EFFECTIVE SOCIAL SKILLS TRAINING FOR IMPROVING EDUCATIONAL CONDITIONS FOR STUDENTS WITH LEARNING DISABILITIES

by

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Abstract

Educators are required to provide quality academic instruction to students of all ability levels. When working with students identified as learning disabled (LD), this requirement can pose a challenge due to the increased tendency for students with learning disabilities to struggle socially. In an effort to identify effective characteristics of social skills training to improve the educational conditions for students with learning disabilities, this literature review investigates the impact of social skills deficits on students with learning disabilities. An analysis of the effectiveness of curricula is provided along with identification of limitations found within the literature. Finally, suggestions for interventions that can be used to assist in teaching social skills are offered.
Chapter 1: Introduction

The pursuit of academic excellence during a time of high-stakes testing leaves little time for social skills training. Social skills deficits have the potential to affect negatively both social and academic achievement in students diagnosed as learning disabled (LD) (Kavale & Forness, 1996). In 1997, the Individuals with Disabilities Education Act (IDEA) identified regulations implementing students with disabilities be educated with non-disabled peers to the greatest extent appropriate (Lerner, 2003). Inclusion provides students with education in the Least Restrictive Environment (LRE). Simply mainstreaming students in the general education classroom does not ensure students will experience positive social contacts with peers (Le Greca & Santogrossi, 1980).

Explicit instruction in social behavior is essential for appropriate social adjustment in students with LD (LeGreca & Santogrossi, 1980). With the potential for LD children to demonstrate misconduct in the classroom, Kalyva and Agaliotis (2009) supported the need for students with LD to learn how to cooperate and build positive relationships with peers. Parents and educators alike share concern for the lack of time to address nonacademic needs instruction (Kolb & Hanley-Maxwell, 2003).

Statement of Problem

The foremost research in the area of social skills training dates back to 1949 at which time a strong relationship between difficulties of social skill/social adjustment and long-term prognosis of psychiatric disorders were recognized (Matson & Wilkins, 2009). While clinicians were able to establish a need for social skills training for students with learning disabilities, pioneers gave minimal suggestions for methods of implementation. The foundation was formed
for later work in the field of social skills training as target behaviors were initially identified for assessment and intervention (Matson & Wilkins).

As increased attention has been given to the LD population and their unique characteristics, gradual advances have been made in the field of social skills training. A significantly negative correlation exists between social competence and LD. Students with LD are likely to manifest social skills deficits, but are unable to identify the nature of cause and effect between academics and social deficits (Kavale & Forness, 1996).

Discovery of this correlation led to the development of commercial social skills curricula which are available to schools and used by many school psychologists to develop individualized social skills training for students in need (DuPaul & Eckert, 1994). Early curricula included a “train and hope” approach where students were taught social skills by a facilitator. The facilitator would alternate target behaviors in treatment settings, hoping for generalization across settings and over time once treatment had ended (DuPaul & Eckert).

In the more than thirty years that social skills curricula have been available, improvements have been made with special attention being paid to the areas of generalization and maintenance. Many schools have implemented social skills curricula in an effort to improve social skills in students with LD (DuPaul & Eckert, 1994).

Purpose

On average, 75% of students with LD manifest social information-processing deficits because of their social-emotional and behavioral difficulties (Kavale & Forness, 1996). Students with LD also exhibit higher levels of disruptive and aggressive behaviors, present lower levels of positive social behaviors, and have more adjustment problems in adolescence than their non-LD counterparts (Agaliotis & Kalyva, 2006).
A distinctive subset of LD students diagnosed with a nonverbal learning disability (NLD) may not be identified as having an academic disability, but their unusual pattern of social and interpersonal skills are weak (Telzrow & Bonar, 2002). Some scientists believe nonverbal communication skills improve with age, and others proclaim these skills are unaffected by maturation (Agaliotis & Kalyva, 2006).

