USING LARGE GROUP GUIDANCE TO TEACH SOCIAL SKILLS TO
SIXTH-GRADE STUDENTS

DISSERTATION

Presented in Partial Fulfillment of the Requirements for the Degree Doctor of Philosophy
in the Graduate School of The Ohio State University

By
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* * * * *

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This study examined the effects of a social skills curriculum, delivered by a school counselor through large group guidance, on the behavior of sixth-grade students. More specifically, the following question was addressed: How do the behaviors of sixth-grade students who receive instruction in social skills differ from those who do not? The nonequivalent control group design was utilized. Students were selected from five intact classrooms. Two of the five classes were randomly assigned to the treatment group and two were randomly assigned to the control group. The fifth class was not involved in the study. A total of 77 students participated in the study. The treatment group consisted of 38 students and the control group was made up of 39 students. The treatment was implemented once a week for ten weeks and each session lasted approximately 45 minutes. Pre-test and post-tests were administered using the Social Skills Rating System (SSRS). The teacher, as well as the students completed the SSRS. Analysis of variance was used to compare the pre and post-test scores between the treatment and control group. Paired Sample T-Tests were used to compute differences between pre and post-test scores for each variable on the Social Skills Rating System (SSRS) within the treatment group and within the control group.
No statistically significant differences were found between the treatment and control groups. Qualitative data that was gathered portrayed different findings. The students, the teacher, and the counselor reported improvements in social skills after the social skills instruction was implemented.
Dedicated to my loving parents, Lonnie and Ruth Wida and to my amazing husband Brian
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CHAPTER 1

INTRODUCTION

One purpose of schools is to enable students to become responsible citizens (Middleton, 1994). However, this goal has become more difficult in recent years because of the increase in students' aggressive behavior at school. In addition, many teachers do not possess the skills to teach students alternative and more cooperative behaviors. Therefore, unnecessary discord and disruption characterize many classrooms. Garbarino (1997) blames society for our current problems with youth. He refers to a socially toxic environment in which our youth are growing up and claims that it is poisonous to their development. He compares things such as lead and smoke in the air to violence, poverty, disruption of family relationships, and other trauma and states that these are the elements of social toxicity. He states that those who have accumulated the most developed risk factors as being affected by the social toxicity the most dramatically. Furthermore, other factors such as the negative influence of the media, decreased adult supervision, and increased exposure to violence have resulted in an increase of anti-social behavior and gaps in prosocial development (Garbarino, 1997; Garthe, McDonald & Poremba, 1998). Children with gaps in prosocial development exhibit behaviors that interfere with lessons, disrupt classroom activities, and cause negative interpersonal interactions (Carter & Sugai, 1988).
Parents are not spending as much time with their children. Some studies report a 50% decrease in the amount of time that parents spend with their children compared to 30 years ago (Garbarino, 1997). These data suggest that many children and adolescents do not receive adequate instruction in interpersonal or social skills such as cooperating with others, and responding to conflict and aggression.

Gross and Capuzzi (2000) discuss society as playing a significant role in affecting adolescents' behavior. They suggest that conflicting standards make it difficult for adolescents to know how to behave. These authors also assert that the media encourage adolescents to be more adult in terms of behaviors, clothes, physical appearance, and relationships. They believe the influence of the media is very strong and can move adolescents away from the values of family, culture, and religious teachings. Gross and Capuzzi's research points to a greater need for schools to openly communicate with their students about the pressures and conflicting feelings that they may experience. Social skills training would be one way for schools to provide an opportunity for students to discuss their conflicting feelings.

Problem Statement

The importance of social skills and the positive impact that they have on children and adolescents is well-documented (Whiston & Sexton, 1998; Bierman & Montminy, 1993; Christopher, Nangle, & Hansen, 1993; Elliott & Gresham, 1993; Gresham, 1981; Maag & Webber, 1995; Stone, 1993). Despite a significant amount of supporting
research that points to the positive effect social skills have on students, there are still many students who never receive adequate training with regard to social skills. Recognizing the key role that parents play in social development, teachers often assume that their students are learning these skills at home. While some students are, the changing family structure and the increased number of mothers and fathers working outside of the home allows less time for these skills to be taught in the home. Additionally, there is a lack of parent involvement in the schools. This makes it difficult for the generalization of skills to take place. Thus, behavior problems continue to be a major concern for professionals within our educational system as well as our society at large. In fact, the development of effective methods for fostering appropriate social behavior and preventing aggressive behavior in the school environment is a significant national priority (Metzler, Biglan, Rusby, & Sprague, 2001).

