.

The rationale for the inclusion of social skills training as part of the classroom curriculum is further supported by research revealing that: 1) acceptance from peers during the elementary school years is a strong predictor of later emotional adjustment, and 2) lack of peer acceptance is an important predictor of late social malfunctioning (Cowen, Pedersen, Babigian, Izzo, & Trost, 1973). Children in the nine to twelve year age bracket seem to be quite vulnerable to the influence of other children in the same age group and devote a great deal of their play time interacting with one another. Csapo (1982) believes specific social competencies seem to be derived, in many incidences, from this peer interaction. She suggests that:

1. Children learn to control aggressive impulses towards their peers.
2. Peer interaction is a contributor to sexual socialization.
3. It is a critical factor in the maturation of the social self.
4. It provides easier admittance to playground group activities.
5. The development of language and acceptable communication skills is enhanced.

Cartledge and Milburn (1978) report that social behavior is an important determinant of how the teacher interacts with the student. The child that is able to conform to behaviors related to attending, cooperation, and responsibility will be likely to experience a more positive relationship with the teacher and receive more opportunities to respond, less criticism, and more academic feedback. There is also considerable evidence that certain social behaviors are important for success in academic skills. Children that are unable to sustain attention, conform to teacher expectations, or display disruptive behaviors are less likely to be successful in achieving good grades. An extensive study by Hops and Cobb (1973) determined that attending, positive talk to peers, compliance (i.e. following directions), and independence were the behaviors most predictive of achievement. Walker and Hops (1976) found that reinforcing social skills, or reading skills, not only demonstrated an improvement in one of those specific areas, but has a facilitative effect on the other.

Educators are only beginning to recognize the consequences of social skill deficits in the school environment. Up to this time, school districts, generally, have paid little attention to implementing a plan for introducing these skills as part of the basic curriculum. Because the area of social skills training is still relatively new, pertinent research on the impact such deficits can have on academic performance, peer interaction problems, teachers' discipline concerns, counsellor workloads, and mainstreaming issues has not been addressed. In addition, educators' efforts to develop the whole child has not specifically connected the lack of social skills competency with a child's troubled emotional development or delays in their social maturing process. Social acceptance appears
to play such an important role in both childhood and adulthood that educators can no longer afford to operate under the assumption that it is not a direct responsibility of the school system or that children will eventually learn these social skills without direct intervention.

1.2 Delimitations of the Study

The field of Social Skills Training encompasses many different age levels, populations, and settings. It includes both individual therapy and group training, and covers unstructured to very specifically designed programs. The focus of this present study is an examination of the effects of social skills training on learning disabled elementary aged children. More specifically, it concentrates on this special population of students in the intermediate grades, who range in age from approximately nine to thirteen years, and receive their education in a regular school environment. It involves training through the use of a ready-made program designed for this age range, and for instruction in a group format.

1.3 Definition of Terms

1.3.1 Social Skills:

The research literature reveals three general definitions of social skills. The first is termed the "peer acceptance definition" as it uses acceptance by peers as indicated, for example, by peer sociometrics to determine social skill (Asher & Hymel, 1981; Gottman, 1977; Ladd, 1981; LaGreca & Santogrossi, 1980). This definition does not, however, provide any concrete data on what specific behaviors lead to such acceptance (Gresham, 1984).
Several researchers apply a more "behavioral definition" of social skills (Bellack & Hersen, 1979; Strain, 1977). They generally define social skills as situationally specific and providing or maintaining the likelihood of reinforcement, and decreasing the likelihood of punishment or extinction because of this behavior. Gresham (1984) points out that although the antecedents and consequences can be determined through observation or behavioral role play, this approach does not ensure that the assessed social behaviors are socially significant or important.

The definition favored by Gresham (1984) and adopted for this study, has been labelled the "social validity definition." He suggests:

Social skills are those behaviors which, within a given situation, predict important social outcomes such as (a) peer acceptance or popularity, (b) significant others' judgments of behavior, or (c) other social behaviors known to correlate consistently with peer acceptance or significant others' judgments. (p. 292)

The social validity of specific behaviors is determined by such assessment measures as peer sociometric indices, and social skill ratings by such significant others' such as the child's teacher and parent.

1.3.2 Social Skills Training:

In the context of this study, social skills training is the systematic presentation of skills to intact classroom groups following basic teaching methods and using structured lesson plans.

1.3.3 Learning Disabled:

This term refers to those children placed in a special education classroom based, in part, on an assessment identifying average or better intellectual ability with a specific learning deficit, and a discrepancy of more than 1 standard
deviation on a standardized achievement test. (A more complete explanation of this screening and identification process for this sample population is provided in Chapter 3).

1.3.4 Mainstreaming:

This refers to the physical placement of handicapped children in the regular classroom setting for a portion of the school day. This is most often for the purpose of social integration.

1.3.5 Social Competence:

Social Competence is used as an evaluative term based on judgments by others on whether a person has achieved a level of adequacy in being socially skilled. In this study, it will be applied to ratings by the subject’s teacher and parent.

1.4 Justification for the Study

Although the research on the educational implications of social skills training for school-aged children is rapidly increasing, it has not yet been recognized as a significant component by those involved in the development or revision of basic classroom curriculum. Particularly in the area of Special Education, where the policy of providing education in the least restrictive environment has now been firmly entrenched in Canada, and legislated in the United States through Bill 94-142, the ties between social skills, and successful mainstreaming have not been investigated to any extent by those involved in the process. This research objective was to determine that the systematic teaching of such skills can increase acceptance by peers, increase self-esteem, and improve
social interaction with such significant others as teachers and parents. Social
skills training would also appear to be an extremely useful approach to
improving the classroom environment for more productive academic learning to
occur, facilitating mainstreaming, decreasing behavioral concerns, and, thereby
providing for a more positive attitude in both students and educators.
CHAPTER 2
REVIEW OF THE LITERATURE

This chapter reviews the literature on Social Skills Training. It begins by outlining the early uses and approaches, then discusses three major training methods used at the present time. The focus narrows to address the relevance and implications of Social Skills Training in the educational setting and the impact on achievement, teacher/student relations, peer relations, and the counsellor's role. The specific application of such training with the learning disabled school population, and the unique problems these children experience is examined. Ways of identifying needy students and determining appropriate intervention programs through various assessment techniques is reviewed. The summary discusses the current state of the field and the rationale for the present study.

2.1 History of Social Skills Training

The ability to successfully interact with one's peers and significant adults is an important part of a child's social development. In the 1960s, prominent developmental theorists were focusing on the relationship between social competence in childhood and psychological adjustment in adulthood. Erikson (1963) believed that adequately socialized children were those successful in moving through psychosocial stages beginning with trust in infancy, to a socially approved sense of self in adulthood. Piaget (1962) and Kohlberg (1969) were developing more cognitively oriented theories involving social and moral stages in which children moved from an egocentric, to an altruistic style of social behavior. Social competence was becoming conceptualized as a developmental
process that paralleled age and maturation although there was no attempt to identify the specific social skills necessary for competence.

Further interest in this area was generated by numerous studies showing a correlation between socially unskilled children and a variety of social problems. Children who were unpopular with their peers showed a high occurrence of school maladjustment (Gronlund & Anderson, 1963), dropping out of school (Ullman, 1957), delinquency (Roff, Sells & Golden, 1972), and more adult mental health difficulties (Cowen, Pedersen, Babigian, Izzo, & Trost, 1973). Socially unskilled children were found to have difficulty in responding positively to peers, behaving cooperatively, or communicating their own needs to others (Gottman, Gonso, & Rasmussen, 1975; Gottman, Gonso, & Schuler, 1976; Oden & Asher, 1977). Moreover, social skill deficits in children were shown to be related to peer rejection of handicapped populations such as mentally handicapped (Ballard, Corman, Gottlieb, & Kaufman, 1978), the learning disabled (Bruininks, 1978; Bryan, 1978), and the emotionally disturbed (Morgan, 1977).

2.1.1 Early Uses and Approaches

Early efforts in actual social skills training (SST) were common with psychiatric patients and based on the idea that, "some forms of mental disorder are caused or exacerbated by a lack of social competence and can be cured or alleviated by means of training in social skills" (Trower, Bryant, & Argyle, 1978, p. 1). However, such treatment was soon expanded to other clinical populations with a wide range of behavioral problems. More specifically, when social skill training was applied to children, the emphasis was initially on preschool populations. Remediation was frequently directed at children who had been identified as withdrawn, socially isolated, or overly aggressive. (Evers & Schwarz,
Children were usually worked with individually or in small groups and often in an environment away from the normal peer group setting. This caused a difficulty with the generalization of social skills acquired in a clinical setting, to a classroom, playground, or neighborhood street setting where peers could be unresponsive to these new skills, where negative behaviors could be modelled and reinforced by others, and where opportunities to apply cooperative behaviors were limited.

Social behaviors towards others are learned by children in three major ways: (1) adult guidance, instruction, and reinforcement; (2) observation of social behaviors (and their consequences) displayed by adults, peers, and media models; and (3) direct experience in interacting with peers and working out social problems (Roedell, Slaby, & Robinson, 1977). These could be similarly categorized into: (1) shaping procedures, (2) modelling techniques, and (3) direct training that makes use of the child's cognitive and verbal abilities (Combs & Slaby, 1977).

2.1.2 Shaping Procedures

In early social skills training research, contingent attention from adults was used as the main source of reinforcement. (More recently, the use of peer influence has become quite common.) Many had as their goal, to increase the amount of social interaction among socially isolated children. In two operant training studies of social interaction (Allen, Hart, Buell, Harris, & Wolf, 1964; Johnson, Kelley, Harris, Wolf, & Baer, 1964) two preschool children who spent very little time interacting with peers were found to attract most adult attention when they engaged in isolated play. Their teachers were trained to approximate peer contact when they approached or observed others, and gradually to attend to only actual peer interaction. Isolated play was noticeably reduced and social
interaction increased. Hart, Reynolds, Baer, Brawley, and Harris (1968) concentrated on shaping cooperative behavior with peers during play with a 5-year old girl. Contingent adult reinforcement again resulted in increased cooperative behavior. However, in both cases the shaped behavior was highly dependent on the immediacy of the adult reinforcement and changed rapidly when experiments of contingent and noncontingent reinforcement were tried.

2.1.3 Modelling Techniques

Approaches using modelling techniques were influenced by the work of Bandura and his social learning theory. He demonstrated that children can acquire new behaviors by observation alone, and the motivation to perform these behaviors is determined by their internal reinforcement, external reinforcement contingencies, and vicarious reinforcement processes (Bandura, 1969; 1973; 1977). O’Connor (1969) believed that modelling procedures could be used to teach new social skills and help eliminate social fears in children. He selected a group of preschoolers with a history of social withdrawal and divided them into two groups. Half viewed a film depicting a withdrawn child engaging in increased social interaction with peers followed by a reinforcing consequence for such activity. The other half were shown a film unrelated to peer interaction. Behavioral observations immediately after the film indicated 5 of the 6 children that had viewed the experimental modelling showed a dramatic increase in the frequency and quality of their social interaction, while the control group showed no change in behavior. A few years later, Cooke and Apolloni (1976) combined other training techniques with live modelling. Their purpose was to increase four social emotional behaviors (smiling, sharing, positive physical contact, and verbal complimenting) in four learning disabled elementary school children. The procedures were effective in increasing each trained behavior although, generalized
effects were less consistent. Interestingly, the untrained children increased their rates of smiling and sharing during the generalization sessions. Cooke and Apolloni felt this approach had some promise and concluded that, "The present research has shown that behavior modification techniques can be successfully employed to teach children the behavioral components of dynamic, positive, social-emotional relationships" (p. 77).

2.1.4 Direct Training

The third, more direct approach, involving verbal and cognitive skills, encompasses coaching, role-playing, and active problem-solving. One of the first to apply this method was Chittenden (1942) who devised a study where preschool children were encouraged to participate actively in discussions of alternate solutions to social-conflict situations. The children did not reenact the situations themselves, but watched an adult role-play solutions using dolls that demonstrated various aggressive and cooperative solutions. The children involved became less aggressive and more cooperative in their preschool play and treatment effects were still evident one month after training. In the 1970s, Spivack and Shure (1974) devised their own 10-week program to help preschool children learn to discover and evaluate their own solutions to interpersonal conflicts. The approach was rather unique in that the children were given a lot of responsibility, and their point of view of possible consequences was the perspective from which the value of the social skill was judged. Results concluded that problem-solving skills were found to be correlated with social adjustment. Ross, Ross, and Evans (1971) designed an elaborate method of treating a 6-year-old boy for a phobic like avoidance of peer interaction with one purpose being to build the child's social skills. Gradually, through discussion, role-playing, guided practice, and modelling, this more verbal treatment was
effective in reducing avoidance behaviors and offered some promise as an effective way of training specific social skills.

2.2 Major Social Skills Training Approaches

The current approaches to social skills training with handicapped children seems to fall under three major headings: (a) modelling (including both live and symbolic modelling), (b) cognitive-verbal approaches, and (c) traditional skill training approaches. Although the teaching techniques may differ, all reflect the notion of the social learning theory (Bandura, 1977). Each approach assumes that social behavior is learned and can therefore be taught under appropriate experimental conditions (Spence & Shepherd, 1983).

2.2.1 Modelling

Bandura (1977) maintains that the cognitive processes required in training through modelling (e.g. coding, rehearsal) are identical for both symbolic and live presentations although the comparative effectiveness of the two approaches has not, to this point, been determined. For practical reasons, live modelling appears to offer the most flexibility in teaching methods, and eliminates the problems of accessibility and expense of special video or film equipment.

Modelling has been applied effectively in the education system to the teaching of social skills to handicapped children (Bierman & Furman, 1984; Gresham & Nagle, 1980; LaGreca & Santogrossi, 1980). However, further work is needed in evaluating the generalization of modelling training effects to the mainstreamed classroom. The assumption that these handicapped children would simply imitate the social and academic behaviors of the regular class peers has
not been supported by research studies in this area (Marburg, Houston, & Holmes, 1976; Strain, Shores, & Kerr, 1976; Synder, Apolloni, & Cooke, 1977). According to Cartledge and Milburn (1980), for successful modelling to occur instruction should involve four sequential steps: (a) presentation of a model, (b) behavioral rehearsal, (c) feedback on performance, and (d) practice in a real-life setting. Gresham and Evans (in press) state:

The observer's attention to and understanding of the most important aspects of the modeled behavior is crucial for the success of this procedure. As such, trainers must ensure that the most salient features of the modeled behavior are pointed out to the observers.

2.2.2 Cognitive-Verbal Approaches

Cognitive-verbal approaches involve both coaching and problem-solving techniques. Coaching uses direct verbal instruction presenting rules and standards for behavior, rehearsal with the coach or peer-partner, and feedback with suggestions for improvement (Gresham, 1981b; Gresham & Evans, in press). This approach has often been applied to the socially withdrawn population (Gottman, Gonso, & Schuler, 1976; Gresham & Nagle, 1980; Oden & Asher, 1977) but, because of the increased conceptual and verbal components of coaching, it has not been used as a singular social skills training method with the severely handicapped populations.

The problem-solving approach has been extensively developed by Spivack and Shure (1974). It is base on the conception that if children can be helped to develop a cognitive problem-solving style for their real-life problems and generate their own solutions, it will make them better able to cope, and result in improved behavioral adjustment. Camp and Bash's (1981) Think Aloud program follows the same theory. It was developed for aggressive children to improve their self control. In troublesome situations, they are trained to address four
basic questions: (1) What is my problem? (2) What is my plan? (3) Am I using my plan? and, (4) How did I do? This is meant to provide them with a consistent method for calmly tackling the issue at hand.

2.2.3 Skill Training Approaches

The skill training approach is based on a directive teaching model. It is modelled on research literature that suggests the best way to teach both academic or social skills is through direct instruction (Gresham, 1985). Programs apply the basic steps of structured learning and include: (a) establishing the need, (b) identifying the skill components, (c) modelling, and (d) rehearsal and generalization of the training. Goldstein, Sprafkin, Gershaw, and Klein (1980) have developed a social skills program for behavior problem adolescents entitled, *Structured Learning Curriculum.* Very recently, a sequel has been released by Goldstein and his colleagues: *Skills Training for the Elementary School Child* which offers lessons for teaching 50 social skills to this younger age group (McGinnis, Goldstein, Sprafkin, & Gershaw, 1985). A commercially packaged program by Jackson, Jackson, and Monroe (1983) was chosen for this present study: *Getting Along With Others: Teaching Social Effectiveness to Children* that includes 17 socially validated skills defined in terms of their behavioral components. This program will be discussed in the following chapter.

Walker’s (1983) *ACCEPTS Program* is aimed at preparing handicapped children to enter and be socially successful in the mainstream setting. It teaches social skills through a direct instruction approach that facilitates classroom adjustment and improves peer acceptance. In this author’s opinion, the program appears best suited for mild to moderately handicapped students rather than learning disabled students.
2.3 Social Skills in the Educational Setting

Two developments seem to have been important influences in the growth of social skills training interest in the educational community. One was the passing of the Public Law 94–142 in 1975 known as the *Education for All Handicapped Children Act*. This legislation mandated all school boards in the United States to provide appropriate education to all children in the least restrictive environment. This led to the adoption, in most states, of the policy of mainstreaming exceptional children into the regular classrooms with their nonhandicapped peers as much as possible. A similar stance was taken by the Canadian Teachers' Federation, although not through legislation, in their discussion paper *The Integration of Children With Special Needs* in 1981. Research had already clearly documented that these handicapped children were poorly accepted by their nonhandicapped peers and, therefore, suggested an important need for social skills training to enhance their potential for positive social interaction (Bruininks, Rynders, & Gross, 1974; Bryan, 1974; Bryan & Wheeler, 1972; Cowen, Pederson, Babigian, Izzo, & Trost, 1973; Gottlieb & Budoff, 1973).