LD students often experience social withdrawal and isolation and may be at increased risk for suicide during adolescent and young adult years (Telzrow & Bonar, 2002). Characteristics manifested by students with NLD can be subtle. A tendency to invade others’ personal space and inappropriate affect are among the modest characteristics (Telzrow & Bonar). Telzrow and Bonar listed poor social judgment, impulsive behavior, and impaired social pragmatic skills as traits contributing to the aforementioned extreme behaviors.

Educators have an obligation to keep students in the classroom learning required academic material. When investigating the nature of social skills deficits, Kavale and Forness (1996) shared data indicating teachers’ main area of concern for the LD population as a lack of academic competence before behavioral dimensions. Disruptive and aggressive behaviors among the LD population occur more frequently within the classroom (Agaliotis & Kalyva, 2009) and when faced with this population’s disruptive behavior, teachers may resort to subjecting LD students to discipline referrals. Absence from the classroom may negatively affect a student with LD both academically and socially (Kavale & Forness).

**Definition of Terms**

Social skills cannot be described without mentioning social competence, which involves the recognition of traits and behaviors. Together, social skills and competence represent learned, situation-specific actions resulting in interpersonal effectiveness (Kavale & Forness, 1996). As
summarized by Kavale and Forness, social competence implies a person is capable of performing competently in a given situation as he or she encompasses the specific skill to do so. Kavale and Mostert added to the definition in 2004, suggesting social competence also includes one’s abilities to maximize chances of reinforcement from support networks, meet task-related demands imposed by teachers and peers, and demonstrate flexibility in their social functioning.

**Behaviors and social skills** are actions displayed in specific social situations requiring competent performance (Kavale & Forness, 1996). A deficiency in fluency of a social skill indicates a student requires more practice, rehearsal, or differential reinforcement for fluent behavioral performances (Gresham, Sugai, & Horner, 2001). Recognized by the Interagency Committee on Learning Disabilities (ICLD), social skills deficits are included in the LD definition (Kavale & Forness).

**Social skills deficits** are described by Agaliotis and Kalyva (2008) as being either an acquisition deficit or a performance deficit. Some students are unable to appropriately interact in a social situation because of an acquisition deficit. Such deficits exist because of the void of a particular social skill, indicating he or she simply does not possess the action(s) in his or her repertoire of learned behavior (Agaliotis & Kalyva).

Agaliotis and Kaylva’s (2008) description of performance deficits is indicative of one’s failure to perform a social skill, despite his or her ability to do so as the individual does possess the necessary reference. Kavale and Forness (1996) suggested an individual can be afflicted with a self-control deficit, which results when an individual demonstrates a significant number of aversive behaviors that interfere with the acquisition and performance of appropriate social skills.
Proper identification of the type of social skills deficit is important because each type of
deficit requires different settings for carrying out social skills training (Gresham, et al. 2001).
Some suggested settings included pullout groups and classroom-based intervention.

Research Question

What are the characteristics of effective social skills training for improving the
educational conditions for students with learning disabilities?

Justification

When a void in learning is present, either academically or socially, educators have the
responsibility of implementing best practices that will lessen the gap in achievement and
improve the success of learning. The following literature review will investigate the impact of
social skills deficits on students with LD, social skills interventions and their effectiveness on
students with LD, and suggestions for further research in the area of social skills training among
this population.
Chapter II: Review of Literature

*Theoretical Perspectives*

Highly influential theorist, Erick Erickson, argued that each age has its own special social and emotional conflicts (Kalat, 1996). Progression from the “infant” stage through the “older adult” stage seems logical and seamless. For an average person, the journey through social and emotional development often presents challenges. For a student who has been identified as (LD), the journey can be overwhelming due to an increased risk of experiencing more social-emotional and behavioral difficulties than their peers without disabilities (Dimitrovsky, Spector, Levy-Shiff, & Vakil, 1998).