At-risk behaviors such as aggression can stem from deficits in social skills. Aggression can be defined as behaviors that are exhibited intentionally to harm or hurt others (Elliott & Gresham, 1993). Without interventions, children will likely progress along deviant developmental paths. Often, these children become rejected by their peers and fall behind academically. According to Bierman (1986) children who are rejected by their peers have more difficulty adjusting in later life than those who are socially accepted. Also, aggression or antisocial behaviors are predictive of delinquency and peer
rejection in adolescence (Coie, Lochman, Terry, & Hyman, 1992). This research emphasizes the importance of teaching social skills to develop appropriate behaviors among children.

There is a decreased number of today's youth that are exhibiting behaviors that show care and respect towards others. According to the National School Safety Center (1996) behaviors such as threats and bullying, robbery, assaults, gang recruitment, and injury or death by weapons are intensifying at many schools. Violent crime has remained fairly consistent over the past 15 to 20 years (Furlong, 1994). However, according to Metzler et al., (2001), violent crimes among juveniles have risen dramatically. From 1982 to 1991, violent crimes among juveniles increased by 41 percent, the number of arrests for murder by juveniles increased 93 percent, and the number of arrests for aggravated assault committed by juveniles rose 72 percent (Wilson & Howell, 1993). Violent crimes, combined with the frequent threats and bullying that often take place in school can make the educational experience an unpleasant one for many students. In fact, Hazler, Hoover, and Oliver (1991) suggest that 20 percent or more of all children who attend school are frightened throughout a large part of their school day. The Office of Juvenile Justice and Delinquency Prevention (1996) reported the following statistics: 12 percent of students in grades six through twelve reported that they had been victims of bullying, robbery, or physical attack while in school. Additionally, an estimated 25 percent of middle and junior high school students fear victimization by peers at school. The report also states
that antisocial behavior among adolescents is predicted to grow because of an expected population increase and rising arrest rates. Adolescents' negative behaviors have damaging effects on the social environment surrounding them and interfere in the learning of others. These behaviors also have a detrimental impact on the individual as well.

Methods of Response to Anti-Social Behavior

The manner in which teachers respond to negative behavior warrants attention (Cartledge & Milburn, 1995). Many teachers use punishment in their classrooms. The goal of punishment is to decrease the current behavior. There are several types of punishment. The use of corporal punishment teaches students to respond in aggressive ways. Other types of punishment that are currently seen in the educational setting today include time-out, detention, or suspension. Many students portray negative behaviors because they are seeking attention. When punishment is used as a strategy students are getting their needs met and therefore, will likely continue the behavior. According to Maag & Webber (1995), until teachers begin to view disruptive and challenging behaviors as a chance to develop prosocial skills within a child instead of a time to punish, they will continue to struggle with these behaviors. Stone (1993) also discussed the use of punishment and the fact that it is often used as a way to achieve classroom management. This author stated that moral development needs to be encouraged and taught in the classroom and that punishment does not help children learn moral behaviors.
More educational professionals need to reduce their use of punishment and increase their teaching of prosocial behaviors (Feshbach, 1983). When this occurs, it is likely that rates of maladaptive behaviors will decrease.

**Purpose of the Study**

Traditionally, social skills training was primarily used with students who had behavior or learning disorders (Odom, McConnell, & McEvoy, 1992). According to Townsend (1994), social interventions have rarely been conducted with students in the general education classrooms, even if some students were at risk for academic failure. One potential reason for this, according to Townsend (1994), is that educators may have incorrectly assumed that students were capable of performing certain social skills, when they might not have been taught to do so. In recent years, there has been a growing concern about at-risk children and their social deficits (Forness & Kavale, 1993; Garbarino, 1997; Hughes & Cavell, 1999; Maag & Webber, 1995). Despite these concerns, many schools are reluctant to take on the role of promoting students' social development (Maag & Webber, 1995).