The other, was further research in the social skills area that revealed many correlates between academic achievement in school and social competence (Cartledge & Milburn, 1978; Strain, Cooke, & Apolloni, 1976; Swift & Spivack, 1968; 1969) and evidence that socially unskilled children displayed much higher rates of negative interaction and lower rates of positive interaction with their teachers and peers (Bryan, 1978; Gresham & Nagle, 1980; Hartup, Glazer, & Charlesworth, 1967). These findings indicated the need for further study in identifying social behaviors and skills that would facilitate both academic learning and improved peer relations.
2.3.1 Teacher/Student Social Interactions

Teachers are powerful and influential people in a child's environment. They are often the student's role model for behaviors and attitudes, and have an important impact on the kinds of behaviors that are reinforced (Becker, Madsen, Arnold, & Thomas, 1967; Hall, Panyan, Rabon, & Broden, 1968; Madsen, Becker, & Thomas, 1968). The standards and tolerance levels for social behavior that teachers establish with each of their charges has an effect on their individual relationships with these children. Research has revealed that students perceived to be brighter and more competent tend to receive more attention, more praise, more verbal cues during lessons, and are given more opportunity to respond by their teachers (Brophy & Good, 1974; Good & Brophy, 1978). Brophy (1981) further reports that teachers prefer to interact with children who are popular. The expectations that teachers have for a child has also been correlated with achievement levels (Rosenthal & Jacobsen, 1968; Seaver, 1971), and both regular and special education teachers consider a child well-adjusted if their social behavior facilitates academic achievement and is not disruptive to the class environment (Hersh & Walker, 1983; Walker & Rankin, 1983).

The effect of student behavior on teacher responses has been demonstrated in several studies by controlling the student behavior. Graubard, Rosenberg, and Miller (1971) taught a group of seven special education students, outside the classroom, the skills of making eye contact, asking for extra help, sitting up straight in their desks, making positive comments, and coming to class early. These students significantly increased positive contacts with the teachers involved. College students were used by Klein (1971) to demonstrate that frowning, gazing out the window, talking in class would increase negative behaviors from teachers, while smiling, nodding, taking notes, and answering
questions would produce positive behaviors from teachers. If these skills can have such an effect, it appears that the teaching of such skills in a systematic fashion could achieve important results in positive teacher-pupil relationships and in turn, increase the student's chance to succeed (Cartledge & Milburn, 1978).

The teaching of the aforementioned classroom social skills does not, however, necessarily make a child socially competent in the arena of coping with peers. Such behaviors of the kind preferred or expected by teachers, are not necessarily the ones that impress peers or build a student's social status in the class. Often it is the negative behaviors that are reinforced by peers with attention, encouragement, and laughter. Teachers tend to value most highly the skills concerned with order, cooperation, accepting consequences, following rules, and independent work habits. Lower in their priorities are the interpersonal skills of greeting, conversation, assertiveness, and initiating contact with others (Milburn, 1974) and academic skills are held higher in value than social or interpersonal skills (Cartledge & Milburn, 1980; Milburn, 1974).

Further to this, Hersh and Walker (1983) revealed that teachers rated interpersonal/self-related skills as lowest in their order of importance. Winnett and Winkler (1972) claim that for most teachers, a quiet, docile class is reinforcing and much preferred over an assertive, active, noisy environment. However, disruptive behaviors are often reinforced quite inadvertently by teachers with an increase in their attention. Nevertheless, schools are in an excellent position to foster cooperation and prosocial behavior and to teach students to control aggression towards others (Slaby, 1976). In one example, a group of children had their cooperative behaviors increased through teacher attention to their verbal cooperativeness towards others, and showed simultaneously, less verbal and physical aggression (Slaby & Crowley, 1977). Rather than such
interventions being controlling to children's choices, they actually allow more choices in ways to handle social interactions and, in particular, difficult peer situations (Roedell, Slaby, & Robinson, 1977).

2.3.2 Achievement and Social Skills

Gresham & Elliott (in press) believe that the emphasis and research on remediation of academic and/or intellectual competence of children, rather than social competence of children, have been related to definitional problems. Far more effort has been devoted to specifying the major components of academic learning, while a practical, unified theory of social competence is still in the process of development. However, there does appear to be an important reciprocal relationship between academic achievement levels and social skill levels. Because of the close correlation between the two, it is difficult to improve academic responses without also reinforcing the social behaviors that make the academic responses possible (i.e. attention, following directions, remaining on task). In other words, it appears that some social behaviors may be essential for academic success (Cartledge & Milburn, 1978). Research efforts have also discovered that children high in academic standing were consistently those who were popular with peers, viewed by teachers as less deviant, and showed more acceptable, positive interactions with others than those low on achievement standings (Green, Forehand, Beck, & Vosk, 1980).

The correlation between achievement and social behaviors has been shown in a series of studies that identified a relationship between standardized achievement measures and specific topics, or factors, on behavior rating scales (Kim, Anderson, & Bashaw, 1968; Swift & Spivack, 1968; 1969). Skills such as independence, attention, self-control, following directions, and compliance with
teacher demands were highly correlated with various achievement measures and teacher grades. Hops and his associates (Hops & Cobb, 1973; 1974; Cobb & Hops, 1973; Walker & Hops, 1976) have developed a set of behaviors they define as "survival skills". The target behaviors for modification are those which precede academic responding and have a direct relationship with academic performance (e.g. attending, concentration on work, study habits, responding). Reinforcement of these behaviors by teacher attention and praise was found to have a significant, positive effect on academic achievement. Chadwick and Day (1971) experimented with concurrently reinforcing social classroom behavior and academic work. Their program produced marked increases in the percentage of time students remained on task, and in the output and general accuracy of their work.

2.3.3 Peer Relationships

The establishment of good peer relationships has usually been viewed as an important component of the adolescent child's development. The traditional Freudian position insisted that the middle childhood stage, or elementary school years, was a latency period that was psychologically stable and when few changes of any significance occurred. Contrary to this position, contemporary theorists are now finding that during this period, from approximately ages 6 to 10 years, a number of important developmental changes occur (D'Andrea, 1983). Of significance, is the ability to develop relationships with peers based on cooperation, compromise, and understanding of the other's perspective (Flavell, 1968). Children with friendship problems are at risk in terms of later peer relationships (Asher & Taylor, 1981) and acceptance from peers at the elementary school level is a strong indicator of later emotional adjustment (Cowen, Pedersen, Babigian, Izzo, & Trost, 1983).
A second important issue is the pressure for group conformity – once thought to peak in adolescence, but now recognized as occurring in intermediate-aged children. Students are often identified as needing counselling because of their difficulty in conforming to guidelines established for classroom management. However, resistance to such rules is frequently rewarded by peer approval. If noncompliance is the established behavior of the "in group", a child at risk for peer acceptance, will be extremely anxious to win friends through his or her acting out behavior. D'Andrea (1983) states the emotional outbursts that often characterize this age group are reflective of the egocentrism and impulsivity at this stage of growth, and the counselling process needs to encourage social skills that develop other ways of gaining acceptance.

2.3.4 Implications for School Guidance Personnel

Until quite recently, most social skills training was based on the concept of remediation with individual children rather than group training procedures. Considerable research has been published on socially isolated or withdrawn children (Allen, Hart, Buell, Harris, & Wolf, 1964; Amidon, 1961; Csapo, 1981; 1983; Gottman, Gonso, & Schuler, 1976; Hops, 1981; Oden & Asher, 1977; Strain, Shores, & Timm, 1977), and children's aggressive behavior (Goldstein, 1981; Nasahiro, 1984; Walker, Hops, & Greenwood, 1981). Further interest in this area has grown with the uncovering of correlations between children's social development and their long-term adjustment (VanHasselt, Hersen, Whitehill, & Bellack, 1979). This discovery has important implications for the use of social skills training by school counsellors and school psychologists since a major proportion of referrals made by teachers involves friendship issues, peer relationships in the classroom, and behavioral concerns.
Current leanings towards more emphasis on group counselling in social skills training (Amerikaner & Summerlin, 1982; LaGreca & Santogrossi, 1980) has also been encouraged by the difficulty in generalizing the training of individuals into their natural peer group setting, and the realization of the potential for social skills training to be used in a preventative capacity as well as a remedial one. This shift offers counsellors the opportunity to go beyond the traditional individual counselling services and become involved in introducing changes in curriculum that can foster the students' expansion of social awareness and understanding.

A further application for counsellors or school psychologists is suggested by Brockman (1985) who maintains that social skill assessment is a new and valuable evaluation strategy that can be applied as part of the assessment repertoire. She claims, "By including social skills assessment instead of or as an adjunct to more traditional methods of evaluation, school psychologists may more successfully address the needs of the children they serve" (p. 31).

2.4 Application of SST with Learning Disabled Students

Learning disabled students appear to have even more marked delays in social development than the average child (Kronick, 1981; Gresham, 1982). The assumption that good social understanding will somehow be absorbed by the modelling of teachers and regular-class students does not seem to be totally valid. This, however, seems to be one of the underlying ideas behind the United States Bill P.L. 94–142 in promoting mainstreaming settings for handicapped students. Expectations seemed to be that by engaging in social interactions with non–handicapped peers, they would be helped to acquire better social skills and
break down the barrier of differences. However, studies of mainstreamed handicapped students show they do not automatically imitate behaviors of their regular class peers (Gresham, 1982; 1983) and, in fact, interaction with them is usually inconsistent and infrequent (Bryan, 1976; Gresham, 1982; Gresham & Reschly, 1986).

In addition, two major social adjustments are required when integration occurs. Firstly, these learning disabled students must adapt to a new set of teacher expectations, as well as to the expected academic adjustment, and secondly, learn to cope with a new peer group. It appears that many of these handicapped students are just not prepared for these changes. Systematic training in preparation for such demands seems sensible not only for the children involved, but to relieve the pressure on the receiving teachers and to make it a more positive experience for the other students in the class as well.

2.4.1 Social Skills and Language Development

Kronick (1981) believes that specific deficiencies in the learning disabled student’s development of both receptive and expressive language play an important role in their social interaction problems. She maintains the LD child needs to learn to process social information accurately to be able to judge the affective state of others. Such minimal differences as the ignorance of some of the rules or forms of conversational language, will affect the ways that people interact with them. Often these students are unaware of appropriate times to interrupt conversations, to change the subject, or how to select topics that are mutually interesting. They also tend to initiate more competitive statements (Bryan, Wheeler, Felcan, & Henek, 1976) and more nasty statements (Bryan & Bryan, 1978) than the regular-streamed child. If LD students have not been
successful in learning possible social behaviors that one might use in a verbal interaction, they tend to resort to the same greeting or topic whenever they encounter someone. Kronick (1981) tells us that, "When persons violate the rules of language, we presume that the violation is purposeful and take the content of that language less seriously, become impatient, or devaluate their status"(p. 114).

In the area of receptive language, the learning disabled child often fails to understand what the role of the listener entails (Pearl, Donahue, & Bryan, 1980). Language is often interpreted in a very literal fashion and contextual clues are often ignored. Bryan (1977) also found that LD children were less accurate than the regular-stream population in their comprehension of nonverbal communication (e.g. body messages, facial expressions) and used less face to-face behavior when conversing (Bryan, Sherman, & Fisher, 1980). They tend to forget, lose the thread, or mishear what people are saying. If processing too slowly, they lose the essence of the ongoing social information and fail to comprehend the situation accurately (Kronick, 1981).

2.4.2 Social Skills and Visual/Spatial Difficulties

Visual/spatial processing ability plays an important role in communication and social interaction. Frequently, learning disabled students misread facial expressions or body signals that suggest such things as sarcasm, humor, and pain. They are often not aware of appropriate use of space between people, spatial organization when cueing or passing someone, or do not understand when, or who it is appropriate to touch (Kronick, 1981).
2.4.3 Teacher/LD Student Interactions

Research suggests that children with learning disabilities do a poor job of determining the acceptable boundaries for behavior set by their teachers and hence are less likely to produce the academic and social behaviors that merit educator approval and acceptance. A study by Bryan and Wheeler (1972) addressed the question of what learning disabled children actually do in a classroom setting. The major goal was to determine whether LD children did actually behave differently from their peers. Significant differences were discovered, as the learning disabled children spent considerably less time on task oriented activities and more time off task than their regular-streamed peers. In a follow-up study, efforts were made to gather data on any differences in teachers' attitudes and treatment of these two groups. Results indicated that learning disabled children do have different interpersonal relations with their teachers than average achieving students. The LD students had as much interaction as the comparison group, but were more likely to be ignored by teachers and peers when they initiated an interaction (Bryan, 1974). It seems, therefore, their difficulties with attention, following instructions, and independent work habits need to be recognized as social behaviors that affect their school status and should be part of any social skills training directed at this population of children in particular. As previously mentioned, data would suggest that teachers do not view interpersonal or social competence skills as important as task-related skills for success in the classroom setting (Gresham & Reschly, in press). In teacher ratings of what they considered to be socially significant behaviors in their classroom, the 10 most important deal primarily with order and control and have little to do with peer relationship skills (Gresham, 1984; Hersh & Walker, 1983; Stephens, 1978).
2.4.4 LD Students and Peer Relationships

Social skills training appears to be particularly important for learning disabled children in establishing or remediating peer relationships. Good peer relationships have an influence on both social development and learning (Lewis & Rosenblum, 1975). Numerous studies have revealed that learning disabled students are less accepted, and more frequently rejected by their nonlearning disabled peers (Bruininks, 1978; Bryan, 1974; Bryan & Bryan, 1978; Siperstein, Bopp, & Bak, 1978). They receive lower sociometric ratings from peers (Hutton & Polo, 1976) and are seen as having lower social status (Garret & Crump, 1980). They are also less accurate at assessing their own social status (Bruininks, 1978) and interact less often, or more negatively, with peers than nonhandicapped children (Bryan, 1974; 1978; Bryan & Bryan, 1978).

Because poor peer relationships is a major problem with many of these children, social skill appears to be an important prerequisite to success in school life. Vaughn (1985) claims, "Learning disabled students are at risk for being social rejects and isolates. They are frequently uninvolved and ignored. Their social relationships with peers and with adults produce frustration, lowered self concept, and loneliness" (p. 590). The findings that peer rejection has such a close association with low self-esteem, poor interpersonal skills, and psychological pathology, may give some further indication of why LD students have more difficulty in gaining acceptance among their normal achieving classmates (Hummel, 1982).
These findings may also have some important implications for the mainstreaming of learning disabled children in the school system. Although a major goal of mainstreaming has been an attempt to place children in the least restrictive environment, the opposite effect may occur if attention is not directed to the area of social skills (Gresham, 1982; 1983b). Gresham claims that the whole premise of mainstreaming is based on three faulty assumptions. The first, is that the physical placement of handicapped children in regular classrooms will result in an increase in social interaction between handicapped and nonhandicapped children. Second, is that the placement of these children in a regular class setting will result in increased social acceptance by their handicapped peers. Third, is the faulty assumption that the integrated children will model the social behavior of the nonhandicapped students as a result of increased exposure (Gresham, 1981b; 1982).

The previously mentioned studies on peer rejection of learning disabled children, and the low levels of interaction with their nonlearning disabled peers, lend support to the erroneous nature of these assumptions. Although not specific to learning disabled, research with handicapped preschoolers, mentally retarded, and the behaviorally handicapped has shown that handicapped children do not model the behavior of peers unless specific training efforts are made (Apolloni & Cooke, 1978; Marburg, Houston, & Holmes, 1976; Strain, Shores, & Kerr, 1976). This would appear to apply to the learning disabled population as well.

Gresham (1985) further outlines some potential reasons for problems in the mainstreaming process. The priorities and values held by school systems and government regard academic achievement as paramount. Mainstreaming as a social
policy may, therefore, be antithetical to this predominant goal of academic attainment. Mainstreaming also does not seem to consider the motivational deficits of handicapped children when placing them in regular class settings, where they have previously experienced failure, with no training or support on how to deal more effectively in this environment.

Equally important are the expectations and tolerance levels that teachers hold for children's social behavior. Most handicapped children who are mainstreamed do not fit the model behavior profile and consequently, often experience unsuccessful interactions with their teachers as well as peers. It appears that a particularly important outcome of mainstreaming is the extent to which these handicapped children are accepted by the peer group. It follows that social skills assessment and evaluation need to be part of a responsible decision concerning placement of special needs students (Brockman, 1985).

2.5 Assessment of Social Skills in the Schools

The assessment methods for evaluating social skills in handicapped children have rapidly increased in the last few years. Reviewers have identified six major methods that include sociometrics, ratings by others, observation, behavioral role play, interviews, and self-report measures (Asher & Hymel, 1981; Foster & Ritchey, 1979; Gresham, 1981a; 1981b; Hops, 1983; VanHasselt, Hersen, Whitehill, & Bellack, 1979). At present, there is no recognized standard procedure for assessing social skills but choices should be based on reliability, validity, and practicality. Unfortunately, there are few assessment instruments and methods presently available that meet this criteria (Gresham & Elliott, in press). Moreover, there is a tendency for data obtained from different sources to correlate in only
the moderate to low range (Matson, Esveldt-Dawson, & Kasdin, 1983) which would suggest the necessity of using multiple sources of information in any such assessment.