Students diagnosed as learning disabled can qualify for special education services under academic categories (e.g., reading, writing, and mathematics) or with a nonverbal learning disability (NLD). While students diagnosed as NLD typically demonstrate behaviors aligned with social skills deficits, students with academic LD may as well (Kavale & Forness, 1996). As a whole, the LD/NLD students are often viewed as “trouble-makers” by teachers, and “losers” by peers (DuPaul & Eckert, 1994). Social skills deficits lead to the potential for unfavorable consequences (Kavale & Forness) such as disruptive and aggressive behavior (Agaliotis & Kalyva, 2006).

*Identified Skill Deficits in Students with LD*

Students with LD often struggle socially, emotionally, and behaviorally (Lerner, 2003). Dimitrovsky, Spector, Levy-Shiff, and Vakil (1998) have identified the interpretation of facial expressions as a skill necessary for normal social interaction to occur. Understanding subtle cues, such as facial expressions, allow for proper interpretation of what has been termed as nonverbal
communication. Dimitrovsky et al. investigated the interpretive ability of students with learning disabilities as compared to their non-disabled peers in a correlational quantitative study.

The analysis described the correlation between learning disabilities and the ability to interpret facial expressions. Participants consisted of boys and girls, grades three through six, with a total of 76 students. Fifty-four boys and 22 girls met the criteria for participation in the study. Forty-eight students represented the non-disabled comparison group, of which was formulated using stratified random sampling. Sample groups were demographically similar and the instruments used were validated based on previous use in research studies.

Researchers obtained necessary data through the administration of Ekman and Friesen’s Pictures of Facial Affect (PFA). Responses were recorded by the examiner, as opposed to the use of the standard PFA multiple-choice answer sheets to ensure accurate assessment was taking place. The researchers did not want poor reading and/or test-taking skills to interfere with responses. Two instruments were used to assess verbal and nonverbal learning and memory: The Rey Auditory Verbal Learning Test and the Benton Visual Retention Test. Based on quantitative results which were transformed to standard scores, students were classified as LD with nonverbal deficits (NVD), verbal deficits (VD), and both verbal, nonverbal deficits (BD), and non-disabled children.

Analysis of the data indicated non-disabled and VD groups were more accurate in identifying facial expressions of emotions than the NVD and BD groups, and the non-disabled group was significantly more accurate than the VD group. Emotions were ranked in order of difficulty as well. For example, happiness was the easiest to identify among all groups and ages, but sadness and disgust were not as easily distinguishable.
These findings are significant as the classification of a necessary social skill, the ability to interpret facial expressions, is identified as a characteristic which students with LD may lack in the area of interpersonal skills. The lack of interpersonal skills is an area of concern for both educators and parents of students with LD and is described in Kolb and Hanley-Maxwell’s 2003 qualitative study designed to investigate the concerns possessed by parents of students with high incidence disabilities.

The researchers identified high incidence disabilities as cognitive disabilities, learning disabilities, and emotional disabilities. Their purpose was to establish an overview of parent perspectives which included parent concerns for healthy social and emotional development for their children as they moved into adolescence. A grounded theory approach was used as the authors wanted, “. . . to explain phenomena in light of theoretical framework that evolves during the research itself [and not a] previously developed theory that may or may not apply” (Strauss & Corbin, 1990).

Kolb and Hanley-Maxwell’s qualitative approach included numerous references to previous research studies involving current social skills curricula, adolescent behavior, and social/emotional development, which were used to develop the open-ended questions used during in-depth interviews. Spending an average of three to four hours with each participant, the interviewer was able to establish a good rapport with all individuals. Eleven parents of seven students served as participants; a sample of convenience, as it represents the community population rather than all parents with disabilities.

Data reduction and coding were used to condense the information into manageable broad categories such as communication and self-concept. Once categorized, data were sorted and reorganized by chunking and clustering broad categories into similar subcategories which
identified any connection among them. This process began the framework for Kolb and Hanley-Maxwell’s grounded theory.