Cartledge and Milburn (1978) described a "hidden curriculum" in schools where social goals and expectations about appropriate behavior are not discussed. Many teachers do not believe that it is their responsibility to teach social skills and do not believe that they have the time or the skills to do so (Maag & Webber, 1995). Because socially maladjusted students often do not meet the criteria for special education, they are unlikely to receive any type of
intervention (Hughes & Cavell, 1999). This increases the likelihood that these students will fail to socially adjust, never learning the skills they need to interact successfully with others.

Due to the increasing number of children in schools who possess behavior problems and who face challenges that impede their social development, there is an increased need to work with larger numbers of these children. According to the definition of "at risk" discussed by Gross and Capuzzi (2000), all youth are at risk because all young people have the potential for the development of "at risk" behaviors. Using this broad definition enables the current researchers to be preventative in their efforts while simultaneously using treatment interventions for those who are in need. Additionally, viewing "at risk" from this perspective emphasizes the need to teach social skills in the general education classroom and not just to those students who are in special education programs or who are "at risk" academically.

According to Cartledge and Milburn (1995), in order to be most effective, formal social skills instruction should be implemented on a regular basis for all grade levels and populations. As greater numbers of children are involved in the training of social skills, it is likely that the common problem behaviors that are associated within the school setting will decrease. According to Townsend (1994), clear reasons exist for teaching all students and not just those who have identified disabilities.
Elliott and Gresham (1993) stated that learning social skills is one of the most important outcomes of the schooling process. Knapczyk (1992) suggested that procedures that teach students to replace aggressive acts with acceptable responses should be an integral part of educational approaches.

The current study examined the effects of using large group guidance to teach social skills to sixth-grade students. The social skills instruction was based on the curriculum, Working Together: Building Children's Social Skills Through Folk Literature (Cartledge & Kleefeld, 1994). This curriculum consisted of a presentation manual with scripted lessons, sticker record sheets, skill posters, parent letters, and audiocassette tapes of the folk tales. Working Together is a packaged training program in social skills for children in grades three through six. Social skills instruction consisted of skill definition, modeling, behavioral rehearsal (role-play), and feedback. The program's emphases are peer relationships, conflict resolution, and meaningful use of language. The training included behavioral, cognitive, and affective components of social skills. Working Together was field-tested at sites selected to represent a full range of ages, geographic locations, economic levels, and cultures. The current study focused on two specific units: Cooperating with peers, and responding to conflict and aggression. Each unit consisted of four or more lessons that were taught to the sixth-grade students. These units were chosen for several reasons. The Working Together curriculum was closely aligned with the Social Skills Rating System (SSRS) (Gresham & Elliott, 1990). The SSRS identifies five
major response classes that foster child-peer and child-adult interactions. These clusters of behavior are cooperation, assertion, responsibility, empathy, and self-control. The lessons in the chosen units teach skills that closely reflect the clusters of behavior in the SSRS. Additionally, cooperating with peers, and responding to conflict and aggression are both essential skills for sixth-grade children to possess.

**School-based Counselors**

School-based counselors are an excellent resource for social skills training in schools and they may even have some distinct advantages over other school professionals (Cartledge & Milburn, 1995). School counselors have professional knowledge, attitudes and skills enabling them to facilitate various groups with children. Additionally, their professional orientation tends to be closely aligned with the theoretical underpinnings of social skills training (Cartledge & Milburn, 1995). It is common for school counselors to conduct groups such as anger management, friendships and getting along with others, and issues revolving around peer pressure. All of these groups encompass teaching certain social skills to children. However, within the field of counseling it is not referred to as teaching social skills. Instead, it is referred to as psycho-educational interventions and there is an understanding that the development of skills such as social skills can be taught in the classroom or in small group settings.

The American School Counseling Association has discussed the role of the professional school counselor as providing four primary interventions: counseling
(individual and group), large group guidance, consultation, and coordination (American School Counseling Association, 2002). In most schools, the role of the school counselor is expanded beyond these four areas leaving the counselor with little time to evaluate the current services that they are providing. Without evaluative information, it is difficult for counselors to know what interventions are most effective. The current study was implemented by a school counselor and involved both pre- and post-testing in order to assess the effectiveness of the Working Together curriculum delivered via large group guidance.