A useful way to classify social skill assessment methods is to categorize them under diagnosis/identification or intervention/treatment methods dependent upon the purpose or use of the information being gathered (Gresham, 1986; Gresham & Elliott, in press; Gresham & Reschly, in press; Hops & Greenwood, 1981). The former include procedures that tend to generate information on the existence and type of social skill problems present. Under this category would be sociometrics, ratings by others, self-report, and behavioral role play. The latter, more helpful in designing appropriate programs, include behavioral interviews and naturalistic observations as they allow for a functional analysis of specific behaviors (Gresham, 1986).

2.5.1 Diagnosis/Identification Assessment

Two basic types of sociometric measures used are: 1) peer nominations, and 2) peer ratings which measure different aspects of social status (Gresham, 1981c; Hymel & Asher, 1977). The peer nomination technique is to have children nominate peers according to their attitudes and preferences for engaging in certain activities with these peers rather than focusing on specific behaviors of these children. This is designed to measure acceptance in the peer group with positive nominations, and rejection in the group with negative nominations. However, Gresham (1981c) and Hymel & Asher (1977) caution that this may be more a measure of popularity rather than acceptance or rejection, and raises the concern of whether acceptance or popularity should be the goal of social skills training. Peer ratings have the advantage of having each child rated by all of his
or her classmates which provides a comprehensive index of the child's peer acceptance. The rating scales also include both positive and negative criteria by which the child can choose peers. In addition, this procedure reduces the likelihood that a child is not selected because he or she was forgotten (Oden & Asher, 1977).

Ratings by others (e.g. teachers, parents) are often popular because of the relative ease of using these procedures. The major difference between teacher/parent rankings or sociometrics, and behavior ratings, is that the latter focuses on specific behaviors rather than a global perception of the child (Gresham, 1986). Three of the most commonly used rating scales include: 1) the Social Behavior Assessment (SBA) by Stephens (1978; 1979; 1980), where teachers rate 136 social skills according to the degree to which these skills are exhibited; 2) the Guess Who Scale (teacher version) by Gottlieb, Semmel, and Veldman (1978) that suggests the presence of three factors: (a) disruptive, (b) bright, and (c) dull; and the Walker Social Skills Curriculum or ACCEPTS Program by Walker, McConnell, Holmes, Todis, Walker, & Golden (1983), a 28-item measure that applies a Likert scale according to the degree that the item describes that particular child. A very new rating scale, Social Skills Rating Scale (SSRS) by Gresham & Elliott (in preparation), offers separate forms for teacher, parent and self rating. Since two of these forms were chosen for this present study, they will be discussed in more detail in a subsequent chapter.

Behavior role play tests (BRPs) offer several advantages over sociometrics, ratings, and observation: (1) BRPs can assess social behaviors that occur at low frequencies in the natural environment. (2) BRPs represent actual enactment of a skill rather than a rating of it. (3) Simulated settings can be more tightly controlled to assess a child's response to specific stimuli (Hops & Greenwood,
1981). The disadvantages are that the correspondence to the same behavior in a naturalistic setting is quite low, and they do not predict sociometric status (Bellack, Hersen, & Turner, 1978; Berler, Gross, & Drabman, 1982; Grasham, 1983b; LaGreca & Santogrossi, 1980; VanHasselt, Hersen, & Bellack, 1981).

Self-report measures are not as frequently used as other assessment techniques. The subjectivity and lack of criterion-related validity of these measures has resulted in very little development in this approach (Michelson & Wood, 1980).

2.5.2 Intervention/Treatment Assessment

For intervention or treatment, the interview is helpful in defining behaviors in observable terms and identifying antecedents, and consequent conditions surrounding the behaviors (Gresham & Elliott, in press). Gresham (1983) reviewed 21 studies investigating the psychometric characteristics of behavioral interviews and concluded that they have a reasonably strong nucleus of research supporting their reliability and validity.

Although naturalistic observations are more difficult to carry out in terms of time and expense, they have been used frequently as outcome measures in social skills research (Asher & Hymel, 1981; Foster & Ritchey, 1979; Gresham & Elliott, 1984). A distinct disadvantage of this method is that many behaviors occur infrequently, particularly in classrooms where peer interaction is curtailed. Observer bias or drift may also threaten the accuracy of data collected. On the other hand, such observations are the most direct form of behavioral assessment, they require an operational definition of the social skill being assessed rather than relying on a global or trait description (e.g. friendly, outgoing), and it is conducive to repeated measurement which allows for within-subject variability in
social behavior (Gresham & Reschly, in press).

2.6 Summary

2.6.1 Current State of the Field

As a field of research study, social skills training does not have a long history. However, the last ten years have shown rapid advances in this area as the correlations of social skills to many aspects of child development have been documented.

The application of social skills training seems to be shifting away from the early individual treatment methods and towards a more group-oriented approach with special populations of children, including the handicapped. Research with the latter, in particular, has revealed significant social skill deficits in these children, and serious problems with their peer sociometric status. This, along with the discovery of strong correlations with student achievement levels and teacher/pupil interactions has led to increased interest from the educational community.

At present, the focus in the schools remains on academic achievement. Despite the research findings that social skills and achievement are highly correlated, there has not yet been any changes in the school curriculum. Recent developments in commercially designed social skills training programs have produced several programs that are specifically designed for the classroom setting. This provides educators the opportunity to adopt a preventative approach to social skills training that parallels similar approaches in such areas as sexual abuse and family life education. It also seems to follow the recent trend in counselling methods that appears to be emphasizing more preventative or developmental work in the schools rather than focusing on strictly remedial or
The current state of the literature suggests that social skills training can have a facilitative effect on mainstreaming success. With the United States legislation, Bill 94-142, and the Canadian policy of integration, the placing of handicapped children in the regular classes for social interaction benefits, without such training, seems to have been relatively unsuccessful (Gresham, 1982; 1983a; 1984). Gresham maintains this is due to: (a) faulty assumptions underlying mainstreaming policies, (b) the priorities that schools, including both regular and special education programs, place on academic achievement, and (c) the standards for classroom behavior expected by the regular class educators. As yet, little attention has been paid to these concerns, and the concentration for remediation remains with academics, while the teaching of social behavior in the classroom continues to have low priority (Gresham & Reschly, in press).

There are important implications for school guidance personnel as well. Many of the referrals received are for students experiencing difficulty with social interactions. This may take the form of lack of friends, social isolation, aggressive behavior with peers, classroom attention-seeking problems, or poor teacher/pupil relationships. The training of relevant social skills in this natural, ready-made environment seems appropriate. In addition, Brockman (1985) suggests the need for social skills assessment of children considered for special placement or integration.

2.6.2 Study Rationale

Little research has been documented on social skills training with intact classroom groups. Most studies have approached this training by first identifying children with specific problems such as withdrawal, social isolation, and
aggression. Students with similar difficulties are then grouped together, and a program is designed and implemented outside the regular classroom as a remediation intervention. This present study, with children in four intermediate special education classes, is an attempt to apply an preventative approach to social skills training based on the philosophy that all children can benefit and develop socially from direct instruction in this area. It follows, therefore, that all students should be involved, and the program treated as part of the weekly classroom curriculum.

Research has revealed how frequently problems with achievement, peer relations, and teacher/student relations are correlated with poor social skills. Because this particular sample is made up of intermediate aged, learning disabled students, their unique difficulties in coping with mainstreaming situations may also be indirectly influenced by this preventative approach. It is hoped that the exposure to this program will positively affect the student's peer relationships, self-esteem, and the perception of their social competency by parents and teachers.

This study is an opportunity to examine the feasibility of adopting social skills training as part of the special education classroom curriculum. The responses from the teachers and pupils involved, the testing of time commitments to such a program, and the practicality of the specific skill lessons chosen can be evaluated. The format and training method selected for this particular population and age group can be studied.

This project may be considered the first in an anticipated series of studies to show:
1. whether learning disabled children exposed to social skills training will
exhibit improved self-esteem in the mainstreamed setting;

2. whether social skills learned in a special education classroom will be
   generalized to other school settings (e.g. regular class, playground);

3. whether these skills can be successfully applied in the mainstream
   classroom setting.

2.7 Hypotheses

The major hypotheses for the present study are:

2.7.1 Hypothesis 1

Children in classes assigned to the treatment condition will show
significantly greater gains over the 13 week training period than children in
classes assigned to control condition. To test this hypothesis, pre and post
measures will be taken of: (a) self-concept, as measured by the
Piers-Harris Children's Self-Concept Scale; (b) peer acceptance, as measured
by the How I Feel About Some Other Kids scale (Peer Rating Scale); (c)
teacher ratings of social competence as measured by the Social Skills
Rating Scales-Teacher (SSRS-T); and (d) parent ratings of social competence
as measured by the Social Skills Rating Scales-Parent (SSRS-P). Significance
is tested at alpha = .05

2.7.2 Hypothesis 2

The differential gains hypothesized above will not differ significantly
between instructors. The same dependent variables and Type 1 error will be
used.
CHAPTER 3

METHOD

This chapter provides a description of the subjects, the geographical setting, and the method of selection for both the subjects and the schools involved in the study. Method constraints are explained, followed by a discussion of the design and treatment procedures. Each of the four dependent measures is described, and a detailed outline of the social skills training program topics and format is provided. It concludes with a summary of the selected statistical analysis.

3.1 Selection of Subjects

Students were selected from intermediate-aged special education classes in Coquitlam School District, Coquitlam, British Columbia. These "Skill Development Programs" (SDP) are designed for children demonstrating difficulties with academic learning and, because of this, have fallen 2 to 3 years below the achievement levels expected for their age and grade. The operational definition of learning-disabled students for this study, and for assignment to these classes, is based on the following criteria:

1. Psychoeducational testing which includes: IQ measures, auditory and visual perceptual tests, language measures, and a general achievement battery. Results must indicate average or better intellectual ability (within one standard deviation), a specific learning deficit, and a discrepancy of more than 1 standard deviation on a standardized achievement test (i.e. primary – more than 1 year, grade 5/6 – more than 2 years, secondary – more than 3 years). The discrepancy between learning potential and actual performance
should not be primarily due to other factors such as sensory impairment, behavior disorder, cultural or environmental disadvantage, or E.S.L.

2. Observation by the Area Counsellor

3. Consultation, recommendations and agreement among the teacher, school counsellor and parents.

4. Formal screening procedures involving the presenting counsellor and four District Screening Committee members.

Each class is limited to 12 students ranging in age from 9 to 13 years and located in a regular elementary school setting. The school district philosophy follows a mainstreaming model so integration for these special needs students is encouraged for all non-academic subjects (e.g. homeroom announcements, field trips, lunch, P.E., Music, Art).

Four classes, from separate schools, were chosen to participate. This selection was determined by several factors:

1. the willingness of the school administrator to have his or her Skill Development Program involved;

2. the readiness for the Skill Development Program teacher to be an active participant in the experiment for the thirteen week period if his or her class was selected as an experimental group, or alternately, acceptance of the placebo treatment during that period if his or her class was selected as a control group;

3. logistical considerations such as timetable coordination for both classes involved, for the two instructors conducting the social skills training program, and travelling time.
Two of the four classrooms were randomly chosen as experimental groups and two as control groups. These classroom units were located in different sections of the school district which could have introduced the bias of geographical location differences. However, the school district involved has a fairly uniform socio-economic level, and students assigned to these classes represent a natural mix to some degree as the majority of them are bussed in from various residential areas within the district. (Their assignment to specific classes is based, in part, upon the available openings at the time of their screening for special placement.)

The four school populations, and the sample, were all Caucasian, with the exception of two students, and all were fluent in English.

The teachers (three females, one male) in the four participating classrooms were qualified Special Education educators, each with over nine years experience in the profession. The two female program instructors, who voluntarily took part in the study, were trained Area Counsellors in the school district, qualified teachers, and familiar with both the educational setting and this district's structure and philosophy.

3.2 Design

Since this study required the use of intact classroom groups, employment of a quasi-experimental design was necessary with one treatment condition per classroom. The two classes assigned as experimental groups included a total of 24 subjects (16 boys and 8 girls), and the control groups, a total of 22 subjects (16 boys and 6 girls). Screening for selection of only those pupils with particularly low self-esteem, poor peer acceptance, or weak social competence
was not carried out. It was the experimenter's belief that any student, regardless of their ratings on such criteria, would benefit and improve their social development from exposure to a social skills training program. It was therefore considered unnecessary to choose only those students who ranked near the low end of the measurement scales to determine the treatment's effectiveness. The evidence of any individual gain from the pre to post testing, was used as the major indicator of positive change.

The design for this study was 2X2X2 (treatment condition by instructor, by occasion) as shown in Figure 1.

<table>
<thead>
<tr>
<th>TREATMENT</th>
<th>CONTROL</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRE</td>
<td>POST</td>
</tr>
<tr>
<td>Y1</td>
<td>Y1</td>
</tr>
<tr>
<td>Y2</td>
<td>Y2</td>
</tr>
<tr>
<td>INSTRUCTOR A</td>
<td>Y3</td>
</tr>
<tr>
<td></td>
<td>Y4</td>
</tr>
<tr>
<td>INSTRUCTOR B</td>
<td>Y1</td>
</tr>
<tr>
<td></td>
<td>Y2</td>
</tr>
<tr>
<td></td>
<td>Y3</td>
</tr>
<tr>
<td></td>
<td>Y4</td>
</tr>
</tbody>
</table>

Y1 - Piers-Harris
Y2 - Peer Rating Scale
Y3 - SSRS-T
Y4 - SSRS-P

Figure 1: Schematic for the Design
The nonequivalent control group design, as defined by Campbell and Stanley (1963), is distinguished by the following features:

1. administration of repeated measures (pre and post),
2. multiple dependent variables of self-worth (child rated), peer acceptance (peer rated), social competency (teacher rated), and social competency (parent rated),
3. factorial features of:
   a. two program instructors (in this case two Area Counsellors) who were incorporated into the design to help test generalization, and
   b. the treatment program.

This design controls for the effects of history, maturation, testing, and instrumentation. The major internal validity problem is that of regression. However, since none of the comparison groups was selected for extreme scores, then a difference in degree of shift from pretest to posttest between the groups should be authentic treatment effect, rather than a product of regression to the mean.

The possibility of a reactive arrangement affecting the external validity was avoided by the following procedures:

1. classes receiving treatment were unaware that the social skills program was part of an experiment and told only that we were trying out a new way to teach them skills for getting along with others,
2. the instructors were known Area Counsellors in the school district and coming into the classroom to provide such a program would be expected, and seen as similar to other preventative counselling services,
3. the program was held in the subjects' regular classroom setting and co-led by their own teacher.
3.3 Procedures

Pre and post testing was carried out by the instructors in the classroom setting and all four classes were completed within a 3-day period. All subjects were present during the pretesting. The absentees during posttesting were completed within one week of the other students. One subject transferred out during the program. During the pretest administration with one of the control groups, there was unexpected resistance from two students to answering some items on the Piers-Harris Self Concept Scale. One eventually completed the scale, while the other refused and invalidated his score.

The directions, and each item on the scales, were read aloud by the instructor to eliminate the possibility that a reading disability could affect the students' answers because of poor comprehension or lack of motivation in completing the measure. Desks were well separated to avoid copying or any embarrassment from others seeing response choices. Students were told their information would be kept strictly confidential and were requested not to discuss their decisions with their classmates. To help reinforce this confidentiality, pre and post testing was carried out immediately after the lunch break so Recess and Lunch Hour were over and the measures would be completed well before the 3PM school bell. Pretest results were not examined by the experimenter until after posttesting had been completed. This was to avoid any experimenter bias during the instructional procedures of the social skills training program.

The two experimental classrooms received 60 minute training sessions once a week, for 13 weeks. The lessons were conducted separately in the students' own classroom environment and followed a standard format. The program "Getting Along With Others: Teaching Social Effectiveness to Children (Jackson,
Jackson & Monroe, 1983), is specifically designed for use in the classroom with elementary-aged children. It is a direct intervention approach with systematic instructional techniques. These techniques can be categorized into:

1. a method for determining personal expectations of social behavior and breaking behaviors into learnable components,
2. a method for delivering instruction of new skills,
3. methods of managing children's social behavior in ongoing interaction with them.

A Program Guide, plus a Skills Lessons and Activities book are included. Further information on the program will be provided in a subsequent section.

Three Instructors' training meetings were first carried out so the Area Counsellors had an opportunity to preview the program, arrange the scheduling, and practise the lessons. The major instructor in each experimental classroom was one of the two Area Counsellors who worked together with the classroom teacher in a team-teaching format. The two control classrooms received a placebo treatment, also led by one of the counsellors and the regular teacher, once a week for the 13-week period. Typical academic instruction, followed by supervision and assistance, was delivered to control for the attention effects and any inadvertent modelling of social behavior from the visiting counsellor.

3.4 Measures

3.4.1 The Piers-Harris Children's Self Concept Scale

The Piers-Harris Children's Self Concept Scale (Piers & Harris, 1969) is a standardized, 80-item self-report instrument. The test requires approximately 20 minutes to complete, and is designed for Grades 3 through 12. The eighty items
are presented as a set of statements with directions to circle "yes" if the statement is generally like you, or "no" if the statement is generally not like you. Scoring instructions and a key are included. The total score represents an overall level of self-concept or attitude towards self. An unweighted factor structure separates items into factors of behavior, intellectual and school status, physical appearance and attributes, and anxiety. The manual provides comprehensive data on development of the scale (i.e. standardization, item analysis) and provides internal consistency and stability reliability. To judge the homogeneity of the test, the Kuder-Richardson Formula 21 was used with resulting coefficients ranging from .78 to .93. On a retest after four months, one half of the standardization sample resulted in coefficients of .72, .71 and .72 which were rated as satisfactory for a personality instrument in the experimental stage. The scale is therefore judged to have good internal consistency and adequate temporal stability. Information on construct, content, and concurrent validities are provided along with norm tables offering percentile and stanine rankings. Means and standard deviations from at least ten different sample groups are available.