Perspectives among participants were similar. Data allowed researchers to identify two major areas of concern for these children: (1) interpersonal and intrapersonal skills, and (2) moral development. Based on the statements given by the parents and the need for school administration to emphasize students’ academic progress, an obvious obstacle facing schools is the need for time to complete lessons involving these social skills without jeopardizing progress in academics. Individualized Education Plans (IEP) provide a vehicle to assure social skills are taught to students receiving special education services.

Impact of Social Skills Deficits on Students with LD

Social/Interpersonal

As described by Kolb and Hanley-Maxwell (2003), interpersonal skills involve the interpretation of social interactions with others. Interpersonal conflicts are an integral part of a child’s socialization since they are inevitable in everyday interactions (Kalyva & Agaliotis, 2009). Knowing how to deal with these interpersonal conflicts is a key component in healthy interpersonal development and involves the ability to listen, communicate, discern, and interpret in order to relate to and interact with other individuals (Kolb & Hanley-Maxwell).

Kavale and Forness (1996), in their analysis of 152 studies involving social skills deficits of students with LD, found students with LD were less often perceived or chosen as friends. Specifically, about seven out of ten students with LD would not be considered as friends by peers. Peers without LD perceive students with LD as less popular, not as competent in verbal and nonverbal communication, and not cooperative (Kavale & Forness). Mishna (2003) further described the risk these students have of becoming victims of peer victimization and bullying.
Kalyva and Agaliotis (2009), in their description of the causation of interpersonal problems in students with LD, identified a deficit in perspective or role taking as a component of social skills deficits. When an individual is unable to distinguish between his or her and another person’s viewpoint and to compare them, the student with LD’s inability to recognize their external locus of control is validated. Miscommunication among peers, which can lead to interpersonal issues, can result from such a deficit (Kalyva & Agaliotis).

*Academic/Intrapersonal*

Poor intrapersonal skill development can be effected in students diagnosed as LD, according to Kolb and Hanley-Maxwell (2003). Self-knowledge is a fundamental component that helps lead to greater knowledge of and access to personal feelings. Poor self-concept and lack of self-esteem manifested by students with LD can create general feelings of inferiority (Kavale & Forness, 1996), which can lead to other symptoms. Mishna (2003) declared that children and youth with LD report more symptoms of depression, falling within the mild range, anxiety, and greater loneliness.

Unfortunately, emotional and behavioral difficulties are often seen as secondary to cognitive problems in this population, which leads to negative experiences such as frustration of repeated school failure (Dimitrovsky et al. 1998). This very symptom leads adolescent students with LD to dropout of school (Kavale & Forness, 1996).
Chapter III: Results and Analysis Relative to the Problem

*Effectiveness of Curricula*

Both increasing a child’s social participation and training or facilitating skills needed for the maintenance of social contacts are essential aspects of an effective intervention program (La Greca & Santogrossi, 1980). Results from Le Greca and Santogrossi’s research on the impact of social skills training on selected elementary students using a behavioral group approach had significant findings.

Le Greca and Santogrossi (1980) found that after implementation of the treatment, students’ verbal knowledge of appropriate social skills, skills in a simulated social situation and standard social situation, along with interaction with peers all showed improvement from pretest to posttest. In addition to these findings, notation was made that both the placebo and control groups indicated no measurable differences.

Lack of measurable differences between these two groups provides useful information. Simply increasing a child’s social contacts, without providing instruction will not effect the child’s peer interactions (La Greca & Santogrossi, 1980). Kavale and Mostert (2004) reiterated such findings in their description of the tendency to treat symptoms rather than the underlying cause of social skills deficits. Evaluating if a student suffers from an acquisition deficit or a performance deficit should help determine the intervention needed.

Social skills programs’ techniques and procedures are often developed based on the literature provided on the subject, but provide no clear rationale and little pilot testing provide face validity. These programs often fail to indicate if the program has satisfied its intended purpose (La Greca & Santogrossi, 1980). Such concerns motivated DuPaul and Eckert (1994) to evaluate social skills curricula. Two major limitations of such programs were found:
generalization and maintenance. These two variables are described as an “afterthought” of programs, which limits the reliability of many social skills curricula (DuPaul & Eckert).