Research Question

The proposed study focused on the effect of social skills instruction, delivered by a school counselor, in large group classroom settings. There is a significant body of research that has been conducted using social skills in the special educational setting. However, to date very little has been implemented with large groups of students in a general education classroom setting. Additionally, the classroom teacher, rather than the school counselor usually facilitates the teaching of the social skills. Therefore, the current study investigated the effects of a social skills curriculum on the behaviors of sixth-grade students in the general education classroom.

The following research question was addressed:

How do the behaviors of sixth-grade students who receive instruction in social skills differ from those who do not?
Definition of Terms

For the purpose of the study, the following definitions apply.

**Assertion:** Initiating behaviors, such as asking others for help or information, introducing oneself, and responding to the actions of others, such as peer pressure or insults (Gresham & Elliott, 1990).

**Cooperation:** Behaviors such as complying with rules and directions, sharing materials, and helping others (Gresham & Elliott, 1990).

**Empathy:** Behaviors that show concern and respect for others' feelings and viewpoints (Gresham & Elliott, 1990).

**Large Group Guidance:** A planned, developmental program of guidance activities designed to foster students' academic, career, and personal/social development (American School Counselors Association, 1999).

**Self-control:** Behaviors that emanate in conflict situations, such as responding appropriately to teasing, and in non-conflict situations that require taking turns and compromising (Gresham & Elliott, 1990).

**Social skills:** Socially acceptable learned behaviors that enable a person to interact with others in ways that elicit positive responses and assist in avoiding negative responses from them (Cartledge & Milburn, 1995). More specifically, the current study focused on the following skills: cooperation, self-control, empathy and assertion.
Limitations

A limitation to the current study was the number of times that the treatment was implemented. Students in the treatment group received the social skills curriculum once a week for ten weeks. It is difficult to see improvements in students' behavior in such a short time period. In an effort to keep the schedule and structure as consistent as possible for the students, it was best to implement the study during a regularly scheduled class. However, the investigator did not feel it would be appropriate to ask the teacher to give up more than ten class sessions because of the academic demands in today's schools.

Utilizing the Social Skills Rating System (SSRS) as a pre- and post-test instrument, within the short time period of the study, was an additional limitation in the current study. This is a significant limitation because it best explains why the investigator did not obtain data indicating positive effects.

Another limitation of this study was that it was only being conducted in one school district and in one school. Therefore, the investigator could not generalize the findings of this research to other populations. Further research will need to be conducted in other settings in order to generalize the results.

The subjectivity with which the assessments are scored was also a limitation of the current investigation. Although one teacher was completing all of the assessments, there was still a chance that they might have a biased opinion toward certain students. Therefore, some students may not have been rated accurately.
A final limitation of the present study was that there was a chance that students would not evaluate themselves accurately on the self-reported assessment. This would impact the student self-reported findings of the study.
CHAPTER 2

REVIEW OF LITERATURE

INTRODUCTION

As introduced in chapter one, "at-risk" behaviors are a major concern not only in our schools, but in our larger society as well. Without appropriate interventions, students who possess "at-risk" behaviors will likely suffer from long term negative effects. This chapter will review the literature related to "at-risk" behavior, social skills instruction, and large group guidance in the intervention process to decrease "at-risk" behaviors and increase social skills.

Definition of "At Risk"

According to Liontos (1992) the term "high risk" has been used only since 1980. However, by 1987 articles within ERIC were using "at risk" to refer to school and academic failure, potential dropouts, underachievement and the educationally disadvantaged. Liontos also stated that the term was used by the Boston Coalition of Advocates for Students in their 1985 report regarding children at risk. Liontos maintains that this was the first time that our children were being viewed as "at-risk" rather than our nation.
According to Burt, Resnick, and Novick (1998), three trends in child development and prevention theory have contributed to the current interest in definitions of youth at risk. The first that these authors discuss is the ecological movement in child development. This movement emphasized the role of the environment in child and adolescent development. Second, early intervention research conducted over the past 10 years focused on defining at risk. Research from several different areas showed that the early childhood interventions could reduce the negative effects of poverty and disadvantage on children's school and social competencies. The third and final trend reflects the belief that "at risk" is a multifaceted concept. In other words, problems experienced by these youth are no longer seen as individual problem behaviors. Instead there is a new emphasis on clusters that constitute "at risk." This marks an important shift in understanding the causes and correlates of adolescent problem behavior.