3.4.2 How I Feel About Some Other Kids

The Peer Rating Scale, or How I Feel About Some Other Kids (Feldhusen, Hynes, & Widlak, 1973) is designed for children aged 6 to 12, or Grades 1 to 6. The variable is Socialization and, as the name suggests, a peer rating approach is used where each child rates the three classmates that have been identified on his or her protocol. An individual's score is obtained by averaging the ratings made on the child by his or her classmates. It was felt this peer rating method was superior over the peer nomination method where the procedure is to have the students nominate peers according to certain nonbehavioral criteria (i.e. best friend, preferred work partner). This appears to often result in a large number of
students choosing the same few highly popular individuals. The result is that many group members receive no score, thus producing severely skewed distributions. With the peer rating instrument, it is possible to control which children will be rated so each receives an equal number of ratings. UBC's Amdahl V8 Computer has a resident program for random grouping of numbers of subjects. This program was applied to students in each class so that each student was rated by a randomly formed group of three others.

A 60-item reading form, involving 30 minutes administration time, is available for Grades 3 to 6. All items are worded positively, and in a simple "yes", "no", "sometimes" format that is easily adapted to the examiner reading aloud if considered necessary. For this reading form, internal consistency was .89 for 208 fourth graders, .88 for 86 third and fourth graders, and .89 for 93 fifth and sixth graders. Interjudge reliability was .45 for 208 fourth graders, and .61 for 93 fifth and sixth graders. Factor-analytic results indicate support for the predicted factor structures of the instrument. The following three aspects of a child's social behavior in the classroom are assessed:

1. Individual Prosocial Actions — those that involve leadership, independence, assertiveness, and competitiveness,
2. Social Interactions — those that involve cooperation, conformity, authority relations, and control of aggression,
3. Affective Relationships — as evidenced by liking others, social acceptance, being liked, and popularity.
The rating of social skills through teachers’ judgments of classroom behavior is both useful and defendable. Conclusions are able to be based on a comprehensive and representative sample of behavior in this setting over a period of time. Teachers are in a position to examine social skill in relation to academic achievement, peer interaction, adult-child interaction, as well as the student’s ability to cope in a variety of problematic situations. The Social Skills Rating Scale – Teacher version (SSRS-T) (Gresham & Elliott, in preparation) is a 50-item rating scale of children’s social skills based on two dimensions: (a) Frequency (2 = Often True, 1 = Sometimes True, 0 = Never True), and (b) Importance (2 = Critical for Success in my Classroom, 1 = Important for Success in my Classroom, 0 = Unimportant for Success in my Classroom). The Importance Dimension was not scored in this particular study since selection of specific target behaviors was not the basis for intervention. Preliminary evidence on the SSRS-T indicates that it has a stable factor structure of four different factors: (a) Academic Performance, (b) Social Initiation, (c) Cooperation, and (d) Peer Reinforcement (Gresham, Elliott, & Black, 1987a). The SSRS-T Frequency Dimension has high internal consistency for the total score (r = .97 and adequate internal consistency for each of the factors (.75 − .93) (Gresham et al., 1987b). Gresham et al., (1987a) demonstrated that the frequency ratings of the SSRS-T appear to be free of rater racial bias, and ratee racial and sexual bias.

A recent study by Elliott, Gresham, Freeman, and McCloskey (in press) has indicated that the SSRS-T is a reliable and valid measure of children’s social behavior in terms of stability, internal consistency, and interrater reliability, as well as construct, discriminant, and criterion-related validity. The stability of the SSRS-T over a six-week period was .90. Interrater reliability was .80 (median),
and the internal consistency of the SSRS-T total score was .96 with the internal consistencies for the four factor scores ranging from .71 to .93 (median r = .86). The construct validity was established by comparisons with the Revised Behavior Problem Checklist (Quay & Peterson, 1983) and The Teacher Rating of Academic Performance (Reschly, 1982).

The SSRS-T seems to have three major advantages over other available instruments designed to measure children’s social skills. First, the scale is highly manageable in terms of length. Secondly, the categories of skills were derived factor analytically and fit together logically as well. Finally, the inclusion of an Importance dimension provides important additional clues to the selection of appropriate target behaviors when designing an individualized intervention program.

3.4.4 The Social Skills Rating Scale - Parent

To date, research investigating the use of parent ratings of their children’s social competence is quite limited. The Social Skills Rating Scale - Parent (SSRS-P) (Gresham & Elliott, in preparation) was included in this study to provide some measure of generalization of the social skills training outside the school environment. This scale is presently being standardized nationally in the United States on a representative sample of children from preschool to the twelfth grade. The SSRS-P is a 60-item parent rating scale designed to assess social skills in the home environment. Completion time is approximately 20 minutes. The factor structure is the same as that described for the SSRS-T, and is based on the same two dimensions of (a) Frequency and (b) Importance. Items are either identical, or similarly worded, but adapted to a home setting. A comparative example would be: Teacher Form - "Attempts classroom tasks before asking for your assistance." Parent Form - "Attempts household tasks
before asking for your help." All items, on both SSRS scales, are stated in the positive. Therefore, the higher the score, the more socially skilled the student is considered to be.

Differences in responses between teacher and parent ratings of social skills should perhaps be expected, given the differences in setting and social behavior demands between home and school. Social skills do not necessarily represent a general response disposition, but are determined by a variety of factors such as the conditions in which the behavior is assessed, and the expectations of the particular environment in which it occurs.

3.5 Intervention

*Getting Along With Others: Teaching Social Effectiveness to Children* (Jackson, Jackson, & Monroe, 1983) is a social skills training program offering systematic instructional techniques for the elementary school child. These techniques are applicable to both regular classroom situations and learning disabilities classrooms where students have the ability to follow verbal discussion with relative ease. The Skill Lessons and Activities notebook presents 17 important skills to be taught in a group format.

The lesson format is designed for once a week instruction using a two hour time allotment. Because of logistical problems with these time demands, modifications for this study were necessary. Jackson, Jackson, and Monroe suggest in their Program Guide that once the user is familiar with all the components, he or she is able to design a plan for program use that will implement the best possible adaptations for each unique setting. The sessions were, therefore, condensed to 13 weeks but still included 15 of the 17 skills. Of
the two omitted, Skill #14; "Using Positive Consequences", has very similar behavior components to those covered in "Giving & Receiving Positive Feedback." Skill #12: "Asking for Clear Directions" was chosen as the most expendable, in the opinion of the experimenter, as it did not appear to affect the measurement scales in anyway as there were no scale items specific to this particular skill. In two of the lessons, related skills were combined into a single session. The adapted curriculum outline is outlined in Table 1. Since one skill builds on another to some degree, it is recommended that the skill sequence be followed.

The session schedule was reduced from the original two hour format, to a one hour format, by omitting: Free Play, Relaxation Training, and Snack Time from the packaged program outline. The modified format includes:

1. Homework review
2. Introduction of a new skill modelled by co-leaders, both inappropriately and appropriately, with discussion
3. Students role play skill and get feedback
   a. Discuss rationale for using the skill. **
   b. Lead students through a "reality response" checklist (i.e. coping techniques if their overture is rejected) **
1. Activity – students interact and apply the new skill while leaders observe and encourage
2. Discussion – as a group, discuss the success or problems with the interaction
3. Assign homework. **

** These items are considered, by the experimenter, to be very important components of this program.
### Table 1

The Adapted Curriculum Outline

<table>
<thead>
<tr>
<th>Session 1:</th>
<th>Skill #1</th>
<th>Introduction to Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 2:</td>
<td>Skill #2</td>
<td>Following Directions</td>
</tr>
<tr>
<td>Session 3:</td>
<td>Skill #3</td>
<td>Giving &amp; Receiving Positive Feedback</td>
</tr>
<tr>
<td>Session 4:</td>
<td>Skill #4</td>
<td>Sending an &quot;I'm Interested&quot; Message</td>
</tr>
<tr>
<td></td>
<td>Skill #5</td>
<td>Sending as &quot;Ignoring&quot; Message</td>
</tr>
<tr>
<td>Session 5:</td>
<td>Skill #6</td>
<td>Interrupting a Conversation</td>
</tr>
<tr>
<td></td>
<td>Skill #7</td>
<td>Joining a Conversation</td>
</tr>
<tr>
<td>Session 6:</td>
<td>Skill #8</td>
<td>Starting a Conversation and Keeping It Going</td>
</tr>
<tr>
<td>Session 7:</td>
<td>Skill #9</td>
<td>Sharing</td>
</tr>
<tr>
<td>Session 8:</td>
<td>Skill #10</td>
<td>Offering to Help</td>
</tr>
<tr>
<td>Session 9:</td>
<td>Skill #11</td>
<td>Compromising</td>
</tr>
<tr>
<td>Session 10:</td>
<td>Skill #13</td>
<td>Problem Solving</td>
</tr>
<tr>
<td>Session 11:</td>
<td>Skill #15</td>
<td>Giving &amp; Receiving a Suggestion for Improvement</td>
</tr>
<tr>
<td>Session 12:</td>
<td>Skill #16</td>
<td>Handling Name-Calling &amp; Teasing</td>
</tr>
<tr>
<td>Session 13:</td>
<td>Skill #17</td>
<td>Saying &quot;No&quot; To Stay Out of Trouble</td>
</tr>
</tbody>
</table>

The *Getting Along With Others* program takes a skills deficit approach. However, those in the group observed as having the skill but choosing not to perform it, would still benefit from exposure to the possible consequences demonstrated through the appropriate and inappropriate role play and the group discussion. It was chosen over other commercially packaged social skills training programs for the following reasons:

1. age appropriate format and topics
2. lessons provide sound educational techniques such as:
   a. clear presentation of skill components,
   b. visual reinforcement (through role modelling),
   c. experiential activity (through application and practise of the skill),
   d. positive reinforcement, and
   e. review and generalization of the skill
3. minimal cost and availability of program materials
4. format and instructional approach is suitable for classroom settings.
5. minimal preparation time for lessons
6. inclusion of the previously mentioned components.

The key components are as follows:

Rationale: The rationale should be drawn from the students as much as possible as they need to believe in both the value of the skill, and it's practical use.

Reality response: The reality response prepares the students for the possibility of rejection from others although they may have mastered the skill and performed it well. It provides an opportunity to discuss why this may happen, and how to deal with this problem.

Homework: The homework sheet forces the students to apply their new skills outside the instructional setting and increases the likelihood of generalization occurring.

3.6 Analysis

The two independent variables in this study are treatment (skills instruction versus none) and Instructor (A versus B). A 2x2x2 (treatment by instructor by occasion) fixed effects model factorial multivariate analysis of variance will be applied to examine the main effects for the independent variables, any interaction effects between independent variables and/or between treatment and occasion. If the interaction is significant, analysis of simple mean effects will help determine where the significance lies. The alpha =.05 level will be utilized.
CHAPTER 4
RESULTS

This chapter begins with reliability analyses of the internal consistency and stability of the four dependent measures. The LERTAP (Nelson, 1975) computer program was used to access the internal consistency of each subscale, for both pre and post test sessions. Means and standard deviations are presented for both individual and combined groups. Intercorrelations among the scales are reported. A 2X2 ANOVA was run to test for initial differences between teachers and treatments. Finally, to test the hypotheses, a MANOVA was run on the total scores of the four measures.

4.1 Scale Reliability Analyses

Reliabilities of subscale scores and total scores on the dependent measures are presented in Table 2. Hoyt internal consistency estimates are given for the subscales; Cronbach’s alpha and a pre-post stability coefficient is provided for each total score.

Generally, the Piers–Harris Self Concept subscales produced internal consistencies that were low. This did not appear simply to be a reflection of subtest length, as those containing more items were less reliable than other, shorter subtests. The test manual does not offer subscale reliability, but reports total coefficients ranging from .78 to .93 determined by applying the Kuder–Richardson Formula 21. In the present study, total scores showed lower but acceptable alphas of .66 (at Time 1) and .83 (at Time 2). The stability coefficient was low at .25 when compared to the test manual coefficients of
Table 2
Reliabilities* of Total Scores and Subtest Scores for Piers-Harris, Peer Rating, SSRS-T, SSRS-P

<table>
<thead>
<tr>
<th>Test</th>
<th>Internal Consistencies</th>
<th>Pretest</th>
<th>Posttest</th>
<th>Stability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Hoyt</td>
<td>Alpha</td>
<td>Hoyt</td>
</tr>
<tr>
<td>Piers-Harris</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavior</td>
<td></td>
<td></td>
<td>66</td>
<td>83</td>
</tr>
<tr>
<td>Intellectual &amp; School Status</td>
<td></td>
<td></td>
<td>16</td>
<td>31</td>
</tr>
<tr>
<td>Physical Appearance &amp; Attributes</td>
<td></td>
<td></td>
<td>64</td>
<td>72</td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
<td></td>
<td>43</td>
<td>42</td>
</tr>
<tr>
<td>Popularity</td>
<td></td>
<td></td>
<td>59</td>
<td>70</td>
</tr>
<tr>
<td>Happiness &amp; Satisfaction</td>
<td></td>
<td></td>
<td>33</td>
<td>45</td>
</tr>
<tr>
<td>Peer Rating</td>
<td></td>
<td>81</td>
<td>88</td>
<td>40</td>
</tr>
<tr>
<td>Prosocial Action</td>
<td></td>
<td></td>
<td>60</td>
<td>72</td>
</tr>
<tr>
<td>Social Interaction</td>
<td></td>
<td></td>
<td>71</td>
<td>75</td>
</tr>
<tr>
<td>Affective Relationships</td>
<td></td>
<td></td>
<td>68</td>
<td>72</td>
</tr>
<tr>
<td>SSRS-T</td>
<td></td>
<td>74</td>
<td>78</td>
<td>79</td>
</tr>
<tr>
<td>Academic Performance</td>
<td></td>
<td>91</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>Social Initiation</td>
<td></td>
<td>88</td>
<td>88</td>
<td></td>
</tr>
<tr>
<td>Cooperation</td>
<td></td>
<td>94</td>
<td>93</td>
<td></td>
</tr>
<tr>
<td>Peer Reinforcement</td>
<td></td>
<td>73</td>
<td>69</td>
<td></td>
</tr>
<tr>
<td>SSRS-P</td>
<td></td>
<td>75</td>
<td>70</td>
<td>50</td>
</tr>
<tr>
<td>Academic Performance</td>
<td></td>
<td>71</td>
<td>83</td>
<td></td>
</tr>
<tr>
<td>Social Initiation</td>
<td></td>
<td>82</td>
<td>58</td>
<td></td>
</tr>
<tr>
<td>Cooperation</td>
<td></td>
<td>90</td>
<td>93</td>
<td></td>
</tr>
<tr>
<td>Peer Reinforcement</td>
<td></td>
<td>59</td>
<td>74</td>
<td></td>
</tr>
</tbody>
</table>

*Reliability coefficients rounded to 2 significant figures; decimals omitted.
.72, .71, and .72 that were gathered with one half of the standardization sample.

Analysis of the Peer Rating Scale revealed subscales that appear to be quite highly interrelated with very little differentiation. All indices were slightly higher at Time 2. Examination of the intercorrelations between scales showed them to be consistently higher than .63, with just one exception at .48. Consequently, it was decided to concentrate on total test scores as it was difficult to determine whether the subscale factors were measuring different, or like constructs. Alphas for the total test at Time 1 and Time 2 were .81 and .88 respectively, indicating acceptable consistency when subscales were combined. The stability score was .40, suggesting limited reliability over time.

Subscale scores on the SSRS-T showed the highest consistency of the four measures used. Indices at Time 1 and Time 2 show almost identical values. Although the SSRS-P measures the same factors as the SSRS-T, there were larger reliability differences between occasions for SSRS-P. The Cooperation subscale, which remained quite stable, was an exception. To assure maximum reliability in the dependent variables, it was decided to analyze and report only total scores. Alphas for the SSRS-T ranged from .74 to .78, and for the SSRS-P, from .70 to .75 indicating acceptable internal consistency levels. Stability reliability for the SSRS-T was at .79, and at .50 for the SSRS-P.

Overall, internal consistency reliabilities for subscale scores were deemed not to be high enough to use as dependent variables in the MANOVA, with the exception of the SSRS-T measure. For the sake of unity in reporting, only total scores were used. Alphas were within acceptable ranges for all four total measures. Stability scores suggest stronger reliability over time when the rating scales were completed by adults (i.e. teachers and parents) than those, such as
the Piers-Harris and Peer Rating Scale, where children were directly involved in the ratings.

4.2 Descriptive Results

The means and standard deviations across pre and post testing are presented in Table 3. Results are shown for both treatment and instructor.

On the Piers-Harris self-concept measure little change occurred over time, with the exception of the Control Group with Instructor A. The posttest mean dropped, while the standard deviation was nearly two and a half times that of the pretest. A similar result was noted on the Peer Rating Scale in this same Control Group with Instructor A. The standard deviation increased to more than double that of the pretest, while there was a noticeable decrease in the mean score. The Control Group with Instructor B showed an increase of similar proportion on the posttest mean, although, in this case, the change in variance was not of the same magnitude.

Results on both the SSRS-T and the SSRS-P were quite consistent with no substantial changes.