Generalizing is described as the ability to perform an acquired behavior at an acceptable level in natural settings while maintaining expresses an acquired behavior’s longevity (DuPaul & Eckert 1994). Promoting the generalization and maintenance of newly acquired social skills requires active programming in both the training and natural settings and should be implemented in conjunction with environmental programming (DuPaul & Eckert).

Kavale and Mostert (2004) found social skills training did not enhance the social status of students with LD nor did training help advance greater interaction among non-disabled peers. Despite these results, students with LD did feel an enhanced social status but still attributed any success achieved to luck rather than effort (Kavale & Mostert), which links back to the discussion on intrapersonal impact of social skills deficits. In this case, students’ external locus of control was unaffected (Kavale & Mostert), indicating that while their perception of change in their situation may seem improved, these students with LD feel their improvement was out of their control and just happening to them.

About 58% of students with LD show evidence of positive gain from social skills training (Kavale & Mostert, 2004). Based on their meta-analysis, refinement of effect size (ES) data across different evaluators and social skills dimensions showed no particular instance where social skills training was more than modestly effective. Researchers ruled out the “file drawer” problem, which is the potential for bias caused by the greater likelihood of published research to show positive findings, before arriving at their conclusion (Kavale & Mostert).
In regards to the optimal age for social skills intervention, Gresham et al. (2001) suggested implementation prior to age eight. Remediation of an undesirable behavior pattern can occur during this time, but after age eight, “management” of the behavior occurs (Gresham et al.). Piaget’s maturational stages of development at age eight falls within the concrete operations stage where a child’s thoughts are shaped largely by the experiences he or she has endured (Lerner, 2003), which supports Gresham’s statement.

Lerner (2003) described Piaget’s concrete operational stage explaining that thoughts are associated with concrete objects that have been manipulated or understood through the senses. As summarized by Gresham, if a child has demonstrated a non-desirable behavior through the sensorimotor and preoperational stages, the behavior has become a solid, or concrete, characteristic within his or her repertoire. Gresham et al. (2001) suggested the difficulty for a child to generalize a newly learned behavior because the new behavior may be overpowered by an older and stronger competing behavior. Competing behaviors have become more efficient and reliable for the child, resulting in an inability to access the new behavior in an unfavorable situation (Gresham et al.).

Limitations

Gresham et al. (2001) conducted a meta-analysis of research in the area of interpreting social skills training outcomes. Effect sizes were calculated for each study and averaged, which produced an overall effect size. This normal distribution was interpreted relative to the normal curve, which provided valuable information regarding social skills treatment outcomes (Gresham et al.).
When evaluating published work by others in the field of social skills research, Gresham et al. (2001) found that when a larger sample (more studies) was included in the meta-analysis, the effect size was lower. This information leads to the conclusion that social skills training for students with learning disabilities has limited empirical support at this time (Gresham et al.).

Very few studies have been conducted with commercially available social skills training curricula that have examined and/or programmed for generalization effects (DuPaul & Eckert, 1994). Gresham et al. (2001) suggested that almost all social skills training studies have not properly identified the type of social skill deficit in the development of interventions. In regards to evaluating existing social skills training programs, the majority of reviews use traditional/narrative techniques, which have been criticized for lack of rigor, failure to detect small effects, and problems of oversimplification indicating that findings may be too subjective (Kavale & Forness, 1996).

For the curricula that have been examined, generalization concerns were consistently apparent. DuPaul & Eckert (1994) favored the development of social skills training programs that take place in a “real world” environment rather than in contrived settings. La Greca and Santogrossi (1980) noted that some generalization did take place in the behavioral group approach implemented in their study, which consisted of instruction and practice of pro-social behaviors, much like the current positive behavior support (PBS) model established by the Michigan State Board of Education.
Chapter IV: Recommendations and Conclusion

General educators may need to be schooled in the area of social skills training strategies. Much of the scope of general teacher-education involves classroom management and core academic areas, with little emphasis on a social/emotional curriculum. Teachers in the area of special education are trained in the area of social skills instruction and are often utilized by their school district as teacher consultants. These consultants should be aware of the characteristics of effective social skills training and available to administer instruction to teachers as to provide quality education to their LD population in their LRE.