Additional Definitions

The term "at risk" is often explained from an educational perspective and often refers to dropping out of the educational system. In Quinn's (1991) article, he discussed at risk in terms of students who are "at risk" of dropping out of school. He discussed three general factors that influence students who drop out: low socioeconomic status, personal problems such as substance abuse or pregnancy that are independent of social class and family background, and school factors such as course failure or suspension.
In Liontos's (1992) article a more traditional definition of "at risk" was used. This definition applied the term to the poor, who are also often minorities as well as to families of other cultures. According to this definition, the deciding factor for "at risk" was poverty. Again, compared to more recent definitions of "at risk," this one is very narrow as well.

In 1991, Thornburg, Hoffman, and Remeika defined "at risk" as those being in danger of not succeeding, and thus becoming dependent rather than those who are productive. They also defined "at risk" as those who have values conflicting with those of the dominant society. These definitions do not necessarily suggest that the youth already have problems, but could become at risk in the future.

Burt et al., (1998) also discussed the term "at risk." According to these authors, the term should imply a chance, not a certainty. In their view adolescents should not have had to engage in problematic ways to be classified as "at risk." These authors tend to criticize those who assess the degree of "at risk" by current dysfunction. They find several problems with this. First, they feel that once the problem exists, it is too late to consider the youth "at risk." They feel that without appropriate interventions the problems will still exist in the future. Therefore, in their opinion, risk is no longer a probability, it is a certainty.

Another view of "at risk" that Burt et al, (1998) discuss is viewing risk as certainty. According to this approach, theorists wait for the youth to engage in problem
behaviors and then they label them as "at risk." This can be a useful approach for many service directed agencies because they can limit their intervention to those youth that have exhibited a certain behavior. However, from the viewpoint of prevention, this theory is not well accepted. By the time the youth is identified as "at-risk" it may be too late for them to respond to preventative interventions that promote their self-determination.

According to Burt et al., (1998), a popular view of "at risk" stems from those who look at an individual's personal characteristics and their individual background in order to predict future behavior and negative outcomes. Theorists who define "at risk" according to this perspective look at common antecedents of possible behavior including economic and neighborhood factors, as well as a child's own family. System markers such as school performance are also used to target early interventions to children who need it. One difficulty with this approach lies within being able to predict one single negative outcome from knowing antecedents and markers.

Gross and Capuzzi (2000) also examined the definition of "at risk." Their approach looks at a set of causal/effect (behavioral) dynamics. Their definition does two things: it considers the effect (behaviors) that may lead to negative outcomes, and it also attempts to trace the causal factors that sparked the development of the behavior. According to Gross and Capuzzi (2000), this approach looks at dealing with current problems as well as preventing future ones. Their concept of "at risk" is a very broad one and dropping out of school is only one of many possible outcomes. Their approach also
puts all youth "at risk" because they feel that all young people have the potential for the
development of "at-risk" behaviors. McWhirter, McWhirter, McWhirter, and McWhirter
(1998) define the term similarly. They refer to the term "at risk" to imply a set of
presumed cause and effect dynamics that place the youth in danger of negative future
events. They view "at risk" not as a particular category, but as steps along a continuum.

The current study viewed "at risk" similar to the definitions of Gross and Capuzzi,
(2000) and McWhirter et al., (1998). Therefore, it examined all of the students in a
particular classroom with the belief that all youth will be "at-risk" because they all have
the possibility to develop "at-risk" behaviors at some point in time. This definition is
comprehensive, which is necessary to truly understand the holistic picture of the "at-risk"
youth. It is also important for efforts to be put forth in preventing youth from moving
along on the "at-risk" continuum. This definition, like the current investigation, allows
one to focus on both prevention and treatment.

How "At Risk" Behavior Manifests Itself

Depending on the setting, behaviors that identify an "at risk" youth manifest in
different ways. The following settings will be discussed: school, community, and home.