Intercorrelations among pre and post tests on the Piers-Harris, Peer Rating, SSRS-T, and SSRS-P are provided in Table 4. Significance at the .05 level was revealed, as might be expected, on the pre and post results of the same measure for all four tests. However, the highest correlation, r=.694 (SSRS-T), suggests some real changes in rank order on measures of affective constructs over time. Statistically significant correlations between pretest scores were the Peer Rating Scale with the SSRS-T, and the Piers-Harris with both the Peer
Table 3

Means and Standard Deviations Across Pre and Post Testing

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Instructor</th>
<th>Occasion</th>
<th>Piers-Harris</th>
<th>Peer Rating</th>
<th>SSRS-T</th>
<th>SSRS-P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>( \bar{x} )</td>
<td>SD</td>
<td>( \bar{x} )</td>
<td>SD</td>
</tr>
<tr>
<td>Experimental</td>
<td>A</td>
<td>Pre</td>
<td>42.08</td>
<td>0.645</td>
<td>122.17</td>
<td>13.39</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Post</td>
<td>42.92</td>
<td>0.766</td>
<td>128.00</td>
<td>14.81</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>Pre</td>
<td>49.58</td>
<td>5.43</td>
<td>128.33</td>
<td>08.49</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Post</td>
<td>49.83</td>
<td>0.565</td>
<td>131.08</td>
<td>10.85</td>
</tr>
<tr>
<td>Control</td>
<td>A</td>
<td>Pre</td>
<td>42.42</td>
<td>0.696</td>
<td>129.92</td>
<td>09.44</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Post</td>
<td>25.75</td>
<td>1.723</td>
<td>119.00</td>
<td>21.38</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>Pre</td>
<td>40.22</td>
<td>0.724</td>
<td>114.89</td>
<td>20.27</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Post</td>
<td>42.00</td>
<td>0.716</td>
<td>125.33</td>
<td>13.81</td>
</tr>
<tr>
<td>Entire Sample</td>
<td>Pre</td>
<td></td>
<td>43.80</td>
<td>0.774</td>
<td>124.42</td>
<td>13.87</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td></td>
<td>40.00</td>
<td>1.382</td>
<td>125.89</td>
<td>15.96</td>
</tr>
</tbody>
</table>
Table 4

Intercorrelations Among Pre and Post Tests on the Piers-Harris, Peer Rating, SSRS-T & SSRS-P (N=46)

<table>
<thead>
<tr>
<th>Occasion</th>
<th>Test</th>
<th>1a</th>
<th>2a</th>
<th>3a</th>
<th>4a</th>
<th>1b</th>
<th>2b</th>
<th>3b</th>
<th>4b</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre</td>
<td>1a Piers-Harris</td>
<td>1.00</td>
<td>.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2a Peer Rating</td>
<td>.315*</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3a SSRS-T</td>
<td>.298*</td>
<td>.493*</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4a SSRS-P</td>
<td>-.241</td>
<td>.001</td>
<td>.177</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post</td>
<td>1b Piers-Harris</td>
<td>.416*</td>
<td>.011</td>
<td>.047</td>
<td>-.224</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2b Peer Rating</td>
<td>.257</td>
<td>.509*</td>
<td>.292*</td>
<td>-.084</td>
<td>.306*</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3b SSRS-T</td>
<td>.227</td>
<td>.395*</td>
<td>.694*</td>
<td>.049</td>
<td>.188</td>
<td>.338*</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4b SSRS-P</td>
<td>.075</td>
<td>.302*</td>
<td>.436*</td>
<td>.643*</td>
<td>-.123</td>
<td>.188</td>
<td>.306*</td>
<td>1.00</td>
</tr>
</tbody>
</table>

*values were significant at alpha = .05
Rating Scale and the SSRS–T. Although not strong, three correlations were found between posttest scores: the Piers–Harris with the Peer Rating Scale, the SSRS–T with the Peer Rating Scale, and the SSRS–T with the SSRS–P. Other cross correlations that were significant at the $p = .05$ level were: the pretest SSRS–T with the posttest Peer Rating Scale, the pretest Peer Rating Scale with the posttest SSRS–T, the pretest Peer Rating Scale and SSRS–T with the posttest SSRS–P.

4.3 Test for Initial Differences

To investigate possible differences between groups before treatment occurred, a 2X2 ANOVA was run for each dependent variable. Main effects and interaction effects are reported in Table 5. A more detailed presentation is provided in Appendix A.

In examining main effects, there was (a) no difference between Treatment, and (b) no difference between Instructors. However, significant interaction effects were discovered between Treatment and Instructor on two measures. Because of this, interpretation of (a) and (b) could be misleading. Therefore, a conservative position was taken and differences were assumed to exist. Subsequent analysis took this into account and a repeated measures MANOVA was run. Its details are discussed in a subsequent section. On further examination of Table 3, the pretest score on the Piers–Harris for students of Instructor B, was considerably higher than for those of Instructor A, in groups designated for treatment. For the Control Groups, the scores were shown to be quite similar. For the Peer Rating Scale interaction effect, large differences in pretest means were apparent for the Control Groups. Variance was considerably greater for Instructor B's group when
<table>
<thead>
<tr>
<th>Source of Variance</th>
<th>df</th>
<th>Piers-Harris F</th>
<th>Piers-Harris P</th>
<th>Peer Rating F</th>
<th>Peer Rating P</th>
<th>SSRS-T F</th>
<th>SSRS-T P</th>
<th>SSRS-P F</th>
<th>SSRS-P P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment (T)</td>
<td>1,43</td>
<td>3.799</td>
<td>.058</td>
<td>.268</td>
<td>.607</td>
<td>.520</td>
<td>.475</td>
<td>.409</td>
<td>.526</td>
</tr>
<tr>
<td>Instructor (I)</td>
<td>1,43</td>
<td>2.028</td>
<td>.162</td>
<td>.849</td>
<td>.362</td>
<td>.179</td>
<td>.674</td>
<td>1.125</td>
<td>.295</td>
</tr>
<tr>
<td>Treatment (T)xInstructor(I)</td>
<td>1,43</td>
<td>5.174*</td>
<td>.028</td>
<td>7.251</td>
<td>.010</td>
<td>2.129</td>
<td>.152</td>
<td>.025</td>
<td>.875</td>
</tr>
</tbody>
</table>

*Values were significant at alpha = .05
compared to Instructor A's group. In the Treatment Groups, the direction of the difference was reversed, with a higher mean for Instructor B. No significant interaction effects and no significant main effects for Treatment or Instructor were uncovered on either the SSRS-T or the SSRS-P measures.

4.4 Test of the Hypotheses

The research hypotheses were presented in directional form at the end of Chapter 2. They are discussed in null form in this section for statistical testing. The criterion for rejection of the hypotheses was the conventional alpha level of .05.

4.5 Importance of Treatment

Hypothesis 1 stated that subjects receiving treatment will show a significant increase at the .05 level from the pre to post scores on the four dependent measures: a) Piers-Harris Children's Self-Concept Scale; b) Peer Rating Scale; c) Social Skills Rating Scale-Teacher (SSRS-T); and d) Social Skills Rating Scale-Parent (SSRS-P).

A repeated measures multivariate analysis of variance, SPSS:X (Nie, 1983) was performed to examine the between and within subject variances. Table 6 presents a summary of the multivariate tests of significance. Table 7 presents a summary of the univariate tests of significance. The relationship between the two main variables (i.e. Treatment-by-Occasion) is graphically displayed in Figure 2.
Figure 2: Treatment by Occasion Interaction.
Table 6

Summary of Multivariate Tests of Significance: Treatment, Instructor, Occasion, and Their Interactions

<table>
<thead>
<tr>
<th>Sources of Variance</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Between Subjects</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment (T)</td>
<td>5.25</td>
<td>.002*</td>
</tr>
<tr>
<td>Instructor (I)</td>
<td>2.31</td>
<td>.076</td>
</tr>
<tr>
<td>Treatment x Instructor (Txl)</td>
<td>0.50</td>
<td>.739</td>
</tr>
<tr>
<td><strong>Within Subjects</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occasion (0)</td>
<td>1.65</td>
<td>.181</td>
</tr>
<tr>
<td>Occasion x Treatment (OxT)</td>
<td>5.55</td>
<td>.001*</td>
</tr>
<tr>
<td>Occasion x Instructor (Oxl)</td>
<td>4.46</td>
<td>.005*</td>
</tr>
<tr>
<td>Occasion x Treatment x Instructor (OxTxl)</td>
<td>5.12</td>
<td>.002*</td>
</tr>
</tbody>
</table>

* Significant at alpha = .05, df(4,38)

As can be seen in Table 7, the within subjects effect is significant for two of the measures: The Piers-Harris Self Concept Scale F(7,64)=0.009, and the SSRS-P F(7,20)=0.010. The within subject effects on the Peer Rating Scale and the SSRS-T were not significant. The interaction effect on the Piers-Harris is identified by a higher pretest mean for the Treatment Group that increases minimally over time, and a pretest mean for the Control Group that shows a significant decline over time. The interaction effect on the SSRS-P is identified
Table 7

Summary of Univariate Tests of Significance: Treatment, Instructor, Occasion, and Their Interactions

<table>
<thead>
<tr>
<th>Sources of Variance</th>
<th>Piers-Harris</th>
<th>Peer Rating</th>
<th>SSRS-T</th>
<th>SSRS-P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>P</td>
<td>F</td>
<td>P</td>
</tr>
<tr>
<td><strong>Between Subjects</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment (T)</td>
<td>13.58</td>
<td>.001*</td>
<td>1.72</td>
<td>.197</td>
</tr>
<tr>
<td>Instructor (I)</td>
<td>09.51</td>
<td>.004*</td>
<td>0.01</td>
<td>.972</td>
</tr>
<tr>
<td>Treatment x Instructor (Txl)</td>
<td>00.01</td>
<td>.969</td>
<td>1.32</td>
<td>.256</td>
</tr>
<tr>
<td><strong>Within Subjects</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occasion (O)</td>
<td>05.71</td>
<td>.022*</td>
<td>1.07</td>
<td>.307</td>
</tr>
<tr>
<td>Occasion x Treatment (OxT)</td>
<td>07.64</td>
<td>.009*</td>
<td>1.33</td>
<td>.255</td>
</tr>
<tr>
<td>Occasion x Instructor (Oxl)</td>
<td>09.55</td>
<td>.004*</td>
<td>5.43</td>
<td>.025*</td>
</tr>
<tr>
<td>Occasion x Treatment x Instructor (OxTxl)</td>
<td>10.84</td>
<td>.002*</td>
<td>9.70</td>
<td>.003*</td>
</tr>
</tbody>
</table>

* Significant at alpha = .05
by a lower pretest mean for the Treatment Group that increases over time and results in a higher posttest mean, while the Control Group mean declines over time. These results indicate a significant interaction effect between Treatment and Control Groups for the self-concept rating, and parent rating of social competency from pre-to-post testing. Hypothesis 1 is, therefore, confirmed for the parent rating that demonstrates a significant increase. The self-concept rating scale, although demonstrating an interaction, does not show a significant increase over time. Hypothesis 1 is rejected for the peer rating and teacher rating measures.

4.6 Importance of Instructor

Hypothesis 2 stated that the subjects receiving treatment or the placebo from Instructor A, would show no significant difference at the .05 level in their pretest to posttest scores when compared to scores from subjects receiving treatment or the placebo from Instructor B.

The repeated measures MANOVA (SPSS:X) was used to investigate the within subjects variance for Instructor-by-Occasion. These results are reported in Table 6. A graphic illustration of the interaction effects between Instructor A's groups and Instructor B's groups is given in Figure 3.

As shown in Table 6, the within subject effect is significant for the Piers–Harris Self Concept Scale F (9,55)=.004, and the Peer Rating Scale F (5,43)=.025. The null hypothesis 2 was, therefore, not rejected on these measures. The remaining two measures, the SSRS–T and SSRS–P, did not show any significant interaction effects. Consequently, the null hypothesis 2 is able to be rejected for these measures.
Figure 3: Instructor by Occasion Interaction.
The interaction between Instructor A’s group and Instructor B’s group on the Piers-Harris is identified by a higher pretest mean for Instructor B’s group that increases slightly over time. The mean scores for Instructor A’s group show a significant decline from pre to post testing. The interaction effect on the Peer Rating Scale shows a higher pretest mean for Instructor A’s group that declines over time. The mean for Instructor B’s group increases significantly from pre to post testing.

These results suggest the interaction effect of the Instructor-by-Occasion variables over time was significant for the self-concept and peer rating measures. No significant interaction effect was evident for the teacher or parent rating scales. Hypothesis 2 was, therefore, confirmed for parent and teacher ratings of social competency, and rejected for self-concept and peer rating measures.

The interaction effects of the Treatment-by-Instructor-by-Occasion variables are illustrated in Figures 4a & 4b. Table 6 also shows the significant interaction among these variables on the Piers-Harris Self Concept Scale F(10,84)=.002 and the Peer Rating Scale F(9,70)=.003. For the Piers-Harris, Instructor A’s results are identified by similar pretest means for the two groups, with the Treatment Group remaining fairly constant over time while the Control Group mean drops significantly. Instructor B’s results show a very slight increase from pre-to-post means for both Treatment and Control Groups. On the Peer Rating Scale, Instructor A’s Control Group shows a decrease from pre to post means, while the Treatment Group shows an increase from pre to post means. Instructor B’s Control Group has a similar pretest mean to the Treatment Group but decreases significantly over time, while the Treatment Group mean increases over time.
Figure 4a: Interaction of Treatment, Instructor, & Occasion: Piers-Harris
Figure 4b: Interaction of Treatment, Instructor, & Occasion: Peer Rating
These results indicate that for the Piers-Harris, the mean remained fairly stable over time in Treatment Groups for both Instructor A and Instructor B. Control Group means were inconsistent, with Instructor A’s group decreasing and Instructor B’s group remaining stable. For the Peer Rating Scale, Control Group means for both instructors decreased over time. Treatment Group means increased over time for both Instructor A and Instructor B.

In summary, the data supported Hypothesis 1 only in part. Subjects receiving treatment showed a significant increase in pre-to-post scores on the Social Skills Rating Scale-Parent. A significant interaction was also apparent on the Piers-Harris Self Concept Scale. However, those receiving treatment increased their pre-to-post scores minimally, while those receiving no treatment decreased. No significant increase at the .05 level was found for the Peer Rating Scale, or the Social Skills Rating Scale-Teacher. For hypothesis 2, the data supported no significant difference at the .05 level for pre-to-post scores when comparing Instructors on the SSRS-T and SSRS-P measures, but rejected this hypothesis on the Piers-Harris and Peer Rating measures.
CHAPTER 5  
DISCUSSION

This final chapter reviews the findings and examines them in relation to research considered in earlier chapters. Strengths and limitations of the study are discussed, followed by suggestions for practice in education and implications for future research.

5.1 General Nature of Results

It was speculated that a social skills training program would result in an increase in the subjects' self-concept, peer acceptance, and social competency as rated by parents and teachers. The data supported this hypothesis for the parent rating measure only. Secondly, it was hypothesized that the effect of different instructors was not expected to be significant. This premise was confirmed for the teacher and parent rating measures, but rejected for the self concept and peer rating measures. In analyzing scale reliability, the decision was made to report only total scores to assure maximum reliability in the dependent variables. Internal consistency alphas were within acceptable ranges on all four measures. Interestingly, stronger stability reliability was suggested for the measures completed by adults (i.e. the SSRS-T and SSRS-P) than those completed by the subjects themselves (i.e. the Piers-Harris and Peer Rating Scale). This may imply that these constructs, with a high, and more immediate affective component, are susceptible to confounding variables such as the current classroom interactions and the emotional climate present at the time of testing.
In examining the means and standard deviations across pre and post testing, this affective element appears to surface again. One particular group stands out. Instructor A's Control Group shows a noticeable drop in the posttest mean for the Piers-Harris and the Peer Rating Scale. These two measures were administered to these students in their classroom setting which is in contrast to the SSRS-T and SSRS-P scales that were completed outside of school time. Instructor A reported a negative atmosphere in the room on testing day that had been triggered by a playground fight involving several of the students in the class. This precipitated the need for considerable effort in calming the group before beginning. This confound should be considered when interpreting results.

A noticeable increase in the posttest mean on the Peer Rating Scale for Instructor B's Control Group should also be addressed. This change was possibly exaggerated, due to a high anxiety level during the initial testing session that may have artificially depressed the pretest mean. There appeared to be a distrust among the students and considerable apprehension of how others would evaluate them. This distrust was also directed at the instructor, who was unknown to the group at this stage, and yet was asking them to complete rating scales that would reveal personal interpretations of their self-worth. (By the posttesting session, the rapport between Instructor B and the students in this group had undergone a positive change.) This type of reaction was, however, not experienced in Instructor B's Treatment Group nor in either of Instructor A's groups. Nevertheless, it does raise several issues for possible future studies that will be discussed in a subsequent section.

Intercorrelations among pre and post tests suggest some real changes in rank order over time. This, again, may be a reflection of the immediate climate affecting the measurement of affective constructs.
Because of the necessity of using intact classroom groups in this study, a 2X2 analysis of variance was run to test for initial differences. No main effects were present for either of the independent variables (i.e. Treatment and Instructor). However, significant interaction effects on two of the four dependent variables were discovered. It was, therefore, decided to test the hypotheses with a multiple analysis of variance that would control for the pretreatment differences.