Suggested Interventions

Social skills training programs typically include a comprehensive assortment of skills that cover areas such as social problem solving, friendship, conversation, planning, and dealing with feelings (Kavale & Mostert, 2004). The following training procedures may include different forms and combinations. Coaching focuses on direct instruction, and the practice of specific skills, which may be inhibited or lacking. Modeling emphasizes learning from the observation of a live or filmed model, and cognitive problem solving training which teaches adaptive ways of thinking about social situations (Erwin, 1994). Cognitive problem solving training may include rehearsal, shaping, prompting, and reinforcement (Telzrow & Bonar, 2002). Telzrow and Bonar identified three types of intervention: remedial, compensatory, and instructional/therapeutic.

Remedial Intervention

Students with LD suffering from performance deficits are not in need of direct teaching of social skills as they are already capable of demonstrating the skill(s). Kavale and Mostert (2004) suggested that such students require an incentive-based management approach that prompts, cues, and reinforces existing social skills. Students with social skills deficits, however,
require direct teaching (Kavale & Mostert), which is one of several methods of teaching social skills. Remedial is synonymous with the word “basic.” Basic skills held by individuals may include making eye contact, greeting others, and requesting assistance (Telzrow & Bonar, 2002). For a student with a performance deficit the appropriateness of these skills may be poor resulting in a need for intervention.

In their interpretation of outcomes of social skills training, Gresham, Sugai, and Horner (2001) discuss a contextual approach to teaching social behavior. Many remedial skills can be addressed in naturalistic settings such as the classroom. Using incidental learning, better known as “teachable moments” (Gresham et al. 2001), opportunities for teachers to model appropriate behaviors within the context of a typical day are better remembered when the child verbally processes the model’s actions (Le Greca & Santogrossi, 1980). Within the classroom, a skill could be modeled and discussed, providing instruction for remedial skills.

Compensatory Intervention

In response to our fast-paced world of technology, researchers Fenstermacher, Olympia, and Sheridah (2006) sampled a group of boys diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), investigating the effectiveness of a computer-facilitated, interactive social skills training program. Students with ADHD are often associated with co-morbid conditions such as learning disabilities and social skills deficits (Fenstermacher et al.), lending itself applicable to this review.

Findings of this study are significant as compensatory interventions include choosing structured, adult-directed, individual or single-peer social activities over large group events (Telzrow & Bonar, 2002). Fenstermacher et al. (2006) found that those who participated in the treatment demonstrated and maintained gains in behavioral enactment of social problem-solving
skills. In order to compensate for disabilities, accommodations and modifications are often made to the general curriculum for students. Students responding favorably to this method of skills training may benefit from similar modalities of teaching academic or nonacademic material (Telzrow & Bonar).

**Instructional/Therapeutic Interventions**

Role-play dates back to 1970 when “homemade” vignettes, complete with interrater reliability were introduced. Since then, role-plays have evolved and are a useful tool in teaching social skills to students with LD (Matson & Wilkins, 2009). Role-plays were proven beneficial to students experiencing difficulty in peer social interactions within the normal classroom setting by La Greca and Santogrossi (1980). When role-plays were preceded by video clips of proper social skills interaction and discussions including application to real life scenarios was had, students were able to not only properly carry out these role plays, but applied them in their natural setting as well (La Greca & Santogrossi). Seeing, understanding and practicing social behavior, with feedback, all contribute to treatment effectiveness (Erwin, 1994).

Social stories constitute a powerful intervention for the enhancement of the social competence of children with LD (Kalyva & Agaliotis, 2009). Data supports their study on the effectiveness of social stories, another instructional/therapeutic intervention. In comparison to a control group, students participating in Kalyva and Agaliotis’s (2009) study were able to choose more appropriate and socially acceptable strategies to solve hypothetical interpersonal conflicts. The goal of this study was not to teach social skills directly, but to assist children with LD in exhibiting less inappropriate social behavior. The researchers clearly state that more consistent and individualized approaches must be made to increase appropriate social skills (Kalyva & Agaliotis).
Cooperative learning can be used to teach social skills. Defined as a set of instructional strategies that encourage cooperative student-student interaction in collectively and individually achieving lesson objectives (Prater, 1998), this strategy can aide in the development of social skills in students with LD. Goodwin (1999) offers several suggestions for implementation of cooperative learning which support the guidelines set forth by Prater. Acquiring cooperative learning skills is no different from learning academic skills (Goodwin). Goodwin outlined teacher provisions which include allowing students to: (1) see the need for the skill, (2) understand what the skill is and when to use it, (3) practice using the skill, (4) receive feedback on how well the students are using the skill, and (4) persevere in practicing the skill until the skill becomes automatic.

Prater (1998) offered three different approaches to implementing Goodwin’s suggestions successfully. The use of the natural, the formal, and the structured natural approaches allow implementation to take place with the later two of the three applying to the LD population. The natural approach simply involves no instruction with the belief that the skills will be acquired as participation in the group evolves (Prater). The formal and structured natural approaches include emphasizing direct social skill instruction as a defining component of the lesson and adopting a social skill of the week: including the teacher introducing the skill, discussing and demonstrating student-generated answers to nonverbal and verbal demonstrations of the skill, modeling and reinforcing the skill, and reflecting on the skill, respectively (Prater).

Training often improves relationships with training partners, but not with the wider peer group. Training with unfamiliar peers or individually may give more emphasis and practice a realistic training in initiating relationships (Erwin, 1994). Based on Erwin’s conclusion, the use
of cooperative learning to improve social skills is affirmed as the students suffering with LD and social skills deficits would be generalizing as they learned the behavior.

Conflicting research exists on the effectiveness of group treatment/group-facilitated approaches for social skills intervention for students with LD. Mishna (2003) suggested that when working with LD students that are victims of peer rejection/bullying, group treatment allows for students to realize they are not alone. These students can then receive feedback, learn, and practice social skills (Mishna).

An opposing view by Fenstermacher et al. (2006) suggested that grouping students together that are lacking in social skills may lead to unanticipated outcomes. Changes in attitude toward antisocial behavior, identification with deviant peers, and assimilation of deviant values are listed as concerns for group treatment among this population (Fenstermacher et al.). With the need to provide students with their LRE, a school-wide approach may benefit all students, not only students inflicted with LD.

*School-wide Approach*

Schools that adopt school-wide programs to develop the emotional intelligence of students often implement programs referred to as “character education” programs (Kolb and Hanley-Maxwell 2003). These programs allow schools to teach elements of character that can be modified to address the core values that are agreed upon by the district and community (Kolb & Hanley-Maxwell). Many character education programs include traits such as responsibility, fairness, citizenship, trustworthiness, and making good decisions.

In their qualitative research of parents of high-incidence disabilities, Kolb and Hanley-Maxwell (2003) discussed the concern of parents of students with LD. School-wide character education programs are beneficial to all students, but districts should be encouraged to make
modifications and additions to address the skills that may need emphasis for students with LD (Kolb & Hanley-Maxwell,). Once such modifications and additions are identified, the real-life setting of the classroom should house the training needed for these students to increase the probability for generalization (Mishna, 2003).

Mishna (2003), in her research on bullying and LD, suggested that a school-wide approach levels the playing field for all students, especially those most vulnerable to victimization: students with LD. She also discusses the importance of the role of parents and teachers in intervention, stating the importance of actually using problematic situations and experiences as opportunities to intervene (Mishna).