5.2 Effect of Purpose

The central hypothesis was that subjects receiving treatment, a 13-week social skills training program, would show a significant increase in their self-concept, peer acceptance, and social competency as rated by teachers and parents. Evidence of previous research studies specifically investigating the effect of improved social skill on self concept has not been uncovered. However, the correlation between poor emotional development and inappropriate school behavior, which is often a reflection of low self-concept, and that of poor social competency is well documented in the literature (Amidon & Hoffman, 1965; Csapo, 1982; Cowen, Pedersen, Babigian, Izzo, & Trost, 1973). This appears to be particularly true for learning disabled children in the school system (Bryan, 1978; Gresham & Nagle, 1980).

Peer acceptance was chosen as a variable for investigation since socially unskilled children were found to have difficulty in developing positive peer interactions, communicating their own needs to others, and cooperating with others (Gottman, Gonso, & Rasmussen, 1975; Gottman, Gonso, & Schuler, 1976; Oden & Asher, 1977). Peer rejection was also shown to be directly connected to
social skill deficits in handicapped populations (Bruininks, 1978; Bryan, 1978).

Support for the main hypothesis was not found for the dependent variables of self-concept or peer acceptance. Although there was a significant interaction reported for the self-concept rating scale, it appears to have resulted more from a decrease in the Control Group mean, rather than the predicted increase in the Treatment Group mean (Figure 2). Nevertheless, the graph does illustrate a slight, but positive change for the Treatment Group subjects.

At the completion of the study, evidence of a subjective nature was gathered on the effects of social skills training on self-concept and peer acceptance. An informal discussion with the Treatment Group students elicited such responses as:

"I'm making more friends now."

"Now I stay out of trouble more."

"There's more things to say to people."

"Now I know what to do when someone's teasing or name-calling me."

"I liked the compromising part."

"Saying no has changed. I can say it now."

This direct feedback suggests that there are some changes in the subjects' self confidence, and in their own perception of being more successful with their peers.

Contrary to expectations, no significant effect was found for the SSRS-T measure. Teacher ratings of the most socially significant behaviors in their classroom are directly connected to order and control, and have little to do with peer interaction skills (Gresham, 1984; Hersh & Walker, 1983; Stephens, 1978). Conditions necessary for change in this area may have as much to do with the
teacher's interpersonal skills in disciplining, as the change in the students' social behavior. It also appears that the acquisition of social skills may be, initially, a process of internalizing the skill and developing a self confidence to perform the skill, before the actual overt change in behavior is recognizable. These two factors may account for the discrepancy between the students' comments of having gained from the training program, and the teachers' inability to perceive an increase in the social competency of the students over the 13-week period.

The one measure that supported the main hypothesis by showing a significant increase over time was the parent rating of social competency in their child (Figure 2). This was evaluated by the child's performance of the taught social skills in an environment away from the school. Although it must be recognized that the homework assignment was designed to ensure the skills were applied in the home setting, the fact that the subjects were able to carry this out successfully, and it was evaluated by the parent as an attained social skill, is encouraging for the problem of generalization over setting and situation.

5.3 Effect of Instructors

The second hypothesis stated that social skills training under the tutorage of Instructor A, or Instructor B, would not have a significant effect on the measured outcome. Partial support was found as no interaction effect was evident for either the teacher rating or parent rating variable over time. However, significant interactions were present for both the self-concept rating and peer rating measures. As previously discussed, the Instructor-by-Occasion interaction on both the Piers-Harris Self-Concept Scale, and the Peer Rating Scale, seems to have been influenced by the negative atmosphere present in Instructor A's
Control Group during the posttesting session.

Two questions arise from this. First, is whether the established interactive patterns in the class, that now must adapt to new standards of behavior set by the Instructor during the lessons, impact on the students' self-concept and peer relations and confound the effects that may occur from the training program. Second, is whether the effect of the training program may be conditional on the success or failure of the Instructor in establishing rapport with the students, and the degree to which they offer encouragement and praise during this period. In support, the literature reports that the teacher, in this case the Instructor, is a powerful model of behavior and attitudes and has an important influence on the kinds of behaviors that are reinforced (Becker, Madsen, Arnold, & Thomas, 1967) and that students perceived as brighter and more competent tend to receive more attention, praise, and opportunities to respond (Brophy & Good, 1974; Good & Brophy, 1978).

5.4 Summary of the Findings

The findings and the conclusions that can be drawn from this investigation are presented below:

1. Treatment in the form of a 13-week social skills training program produced a significant effect in self concept ratings and parent ratings of social competency. However, only the latter demonstrated the predicted, measurable increase in social skills over time. The effect of treatment on peer acceptance and teacher rating of social competency was not shown to be significant at the .05 level. These findings suggest that an intervention program of this length may not allow for a measurable change in these
constructs. It's effect, however, may have been diluted by confounding factors, or simply been undetected with the chosen dependent measures (e.g. an internal change in cognition or self-perception that was not yet an observable, or measurable behavior change).

2. Receiving social skills training from Instructor A was not expected to result in any measurable difference on the dependent variables when compared to training received from Instructor B. This hypothesis was supported for the parent rating and teacher rating measures. Significant interaction effects were apparent on the self-concept and peer rating measures. The impact of the instructors' individual training style, classroom behavior standards, and personal interaction skills are all possible confounding factors that could have influenced this outcome. Classroom atmosphere at the time of testing also seems to have had some effect on the level of anxiety experienced by the subjects while completing the rating scales.

The present investigation has, like all research, it's own strengths and limitations. The conclusions drawn should therefore be entertained with these in mind.

5.5 Strengths and Limitations of the Study

In this period of severe financial restraint in the educational system, funding for student research studies is very sparse. This necessitated the limiting of the experiment to a fairly small sample that could be handled without the cost of employing extra help. It also increased the importance of remaining sensitive to the generally lower morale and building pressures on school personnel that could possibly lead to seeing involvement in such a study as an
unnecessary burden. Money concerns also influenced a decision not to use formal observational measures as a further evaluation technique of the students' social behaviors. This would have required the training of outside persons, to avoid observer bias as much as possible, and employing them for pre and post ratings.

An obstacle to the ideal of using random assignment of subjects was the fact that the school classes involved had to be treated as members of an intact group. Natural grouping promotes the contextual validity of the study but makes it more difficult to determine whether differences on the post testing are due to preexisting group differences rather than treatment effect. This precipitated the need to test for initial pretreatment differences.

Because a social skills training program was perceived as a desirable addition to the classroom curriculum, cooperation from teachers and parents of the assigned control groups was assured with the offer of the program materials, combined with in-service training for the teachers, so the program could be run with these classes once the experiment was concluded.

The opportunity to present social skills training in the subjects' natural classroom environment provided a practical way to test educational application of such a curriculum. It allowed for an examination of the appropriateness of the program content, the ability of learning disabled children to productively participate, the appropriateness of the match between material and age level, and the logistics of time and space management for the instructor.

The use of instructors who were currently employed in the Coquitlam School District as Area Counsellors offered the benefits of familiarity with the school system in which they were working. The fact that they also held valid teaching credentials, and had worked several years in this capacity, meant skill in
instructional techniques and experience in handling groups of children. In addition, they were acquainted with the school principals and classroom teachers involved which was helpful in establishing a level of support and trust in their efforts.

5.6 Implications

The central hypothesis stated that a social skills training program would result in a measurable increase in the subjects' self-concept, peer acceptance, and social competency as rated by their teacher and parent. Confirmation was found for only the latter. The failure to produce the expected change requires further reflection to try and determine possible reasons for this outcome.

Self-concept is a characteristic that is molded by a multitude of factors and experiences. Gresham (1987c) states that children do not have self-concept. They have self-concept in relation to specific situations (i.e. socially, academically, athletically). In attempting to measure change in self-concept in the specific domain of social competency, it appears that the Piers-Harris Self Concept Scale incorporates too many variables outside the realm of social skills that could influence the outcome. In other words, any perceived change in social skills positively affecting self-concept could be nullified by a negative change in academic achievement or difficulty in athletic accomplishment. Perhaps, too, an examination of individual subscales may have uncovered an increase in a specific area that wasn't apparent using only the total scores.

A second concern is the fragile nature of self-concept. Improvement may be recognizable in peer interactions, for example, but a single, negative incident on the day of measurement could dramatically affect self-concept at that particular time period. This was suspected in one of the Control Groups in the
A third unexpected difficulty was the level of anxiety for some subjects in completing a scale that requires a revelation of personal information. This must now be recognized as a possible confounding factor in the study, as some groups reacted with notable anxiety, while others did not appear to be threatened by this assignment in any noticeable way. In trying to correct this problem, it is recommended that the instructors for the program spend time in getting to know the subjects, in both the experimental and control groups, before any testing or teaching occurs so that an improved level of trust, can reduce the level of anxiety. Ideally, in a school setting such as this, the instructor should be the homeroom teacher who has the opportunity to build rapport over time.

A further, unforeseen confound was the preexisting difference in teaching styles in the four classroom involved. Variations in the teacher expectations for student behavior appears to have an effect on the readiness of these students to receive instruction in social skills. This should be recognized as having some impact on the success of the treatment.

Peer acceptance seems to be a factor that is quite stable over time. Friendships established in the middle childhood period (6 to 10 years) often seem to continue into the preadolescent period (11 to 13 years) with strong loyalties. For example, it is not uncommon at this age to find peer conflicts arising from a variation on the eternal triangle dilemma. The confusion over loyalty boundaries often results in a problems of possessiveness or jealousy between same sex classmates. In attempting to measure the impact of social skills training through peer rating measures, such loyalties may be influencing the evaluations made on other classmates in a comparative sense.
It is also possible that changes in peer social interactions, or other perceptions of peer behavior, are not observable after a 13-week period. Although it is not clear whether social skills training just creates new behavioral skills or actual changes in cognition (i.e. reduced anxiety, more problem-solving strategies, different expectations), it seems likely that the cognition changes must occur. Incorporation of new thinking processes takes time and may have to precede behavioral changes in this area. This would require even more time with learning disabled students who frequently process information at a slower rate. In other words, changes in peer relations may actually be occurring and in the beginning stages, but not yet at a measurable level.

Since the teacher rating scale (SSRS-T) was very similar to the rating scale completed by parents (SSRS-P) there is the question of why the former showed no statistically measurable increase in social competency, while the latter did reflect a noticeable change. Two possibilities come to mind. Firstly, recognizable change in each of the items included in the rating scale would be more difficult to monitor for a teacher with a class of 12 children, compared to a parent monitoring only one child. Secondly, the homework component, purposefully included to improve the generalization of the skill, may have provided the parent with a built-in opportunity for observation that wouldn’t be available to the teacher. The subjects were asked to perform the skill away from the school environment and record the interaction in a written homework assignment. This observation would give the parent quite concrete feedback on their child’s ability to carry out, or not carry out, the social skill being addressed that particular week. A follow-up study, or an evaluation made several weeks, or months, after the completion of the lessons and assignments may have given a truer indication of any real change in social competency.
I would suspect that rather than the main hypothesis being rejected outright on three of the four measures, it appears that these several corrections to the measurement and treatment techniques need to occur before accurate conclusions can be drawn.

The second hypothesis stated that no significant effect would be evidenced whether the subjects were trained by Instructor A or Instructor B. This was supported by the ratings made by teachers and parents, but not for ratings made by the subjects themselves. This again brings up the issue of anxiety affecting outcome. It seems logical that the better the instructor's relationship with the class, the higher the trust in sharing personal and judgmental information asked for on the self-concept and peer rating scales. In retrospect, the instructors' success in establishing such trust, seems to have impacted on both the level of student involvement in class lessons, and their willingness to complete homework assignments as well. Furthermore, the other two measures (SSRS-T and SSRS-P) were not so directly connected to a relationship with the instructor, or to the atmosphere created in the learning environment.

Interestingly, when examining the interaction effects between Treatment, Instructor, and Occasion, self-concept seemed to be almost unchanged or minimally improved in most cases, with only one group, those not receiving treatment, showing a significant decline in the mean score. On the peer ratings, groups receiving treatment showed an improvement for both instructors, while those receiving no treatment, declined for both instructors, suggesting some positive effect from the program in this area.
5.7 *Suggestions for Practices in Education*

This study provided an opportunity to evaluate the practicality of applying social skills training in the educational setting. It also examined the effects of using such a program as a preventative measure rather than the usual remedial application.

Although the preventative approach may produce less dramatic results than that of remediating children with obvious deficits in social ability, it still seems to be an area that is too vital to educators to use on a strictly selective or referral basis. All students in this study appeared to benefit to some degree from specific training in social behavior. This comment is based on general attitude, and the enthusiastic participation and comments from the students involved. Research suggests the importance of social competence on teacher–student relations, achievement, attentional skills and peer relations. These, in turn, effect classroom atmosphere and behavior, and therefore, the learning potential of the students.

For learning disabled students, who usually experience more difficulties in these skills, acceptance by their regular class peers can make an important difference to both self–esteem and emotional well-being. Social skills training, offered in a typical instructional format, gives them the chance to experience success and be on an equal plane with other students in a way they will never achieve when the sole emphasis is on academic achievement. It offers a way to make integration a positive and motivating experience, and truly, the least restrictive environment for their education.
A number of suggestions, and some subjective observations are offered for those contemplating use of such a program in a similar environment:

1. The homeroom teacher or school counsellor is in a position to build rapport and trust with the students over time and can be a good judge of social needs and issues in the class. The classroom offers a natural social setting where children spend a large portion of their life. A teacher who establishes good control, in a democratic environment, is in the best position to effectively deliver a social skills program to a receptive audience. This climate will effect participation in role play activities, provide good modelling, and the opportunity to use incidental teaching of skills as real-life situations arise.

2. The education setting for social skills training also offers the opportunity to apply a long-term developmental approach. Cognitive growth seems to play a part in the acquisition of social skills in the same way it does in other skill areas. By expanding social skills training throughout the elementary school grades, for example, it could be presented as a progressive skill building program that keeps pace with the child’s maturity. In this way, the acquisition of cognitive understanding of social interactions is given the necessary time for appropriate application, or the comprehension of purpose for such skills, to occur. A further benefit is the chance to promote continued review of social skills and the maintenance of treatment gains.

3. This study provided an opportunity to test the logistical concerns that arise when incorporating a new program into an educational setting that already tends to be overloaded with curriculum demands. Time management is the obvious issue. At present in British Columbia, a relatively new program,
Family Life Education, has been mandated as part of school curriculum. This includes such subjects as physical health, sex education, and substance abuse, and is built on a continuum from Kindergarten to Year Twelve. Social skills training would appear to be a logical subject to incorporate into this area as a developmentally graded program that could gradually build on previous social learning. This would apply for either the regular or special education setting.

With ready-made social skills training programs, lesson preparation time is very brief. Many include lesson plans and activity suggestions and usually follow a consistent format for presentation which, therefore, quickly becomes familiar. The materials for implementing a social skills program are minimal. The Getting Along With Others program is inexpensive to purchase, requires no special equipment, and can be handled quite adequately in the space available in the average classroom. Several other programs, with similar benefits, are currently on the market.

4. The inclusion of social skills that affect such things as attention, following directions, and handling criticism have obvious advantages to the teacher. These could provide the "initial hook" that leads to commitment from many educators. Once involved, often it is a change in teacher expectation, or a feeling of being better able to handle social issues with students, that creates the positive climate for change. These skills, that relate to success in academic performance, may also play a part in convincing educators of the necessity of instruction in these areas rather than leaving it to incidental learning as children grow up. It may also help in legitimizing social competency as an important goal for IEP (Individual Education Program) planning in the special education setting.
5. Counsellors and school psychologists may find themselves in the role of instructor. A social skills training program offers a medium for both preventative counselling, or remedial work with students having identified social problems. It is easily adapted from larger classroom environments to small group settings. Measurement of social skill level can be a useful addition to psychoeducational assessments and frequently provides insight into possible causes for the students' difficulties.

5.8 Implications for Future Research

The incorporation of social skills training in the education setting, and with special needs students in particular, offers a great potential for future research. The flexibility and adaptability of such a program makes its application multi-faceted. With regard to the present study, a number of suggestions are offered to improve both the design and the usefulness of the data produced for similar studies undertaken in the future. These suggestions have been outlined below:

1. Use of instructors that are very familiar with the subjects would help alleviate the anxiety at revealing personal and judgmental information on the self-concept and peer rating scales and, hopefully, eliminate this confounding factor. If this is not possible, time to develop rapport and trust with the subjects before testing is recommended.

2. More attention to matching teaching styles in classrooms when selecting treatment groups may reduce the preexisting variability in teacher expectations for social behavior standards and therefore the readiness of students to receive instruction in this area.
3. Thirteen weeks appears to be too short a time to see a behavioral change in social skills. Time for the cognitive element of absorbing new skills as part of one's repertoire, and the comprehension of where and when to apply such skills, seems to be a necessary preliminary step. Since appropriate social behavior is so situationally specific, opportunity to evaluate a variety of situations and decide the correct behavior requires experience, reinforcement, and review before it becomes consistently part of the subjects' behavior. The educational setting provides a unique, intact social milieu for at least the school year where this could occur. In a future research design, it would seem to be beneficial, therefore, for a follow-up measurement several weeks, or even months, after the program has been completed.

4. The inclusion of parents in the rating measures appears to have been a strength of the design. This allowed for the examination of the generalization of skills away from the training environment. However, a later follow-up measure would be helpful here, as well, so the parent observation of homework practice immediately after learning the skill, is clearly differentiated from the child's ability to apply the skill voluntarily and appropriately in a spontaneous fashion. A second advantage of involving parents is the opportunity to train them to be sensitive to their children's social skill attempts and encourage further reinforcement. It also provides a check that the skills taught are appropriate for the family's culture and value system.

5. It continues to be the experimenter's belief that social competency has an important impact on self-concept. The difficulty seems to be in how to measure this. The Piers-Harris Children's Self Concept Scale appears to be
too broad a measure to successfully identify a change in self concept when it is related specifically to social competence. A self rating scale, designed for this construct in particular, would seem to be a more suitable choice.

6. The literature provides considerable evidence that social skills are probably one of the most critical elements in successful mainstreaming (Gresham 1982; 1985; 1986). A recommendation for further investigation in this area would be to design a study that measures the subjects' change in social behavior and peer acceptance in both the special class setting and the integrated classroom. If the skills of these students are able to be generalized from the protected environment to the mainstreamed environment, what effect will this have on acceptance, and the sociometric status for these learning disabled students? And, is it an effective way of preparing students for more successful integration?

7. Extending the program to the training of both special education and regular class students in the same school, would likely result in more positive feedback for integrated students in particular. It would also increase the likelihood of social skills being generalized to different settings. A pilot study that involved social skills training for a whole school population over a full school year might might be a way of measuring the effect on peer relations and teacher-student relations in the larger school community. The combining of ages means, however, working with different developmental stages. Further study in understanding developmental stages in social competency, and how this relates to developmental stages in cognitive abilities, offers the researcher an interesting challenge.
8. Specific suggestions for working with learning disabled students in this area would be to:
   
a. Give more than the usual attention to nonverbal social behavior (i.e. body language, facial expression).

   b. Simplify the language used in explaining or discussing social skills.

   c. Conduct lessons more than once a week as these students need frequent review.

   d. Extend lessons to two or three sessions. This would allow more time to shape the skill through further rehearsal and explanation.

While the main objective of the study was to study the effects of social skills training on children, such a program cannot be considered a panacea for all childhood social problems. Unfortunately, even if it can be demonstrated that the child's skills have increased, if the situation he or she lives with daily is destructive to the goals of a social skills program, it will likely make no more than a marginal difference to that child's existence. The difficulty with generalization still remains and appears to be a problem that must be programmed for. Playgrounds, other classrooms, and home environments all vary enormously. Training and continued encouragement must be spread throughout a school and involve other staff members and parents if the gains made by each child are to be maintained. Although the data in this study did not reveal measurable, significant changes in self-concept or peer relationships after a 13-week program, evidence available on the importance of these variables makes the difficulties in developing such an intervention program worth the effort. It appears to be an approach that may have potential for a long-term, positive impact on children's lives.
REFERENCES


Nelson, L.R. (1975). Laboratory of Educational Research Test Analysis Package [Computer program]


APPENDIX A: DETAILS OF VARIANCE

Details of Analyses of Variance – Pre Treatment Scores

<table>
<thead>
<tr>
<th>Source of Variance</th>
<th>df</th>
<th>SS</th>
<th>MS</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Piers-Harris</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Group (T)</td>
<td>1</td>
<td>191.079</td>
<td>191.079</td>
<td>3.799</td>
<td>.058</td>
</tr>
<tr>
<td>Instructor (I)</td>
<td>1</td>
<td>102.007</td>
<td>102.007</td>
<td>2.028</td>
<td>.162</td>
</tr>
<tr>
<td>Treatment(T)xInstructor (I)</td>
<td>1</td>
<td>260.259</td>
<td>260.259</td>
<td>5.174</td>
<td>.028*</td>
</tr>
<tr>
<td>2) Peer Rating</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Group (T)</td>
<td>1</td>
<td>46.011</td>
<td>46.011</td>
<td>0.268</td>
<td>.607</td>
</tr>
<tr>
<td>Instructor (I)</td>
<td>1</td>
<td>145.648</td>
<td>145.648</td>
<td>0.849</td>
<td>.362</td>
</tr>
<tr>
<td>Treatment(T)xInstructor (I)</td>
<td>1</td>
<td>1243.951</td>
<td>1243.951</td>
<td>7.251</td>
<td>.010*</td>
</tr>
<tr>
<td>3) SSRS-T</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Group (t)</td>
<td>1</td>
<td>181.154</td>
<td>181.154</td>
<td>0.520</td>
<td>.475</td>
</tr>
<tr>
<td>Instructor (I)</td>
<td>1</td>
<td>62.345</td>
<td>62.345</td>
<td>0.179</td>
<td>.674</td>
</tr>
<tr>
<td>Treatment(T)xInstructor (I)</td>
<td>1</td>
<td>741.284</td>
<td>741.284</td>
<td>2.129</td>
<td>.152</td>
</tr>
<tr>
<td>3) SSRS-P</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Group (T)</td>
<td>1</td>
<td>109.488</td>
<td>109.488</td>
<td>0.409</td>
<td>.526</td>
</tr>
<tr>
<td>Instructor (I)</td>
<td>1</td>
<td>301.154</td>
<td>301.154</td>
<td>1.125</td>
<td>.295</td>
</tr>
<tr>
<td>Treatment(T)xInstructor (I)</td>
<td>1</td>
<td>6.701</td>
<td>6.701</td>
<td>0.025</td>
<td>.875</td>
</tr>
</tbody>
</table>
THE PIERs-HARRIS
CHILDREN'S SELF CONCEPT SCALE

(The Way I Feel About Myself)

by
ELLEN V. PIERS, Ph.D.
and
DALE B. HARRIS, Ph.D.

Published by
Counselor Recordings and Tests

BOX 6184 ACKLEN STATION NASHVILLE, TENNESSEE 37212
Here are a set of statements. Some of them are true of you and so you will circle the yes. Some are not true of you and so you will circle the no. Answer every question even if some are hard to decide, but do not circle both yes and no. Remember, circle the yes if the statement is generally like you, or circle the no if the statement is generally not like you. There are no right or wrong answers. Only you can tell us how you feel about yourself, so we hope you will mark the way you really feel inside.

1. My classmates make fun of me. yes no
2. I am a happy person. yes no
3. It is hard for me to make friends. yes no
4. I am often sad. yes no
5. I am smart. yes no
6. I am shy. yes no
7. I get nervous when the teacher calls on me. yes no
8. My looks bother me. yes no
9. When I grow up, I will be an important person. yes no
10. I get worried when we have tests in school. yes no
11. I am unpopular. yes no
12. I am well behaved in school. yes no
13. It is usually my fault when something goes wrong. yes no
14. I cause trouble to my family. yes no
15. I am strong. yes no
16. I have good ideas. yes no
17. I am an important member of my family. yes no
18. I usually want my own way. yes no
19. I am good at making things with my hands. yes no
20. I give up easily. yes no
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. I am good in my school work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. I do many bad things</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. I can draw well</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. I am good in music</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. I behave badly at home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. I am slow in finishing my school work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. I am an important member of my class</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. I am nervous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. I have pretty eyes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. I can give a good report in front of the class</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. In school I am a dreamer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. I pick on my brother(s) and sister(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. My friends like my ideas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. I often get into trouble</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. I am obedient at home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36. I am lucky</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. I worry a lot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38. My parents expect too much of me</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39. I like being the way I am</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40. I feel left out of things</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
41. I have nice hair. ...................................................... yes  no
42. I often volunteer in school ................................. yes  no
43. I wish I were different ........................................ yes  no
44. I sleep well at night. ......................................... yes  no
45. I hate school ...................................................... yes  no
46. I am among the last to be chosen for games ........ yes  no
47. I am sick a lot .................................................... yes  no
48. I am often mean to other people ....................... yes  no
49. My classmates in school think I have good ideas ...... yes  no
50. I am unhappy ..................................................... yes  no
51. I have many friends ........................................... yes  no
52. I am cheerful ..................................................... yes  no
53. I am dumb about most things ............................. yes  no
54. I am good looking ............................................... yes  no
55. I have lots of pep ............................................... yes  no
56. I get into a lot of fights ....................................... yes  no
57. I am popular with boys ...................................... yes  no
58. People pick on me .............................................. yes  no
59. My family is disappointed in me ......................... yes  no
60. I have a pleasant face ....................................... yes  no
61. When I try to make something, everything seems to go wrong. yes no
62. I am picked on at home ............................................. yes no
63. I am a leader in games and sports .................................. yes no
64. I am clumsy .................................................................. yes no
65. In games and sports, I watch instead of play ......................... yes no
66. I forget what I learn ......................................................... yes no
67. I am easy to get along with .............................................. yes no
68. I lose my temper easily ................................................... yes no
69. I am popular with girls ..................................................... yes no
70. I am a good reader ......................................................... yes no
71. I would rather work alone than with a group ......................... yes no
72. I like my brother (sister) .................................................. yes no
73. I have a good figure ....................................................... yes no
74. I am often afraid .......................................................... yes no
75. I am always dropping or breaking things .............................. yes no
76. I can be trusted ............................................................ yes no
77. I am different from other people ....................................... yes no
78. I think bad thoughts ....................................................... yes no
79. I cry easily ................................................................. yes no
80. I am a good person ....................................................... yes no
How I Feel About Some Other Kids

Prepared for the
UNITED STATES OFFICE OF EDUCATION
by Purdue Educational Research Center
Purdue University, West Lafayette, Indiana

Think About Your Best Friend

A. DOES YOUR FRIEND LIKE TO READ BOOKS?  
   YES  NO  SOMETIMES

B. DOES YOUR FRIEND LIKE SCHOOL?  
   YES  NO  SOMETIMES
<table>
<thead>
<tr>
<th><strong>THINK ABOUT</strong></th>
<th>IF THIS CHILD WANTS TO DO SOMETHING, DO THE OTHER KIDS FOLLOW?</th>
<th>YES NO SOMETIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>DOES THIS CHILD HELP OTHER KIDS ON THE TEAM?</td>
<td>YES NO SOMETIMES</td>
</tr>
<tr>
<td>2</td>
<td>DOES THIS CHILD SAY NICE THINGS ABOUT OTHER KIDS?</td>
<td>YES NO SOMETIMES</td>
</tr>
<tr>
<td>3</td>
<td>DOES THIS CHILD SPEAK UP AND GIVE IDEAS?</td>
<td>YES NO SOMETIMES</td>
</tr>
<tr>
<td>4</td>
<td>DOES THIS CHILD FOLLOW THE RULES WHEN PLAYING GAMES?</td>
<td>YES NO SOMETIMES</td>
</tr>
<tr>
<td>5</td>
<td>DO KIDS LET THIS CHILD WORK WITH THEM IN SCHOOL?</td>
<td>YES NO SOMETIMES</td>
</tr>
<tr>
<td>6</td>
<td>DOES THIS CHILD ASK A QUESTION IF SOMETHING IS NOT CLEAR?</td>
<td>YES NO SOMETIMES</td>
</tr>
<tr>
<td>7</td>
<td>WHEN YOU WORK TOGETHER IN CLASS, DOES THIS CHILD DO SOME OF THE WORK?</td>
<td>YES NO SOMETIMES</td>
</tr>
<tr>
<td>8</td>
<td>DO OTHER KIDS FEEL BAD IF THIS CHILD IS ABSENT FROM SCHOOL?</td>
<td>YES NO SOMETIMES</td>
</tr>
<tr>
<td>9</td>
<td>DOES THIS CHILD KEEP TRYING TO DO THINGS THAT ARE HARD TO DO?</td>
<td>YES NO SOMETIMES</td>
</tr>
<tr>
<td>10</td>
<td>DOES THIS CHILD KEEP QUIET WHEN MAD?</td>
<td>YES NO SOMETIMES</td>
</tr>
<tr>
<td>11</td>
<td>DO OTHER KIDS SAY NICE THINGS ABOUT THIS CHILD?</td>
<td>YES NO SOMETIMES</td>
</tr>
<tr>
<td>12</td>
<td>DOES THIS CHILD LIKE TO READ A BOOK WITHOUT GETTING HELP FROM THE TEACHER?</td>
<td>YES NO SOMETIMES</td>
</tr>
<tr>
<td>13</td>
<td>DOES THIS CHILD DO WHAT THE OTHER KIDS WANT TO DO?</td>
<td>YES NO SOMETIMES</td>
</tr>
<tr>
<td>14</td>
<td>DOES THIS CHILD LAUGH WHEN SOMETHING FUNNY HAPPENS?</td>
<td>YES NO SOMETIMES</td>
</tr>
<tr>
<td>15</td>
<td>DOES THIS CHILD LIKE TO DO THINGS WITHOUT HELP FROM OTHERS?</td>
<td>YES NO SOMETIMES</td>
</tr>
<tr>
<td>16</td>
<td>DOES THIS CHILD FOLLOW THE TEACHER'S RULES?</td>
<td>YES NO SOMETIMES</td>
</tr>
<tr>
<td>17</td>
<td>WILL KIDS LET THIS CHILD BE ON THEIR TEAM?</td>
<td>YES NO SOMETIMES</td>
</tr>
<tr>
<td>18</td>
<td>DOES THIS CHILD BEHAVE WELL AT SCHOOL?</td>
<td>YES NO SOMETIMES</td>
</tr>
<tr>
<td>19</td>
<td>ARE OTHER KIDS HAPPY WHEN THIS CHILD WALKS IN THE ROOM?</td>
<td>YES NO SOMETIMES</td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>Is it easy for this child to talk in front of the class?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does this child go along if some kids want to do something else?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do kids like to play with this child at recess?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does this child get really excited when the team is winning?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does this child act nice even when someone is mean?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the teacher like this child?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does this child try hard to get points in a game?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this child good at working with other kids in class?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will kids let this child be in their group?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the teacher needs helpers, does this child's hand go up fast?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does this child try to do things to help the team win?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does this child try to have a lot of friends?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>During art, does this child think of things to do without help?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Would this child keep cool even though other kids cheat in a game?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does this child smile a lot?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this child good at starting a game?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does this child try to help the teacher?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do other kids choose this child to be on their team?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this child a leader?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do other kids try to work with this child?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>THINK ABOUT</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>-------------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>1</td>
<td>DOES THIS CHILD LIKE TO PICK KIDS FOR A TEAM?</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>DOES THIS CHILD GET ALONG WITH THE TEACHER?</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>DOES THIS CHILD LIKE A LOT OF OTHER KIDS?</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>IS THIS CHILD QUICK AT ANSWERING THE TEACHER'S QUESTIONS?</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>DOES THIS CHILD WORK WELL WITH OTHER KIDS ON A TEAM?</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>DO OTHER KIDS TRY TO GET THIS CHILD TO BE THEIR FRIEND?</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>IS THIS CHILD ABLE TO WORK ALONE?</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>DOES THIS CHILD GO ALONG WITH OTHER KIDS IF THEY WANT TO PLAY A GAME?</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>DO OTHER KIDS SMILE AT THIS CHILD?</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>DOES THIS CHILD LIKE TO WORK IN CLASS WITHOUT ASKING OTHER KIDS FOR HELP?</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>AFTER LOSING A GAME, DOES THIS CHILD STILL LIKE THE KIDS WHO WON?</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>DO OTHER KIDS LET THIS CHILD WALK WITH THEM?</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>DOES THIS CHILD TRY HARD TO WIN IN GAMES?</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>DOES THIS CHILD GO ALONG WITH WHAT OTHER KIDS WANT TO PLAY AT A PARTY?</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>DO OTHER KIDS LIKE TO TALK WITH THIS CHILD?</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>IS IT EASY FOR THIS CHILD TO BE THE LEADER IN GAMES?</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>DOES THIS CHILD STAY OUT OF FIGHTS?</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>WILL THE KIDS LET THIS CHIL GET INTO A GAME?</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>DOES THIS CHILD TRY TO DO THINGS BETTER THAN OTHER KIDS?</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>IS THIS CHILD GOOD AT TALKING TO THE TEACHER?</td>
<td></td>
</tr>
</tbody>
</table>
SSRS - T

Social Skills Rating Scale - Teacher
Preschool and Elementary School Form

Frank M. Gresham, PhD and Stephen N. Elliott, PhD
Louisiana State University

PURPOSE & INSTRUCTIONS

This rating scale is designed to measure the FREQUENCY and IMPORTANCE of a student's social behavior. The development of social skills is important to the educational and psychological well-being of students. Therefore, your careful rating of each item on this scale is requested.

Please complete the information about the student first. Then read each item and think about the student's present behavior and rate this student on the FREQUENCY scale by circling a 0 if the statement is Never True, 1 if the statement is Sometimes True, or 2 if the statement is Very Often True. After rating the frequency of a behavior, indicate how IMPORTANT the described behavior is for success in your classroom by circling 0 if it is Not Important, 1 if it is Important, or 2 if it is Critical.

Please do not skip any items and be sure to provide TWO RATINGS for each item. The information you provide will help us better understand student's social behavior and identify which behaviors are most important to teachers.

STUDENT INFORMATION

Student's Name ___________________________ Male ____ Female ____
Name of Parent(s) ______________________ Address __________________________ (City / State)
School: ______________________ Grade: ___ Date of Birth: ___/___/___
Physical Health Status: ___ Excellent ___ Average ___ Poor
Educational Status: ___ Nonhandicapped ___ Handicapped
Race: ___ White ___ Black ___ Hispanic ___ Asian
___ Native American __________________________ Other (Explain)
Language Ability: ___ Excellent ___ Average ___ Poor

TEACHER AND SCHOOL INFORMATION

Teacher's Name ___________________________ Male ____ Female ____
Type of Classroom: ___ Regular ___ Resource ___ Self-Contained ___ Other
Years of Teaching Experience: ___ 0-2 yrs. ___ 3-5 yrs. ___ 6-8 yrs. ___ 9+ yrs.
School Setting: ___ Rural ___ Suburban ___ Urban
**REMEMBER:** Rate the Frequency and Importance of the student's behavior. Please do not skip any items.