The Michigan State Board of Education established that, “it is the policy of the State Board of Education that each school district in Michigan implements a system of school-wide positive behavior support (PBS) strategies” (MDE, 2008). A prevention model, PBS targets all students through establishing a strong framework of school-wide supports favorable to all students functioning on a continuum of social skills and behaviors (MDE, 2008).

In an effort to encourage desirable behaviors, a PBS team, with support from administration, leads the school in addressing the needs of all students. Using a three-tiered model, students are grouped into cohorts, each with varying needs in the realm of social skills and intervention. Kern, Hilt-Panahon & Sokol (2009) described these cohorts using a “triangle tip,” identifying the following groups and approximate percentages of students per group: Primary Prevention, ~80%, Secondary Prevention, ~15%, and Tertiary Prevention, ~5%. The MDE (2008) implementation guide lists specific steps for each tier’s implementation. Students with LD typically fall into the secondary and tertiary tiers and require more school-wide support. Suggestions are offered and parent involvement is highly encouraged.
Teacher/Parent Involvement

Ongoing communication between parents and teachers is crucial in identifying social deficits in students with LD. When Sim, Whiteside, Dittner, and Mellon (2006) explored the effectiveness of a social skills training program with school age children and evaluated the transition to the clinical setting, they found when parents were involved, ratings of social skills among students with high incidence disabilities were higher and ratings of aggression, as compared to a control group, decreased. Concurrent parent sessions were implemented throughout the duration of the student treatment, which contributed to generalizability of social skills (Sim et al. 2006).

PBS includes a parental component, which allows for parent input as the program recognizes the valuable information a parent can provide about their child. While parents can contribute significant details regarding their child and his or her strengths and weaknesses, they may need to be educated in how to provide opportunities for children to practice skills, appropriately encourage and discourage certain behaviors, and assist children with group homework assignments (Sim et al. 2006).

Teachers are an excellent resource for educating parents about group curriculum and encouraging reinforcement of targeted behaviors (Sim et al. 2006), but if relationship skills training is to become an integral part of a school’s social curriculum, further specialized training may be required for teachers (Erwin, 1994).

Areas for Further Research

In an effort to continue to improve the development and implementation of social skills training for students with LD, future research on the topic must be established.
Gresham et al. (2001) identified the fundamental goal of intervention research as the ability to demonstrate that a change in behavior is related to the independent variable, in this case; the treatment, and not to extraneous variables. In addition, DuPaul and Eckert (1994) emphasized the implementation of social skills programs that allow for generalization across settings and maintenance over time. Long-range assessment of the impact of social skills training is advocated for by La Greca and Santogrossi (1980) while Seevers and Jones-Blank (2008) emphasized the importance of extending the knowledge base for students with severe disabilities.

Future research on functional generalization would be beneficial as a decrease in competing problem behaviors could lend itself to an increase the efficiency and reliability of socially skilled alternative behaviors (Gresham et al. 2001). Educators’ primary responsibility is to instruct our students to the best of our ability, which includes academic and non-academic skills. Identification of academic deficits and remediation in the area of deficiency may reduce the chances of a poor self-concept or peer rejection, which leads to social difficulties (Kavale & Mostert, 2004). In cases where social skill deficits lead to withdrawal from academic situations, social skills training is necessary and research must continue in order to establish best practices.

Summary and Conclusion

Education has evolved into much more than reading, writing, and arithmetic. While educators are pressed to produce students that can out-perform the average scores on state-administered assessments, they must do so while balancing many other considerations. Every child brings a different set of norms with them into the classroom and teacher expectations must be reasonable, lending to the different learning styles and academic and social needs of each student. Just as there are expectations for executing best practices in a reading or math lesson, the
need for effective strategies for social skills instruction is imperative, especially for students with learning disabilities.

Educators awareness of strategies for effective social skills training for students with learning disabilities must be a priority for school administration. With students who possess special education needs being required to participate in their least restrictive environment as they participate in the general curriculum, all teachers should be schooled in effective strategies as to elicit implementation of social skills training in the classroom amid daily activities.
References