<table>
<thead>
<tr>
<th>FREQUENCY RATING</th>
<th>IMPORTANCE RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = NEVER TRUE</td>
<td>0 = NOT IMPORTANT FOR SUCCESS IN MY CLASSROOM</td>
</tr>
<tr>
<td>1 = SOMETIMES TRUE</td>
<td>1 = IMPORTANT FOR SUCCESS IN MY CLASSROOM</td>
</tr>
<tr>
<td>2 = VERY OFTEN TRUE</td>
<td>2 = CRITICAL FOR SUCCESS IN MY CLASSROOM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FREQUENCY RATING</th>
<th>IMPORTANCE RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never True</td>
<td>Not Important</td>
</tr>
<tr>
<td>Sometimes True</td>
<td>Important</td>
</tr>
<tr>
<td>Very Often True</td>
<td>Critical</td>
</tr>
</tbody>
</table>

1. Easily makes transition from one classroom activity to another
2. Accepts peers' ideas for group activities
3. Displays a sense of humor
4. Acknowledges compliments or praise from peers
5. Says nice things about himself or herself when appropriate
6. Gets along with people who are different (e.g., different ethnic group or race)
7. Invites others to play
8. Follows rules when playing games with others
9. Attends to your instructions
10. Finishes class assignments within time limits
11. Shows empathy for peers
12. Complies with your directions
13. Appropriately questions rules that may be unfair
<table>
<thead>
<tr>
<th></th>
<th>FREQUENCY RATING</th>
<th>IMPORTANCE RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never True</td>
<td>Sometimes True</td>
</tr>
<tr>
<td>14. Responds appropriately to teasing by peers</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>15. Responds appropriately to physical aggression from peers</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>16. Initiates conversations with peers</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>17. Attempts classroom tasks before asking for your assistance</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>18. Uses time appropriately while waiting for your help</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>19. Uses free time in an acceptable way</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>20. Recognizes truth from untruth</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>21. Participates in games or group activities</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>22. Gets along with peers</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>23. Joins ongoing activity or group without being told to do so</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>24. Introduces himself or herself to new people without being told to</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>25. Receives criticism well</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>26. Gives compliments to peers</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>27. Waits turn in games or other activities</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>28. Shares materials with others</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>29. Cooperates with peers without prompting</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Frequency Rating</td>
<td>Importance Rating</td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>-------------------</td>
<td></td>
</tr>
<tr>
<td>True</td>
<td>Sometimes</td>
<td>Very</td>
</tr>
<tr>
<td>30. Compromises in conflict situations by changing own ideas to reach agreement</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>31. Requests help or instructions from you in an appropriate manner</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>32. Controls temper in conflict situations with peers</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>33. Keeps desk clean and neat without being reminded</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>34. Puts work materials or school property away</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>35. Produces correct school work</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>36. Appropriately expresses feelings when wronged</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>37. Asks questions of you when unsure of what to do in school work</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>38. Controls temper in conflict situations with adults</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>39. Appropriately expresses thoughts on subjects by giving reasons for their own opinions</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>40. Volunteers to help peers on classroom tasks</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>41. Nonverbally interacts with other students with smiles, waves, or nods</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>42. Politely refuses unreasonable requests from others</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>43. Ignores peer distractions when doing class work</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>FREQUENCY RATING</td>
<td>IMPORTANCE RATING</td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>------------------</td>
<td></td>
</tr>
<tr>
<td>Never True</td>
<td>Sometimes True</td>
<td>Often True</td>
</tr>
<tr>
<td>44. Responds appropriately to false accusations</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>45. Responds appropriately to peer pressure</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>46. Makes friends easily</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>47. Helps you without being asked</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>48. Orally presents school work in front of a group of peers</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>49. Listens to classmates when they present their work or ideas</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>50. Appropriately tells you when he or she thinks you have treated him or her unfairly</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

**The last 10 items require that you rate only the Frequency of the behavior.**

<table>
<thead>
<tr>
<th>FREQUENCY RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never True</td>
</tr>
<tr>
<td>51. Has temper tantrums</td>
</tr>
<tr>
<td>52. Fidgets or moves excessively</td>
</tr>
<tr>
<td>53. Argues with others</td>
</tr>
<tr>
<td>54. Disturbs ongoing activities</td>
</tr>
<tr>
<td>55. Says nobody likes them</td>
</tr>
<tr>
<td>56. Appears lonely</td>
</tr>
<tr>
<td>57. Is aggressive toward people or objects</td>
</tr>
<tr>
<td>58. Defies instructions or commands</td>
</tr>
<tr>
<td>59. Shows anxiety about being with a group of children</td>
</tr>
<tr>
<td>60. Acts sad or depressed</td>
</tr>
</tbody>
</table>
Purpose & Instructions

This rating scale is designed to measure the FREQUENCY and IMPORTANCE of your child's social behavior. The development of social skills is important to the educational and psychological well-being of children. Therefore, your careful rating of each item on this scale is requested.

Please complete the information about your child and family first. Then read each item and think about your child's present behavior. Rate your child on the FREQUENCY scale by circling 0 if the statement is Never True, 1 if the statement is Sometimes True, or 2 if the statement is Very Often True. After rating the frequency of a behavior, indicate how IMPORTANT the behavior described is to you for your child's development by circling 0 if it is Not Important, 1 if it is Important, or 2 if it is Critical.

Please do not skip any items and be sure to provide TWO RATINGS for each item. The information you provide will help us better understand children's social behavior and identify which behaviors are most important to parents.

Child & Family Information

Child's Name ___________________ Name of Parent(s) ___________________

Address: ____________________________________________________________

Child's Sex: ___ Female ___ Male Date of Birth: ______/____/____

Child's School Grade: ______

Child's Race: ___ White ___ Black ___ Hispanic ___ Asian ___ Native American Other (Explain)

Child's Educational Status: ___ Nonhandicapped ___ Handicapped

Child's Physical Health: ___ Excellent ___ Average ___ Poor

Child's Language Ability: ___ Excellent ___ Average ___ Poor

Number of Brothers at Home: ____ Number of Sisters at Home: ____

Family Situation: ___ Single Parent
___ Two Parents with Only Father Working
___ Two Parents with Only Mother Working
___ Two Parents with Father and Mother Working
___ Two Parents with Neither Father or Mother Working

Person Completing this Form: ___ Mother ___ Father ___ Other (Explain)
REMEMBER: Rate the Frequency and Importance of your child's behavior. Please do not skip any items.

<table>
<thead>
<tr>
<th>FREQUENCY RATING</th>
<th>IMPOR TANCE RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = NEVER TRUE</td>
<td>0 = NOT IMPORTANT FOR MY CHILD'S DEVELOPMENT</td>
</tr>
<tr>
<td>1 = SOMETIMES TRUE</td>
<td>1 = IMPORTANT FOR MY CHILD'S DEVELOPMENT</td>
</tr>
<tr>
<td>2 = VERY OFTEN TRUE</td>
<td>2 = CRITICAL FOR MY CHILD'S DEVELOPMENT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FREQUENCY RATING</th>
<th>IMPOR TANCE RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never True</td>
<td>Important Development</td>
</tr>
<tr>
<td>Sometimes True</td>
<td>Critical Development</td>
</tr>
<tr>
<td>Very Often True</td>
<td></td>
</tr>
</tbody>
</table>

1. Easily makes transition from one activity to another in the home (e.g., from watching T.V. to eating dinner) 0 1 2 0 1 2
2. Accepts friends' or siblings' ideas for playing 0 1 2 0 1 2
3. Displays a sense of humor 0 1 2 0 1 2
4. Acknowledges compliments or praise from friends 0 1 2 0 1 2
5. Says nice things about himself or herself when appropriate 0 1 2 0 1 2
6. Gets along with people who are different (e.g., different ethnic group or race) 0 1 2 0 1 2
7. Invites others to your home 0 1 2 0 1 2
8. Follows rules when playing games with others 0 1 2 0 1 2
9. Attends to your instructions 0 1 2 0 1 2
10. Attends to speakers at meetings such as in church or youth groups 0 1 2 0 1 2
<table>
<thead>
<tr>
<th></th>
<th>Frequency Rating</th>
<th>Importance Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never True</td>
<td>Sometimes True</td>
</tr>
<tr>
<td>11. Completes household tasks within a reasonable time</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>12. Shows concern for friends and siblings</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>13. Speaks in an appropriate tone of voice at home</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>14. Follows your instructions</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>15. Appropriately questions household rules that may be unfair</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>16. Responds appropriately to teasing from friends or siblings</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>17. Reacts appropriately to physical aggression from peers or siblings</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>18. Initiates conversations with others rather than waiting for others to talk first</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>19. Attempts household tasks before asking for your help</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>20. Recognizes truth from untruth</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>21. Ends disagreements with you calmly</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>22. Uses time appropriately while waiting for your help with homework or some other task</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>23. Uses free time at home in an acceptable way</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>24. Participates in organized activities such as sports or clubs</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>FREQUENCY RATING</td>
<td>IMPORTANCE RATING</td>
</tr>
<tr>
<td>---</td>
<td>------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td></td>
<td>Never</td>
<td>Sometimes</td>
</tr>
<tr>
<td>25. Gets along with friends and acquaintances</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>26. Joins an ongoing activity or group without being told to do so</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>27. Introduces herself or himself to new people without being told</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>28. Gives compliments to friends or siblings</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>29. Waits turn in games or other activities</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>30. Shares possessions with siblings or friends without being asked</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>31. Cooperates with family members without being asked to do so</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>32. Requests permission before leaving the house</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>33. Requests help from you in an appropriate way</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>34. Asks permission before using another family member's property</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>35. Compromises in conflict situations by changing own ideas to reach agreement</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>36. Controls temper in conflict situations with siblings or peers</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>37. Keeps room clean and neat without being reminded</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>38. Puts toys or other household property away properly</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>FREQUENCY RATING</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>------------------</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>Never True</td>
<td>Sometimes True</td>
</tr>
<tr>
<td>39. Appropriately expresses feelings when wronged</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>40. Appropriately expresses thoughts on subjects by giving reasons for his or her own opinions</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>41. Volunteers to help family members with tasks</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>42. Politely refuses unreasonable requests from others</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>43. Congratulates family members on accomplishments</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>44. Receives criticism well</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>45. Responds appropriately to false accusations</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>46. Responds appropriately to peer pressure</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>47. Helps you with household tasks without being asked</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>48. Makes friends easily</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>49. Is liked by others</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>50. Avoids situations that are likely to result in trouble</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>51. Has nice friends</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>52. Is self-confident in social situations such as parties or group outings</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>53. Shows interest in a variety of things</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>54. Follows household rules</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>FREQUENCY RATING</td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td></td>
<td>Never True</td>
<td>Sometimes True</td>
</tr>
</tbody>
</table>

55. Reports accidents to appropriate persons  
   - Frequency Rating: 0 1 2  
   - Importance Rating: 0 1 2

56. Answers the phone appropriately  
   - Frequency Rating: 0 1 2  
   - Importance Rating: 0 1 2

57. Asks sales clerks for information or assistance  
   - Frequency Rating: 0 1 2  
   - Importance Rating: 0 1 2

58. Gets along with siblings  
   - Frequency Rating: 0 1 2  
   - Importance Rating: 0 1 2

59. Controls temper in conflict situations with you  
   - Frequency Rating: 0 1 2  
   - Importance Rating: 0 1 2

60. Communicates problems to you  
   - Frequency Rating: 0 1 2  
   - Importance Rating: 0 1 2

**The last 10 items require that you rate only the Frequency of the behavior.**

<table>
<thead>
<tr>
<th></th>
<th>FREQUENCY RATING</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never True</td>
<td>Sometimes True</td>
</tr>
</tbody>
</table>

61. Has temper tantrums  
   - Frequency Rating: 0 1 2

62. Fidgets or moves excessively  
   - Frequency Rating: 0 1 2

63. Argues with others  
   - Frequency Rating: 0 1 2

64. Disturbs ongoing activities  
   - Frequency Rating: 0 1 2

65. Says nobody likes him or her  
   - Frequency Rating: 0 1 2

66. Appears lonely  
   - Frequency Rating: 0 1 2

67. Is aggressive toward people or objects  
   - Frequency Rating: 0 1 2

68. Defies instructions or commands  
   - Frequency Rating: 0 1 2

69. Shows anxiety about being with a group of children  
   - Frequency Rating: 0 1 2

70. Acts sad or depressed  
   - Frequency Rating: 0 1 2

120
APPENDIX C: LETTERS TO PARENTS

Letter to Experimental Group Parents Prior to Pretesting

November 14, 1986

DEAR PARENTS

Beginning in January Mrs. Pat Elliott, Area Counsellor, will be teaching a program in the Skill Development Class designed to help children develop their social skills. This will involve such topics as: starting a conversation and keeping it going, sharing, compromising, giving and receiving positive feedback, and handling name calling and teasing. These lessons will be once a week, one hour in length, and co-lead by Ms. Rosemarie Bell, their regular teacher. The students will see the skills modelled, discuss their value and purpose, practise them with their classmates, and asked to practise them both at home and at school during that week.

To measure the value of the Social Skills Program Mrs. Elliott will be measuring the students social skill level both before and after the 13 week program in several areas: self-concept, peer acceptance, teacher rating of social skill, and parent rating of social skill. This means each child will complete, in class, a self-concept scale and a peer-rating scale in early January and again at the end of the program in late April. The teacher will complete a rating scale for each of her students and parents will be asked to participate by completing a rating scale on their own child at those same time intervals. All information will be kept strictly confidential and individual names removed when the results are analysed. No one outside those involved in the Department of Counselling Psychology at U.B.C. or the Coquitlam School District will have access to this information. Parents have the right to refuse the participation of their child or to withdraw their child at any time and alternate study arrangements would be made.

Further details on the program and the rating scales will be available at an informational meeting to be held at the school on Thursday, December 4th at 7:15 p.m. in Ms. Bell’s room. All parents are encouraged to attend and any questions or concerns will be answered by Mrs. Elliott at that time. Mrs. Elliott can also be reached through the school phone number

The parental consent form is attached. If you prefer to first attend the informational meeting or discuss the details with the counsellor before signing and returning the form, please feel free to do so. We hope that by participating in this program your child will develop confidence dealing with other children and adults.

1. I consent/do not consent to my child __________ participataparticipating in the Social Skills Program with his/her class.

________________________
Signature of Parent/Guardian

2. I plan/do not plan to attend the information meeting.

________________________
Signature of Parent/Guardian
DEAR PARENT

Beginning in January a Social Skills Program will be piloted in our district in two of the Intermediate Skill Development Classes. The program will be taught by an Area Counsellor and the regular classroom teacher involved. The lessons will be once a week for 13 weeks and include the teaching of such skills as: sharing, compromising, joining a conversation, giving and receiving positive feedback, following directions, and handling name-calling or teasing.

In order to determine the success and value of such a program, it is necessary to measure the students' social skill level in several ways both before beginning, and after the program ends in April. It also requires that two additional Skill Development classes act as control groups in the study, which means these students would also have their social skill level measured at these same intervals, although not actually receive the program at this time. By doing this, we hope to discover whether or not changes in the children's social interactions are due to the learning of these social skills.

Mrs. Jong's class has been asked to participate as a control group in the study. This means the students in her class would fill in a self-concept rating scale and a peer rating scale in January, and again in April, but not be included in the program lessons at this particular time. The teacher will be completing a rating scale for each student and the parents will be asked to complete a single social skills rating form (approx. 20 min. in length) for their own child. (January and April)

The goal of this program is to help students develop confidence and skill in their relationships with other children and adults. Your participation would be a necessary and valuable contribution in helping to determine the benefits of teaching such skills.

All information collected will be kept confidential and will not have individual names included once the data is analyzed. Only those directly involved from the Department of Counselling Psychology at U.B.C. and the Coquitlam School Board will have access to this material.

If you would like further information of any kind, please contact the Counsellor at the school or Pat Elliott, the Counsellor in charge of the study, through the School Board Office. We would be happy to discuss your concerns or questions at any time.

Thank you for your continued support.

Pat Elliott, Counsellor
Laura Marchand, Principal

I consent/do not consent to my child__________________________participating as part of the control group in the Social Skills Training Program study.

Parent/Guardian's Signature

Telephone Number.
April 15th, 1987

Dear Parents,

The Social Skills Program is nearly at an end after thirteen weeks of lessons. Now is the time to try to determine whether these lessons have made an identifiable difference for your child by completing the same rating scale you previously filled in before the program began in January. Your responses should help determine whether you have recognized any changes in your child’s social skills over these last four months.

The class has been delightful to work with and it has been a very enjoyable project. They, too, seem to have enjoyed our sessions together and have maintained a really positive and enthusiastic attitude.

Your support and willingness to participate with us in this study has been very much appreciated. Thank you all very much.

The enclosed form should be completed and returned to school by Friday, April 24th.

Sincerely,

Lynn Will - Area Counsellor
Pat Elliott - Consulting Area Counsellor
Shams Iqbal - Classroom Teacher
DEAR PARENTS

Your support and cooperation in the Social Skills Program project has been very valuable. Although your child was part of the Control Group who did not actually receive the lessons at this time, your role in helping measure whether change has occurred between those classes that did, and those that did not have the program is extremely important to the study. This will, hopefully benefit your child in the long-term if the use of this program can be extended to other Skill Development Classes in the near future.

The attached form is the same as the one you filled in before we began the program in early January. If this can be completed and returned to school by Friday, April 24th it will be very much appreciated.

I have been visiting in your child’s class for one period a week during this semester and have enjoyed the chance to get to know all of them as individuals.

Thank you all so much for your help and consideration.

Sincerely

Pat Elliott, Counsellor
Frieda Jong, Teacher