School

In a school setting, the student may have frequent tardiness or absenteeism. They
may act out or show aggressive behaviors towards their peers or teachers or other
authority figures. They may be disruptive to the class by failing to attend to the proper
task, stay in their seats, or respond appropriately to the teacher. These students usually have poor grades, are usually failing one or more subjects and usually have low math and reading scores. They also might have tendencies to vandalize school property or classroom materials. These students often have low self-esteem and lack certain social skills. They also have difficulty with any kind of structure because that may be very different from what they experience at home. It is important for teachers, school counselors, school psychologists and other personnel to recognize these behaviors and to intervene at the earliest possible time.

Community

"At risk" manifests itself in the community setting as well. For these youth, behaviors may include being a part of gangs or engaging in violent acts. They might dress in a certain style adopted by only a few. These youth may be homeless or may spend a large amount of their time on the streets. They may have run away from their home or from an out-of-home placement. Many of these individuals use drugs and alcohol and may use theft as a means of getting what they desire. Many of these youth are often in trouble with the police and involved in crime (McWhirter et al., 1998).

Home

In a home setting, "at risk" adolescents may exhibit behaviors such as refusing to go to school or "skipping" school. They may spend a lot of their time alone in their rooms rather than spending it with the family. These youth tend to argue with their parents often
and fail to obey rules of the home. They may be secretive about friends and activities and may choose not to communicate with parents or siblings. These are youth who have values and attitudes that are very different from their families and they choose to stay away from home as much as possible (Gross & Capuzzi, 2000). Regardless of how the "at risk" behavior is manifesting, it is important to intervene. The following paragraphs will discuss various interventions for "at risk" students.

Interventions

When intervening with youth it is important to know the factors that have impacted their life thus far. Knowing at what stage they fit in along the "at risk" continuum is necessary. For example, if working with young children and the goal is prevention, then it is important to know what characteristics the child is bringing with them at this point. Are their parents divorced? What is their home environment like? What is their community like? Understanding these factors will help lead to promising interventions. When working with children or adolescents it is necessary to understand that all of them, at some point in their lives, have the potential of becoming "at risk". Therefore, the use of multiple interventions is necessary. There is not one single factor that contributes to "at risk" and likewise there is not one single intervention that yields
promising effects. Targeting all aspects of the environment such as family, school, and social environment will be most useful when intervening with youth. However, this is often not a viable option. Examples of school-based interventions will be discussed in the following paragraph.

Establishing Rapport

Another underlying key that is necessary before promising interventions can be made is establishing rapport with the individual. Unless the "at risk" youth trusts the helping person and knows that they are there to help them, it will be difficult to make any kind of impact. At risk youth are often ignored and often feel that people have given up on them. They are often craving attention, but get it in the wrong ways. This lack of attention and lack of supportive environment leads to their decreased self-esteem and feelings of inferiority. Supportive adult relationships have the potential to improve the "at risk" youth's portrayal of themselves and their environment. It is crucial for the helper to listen to the "at risk" adolescent and to share with the youth that they care about them and want them to succeed. Placing expectations on the youth can also be beneficial. Conveying to them that you expect success portrays that you have taken an invested interest in their life. The importance of establishing rapport is illustrated in one particular study where the skill training component was not started until several months after adults
and students had the opportunity to build relationships with one another (Hughes & Cavell, 1999). Once rapport is built with the individual, there are several interventions that can be effective.

**Prevention Programs**

Focusing the program on prevention is another important criteria for success when targeting "at risk" youth. Placing emphasis on preventative rather than reactive approaches allows efforts to be proactive. Examples of initiatives to address include building on strengths, increasing esteem and confidence, developing coping skills, and focusing on wellness and healthy lifestyles. Another benefit of focusing on prevention is that all students are being targeted. Students who are not currently dealing with specific issues can become stronger individuals and develop skills to deal with difficulty down the road. At the same time, students who are struggling and dealing with difficult issues are also targeted with the hopes that they will not develop additional at-risk behaviors later. For example, a youth who has been sexually or physically abused can learn about and develop traits such as self-esteem and this can prevent the individual from engaging in future behaviors such as substance abuse. Teaching prevention can also positively affect youth in promoting peer helping (Dryfoos, 1997). When social skills such as communication and problem solving are taught, students are able to better help their peers or to encourage them to seek help from adults. Developing these skills in youth is also important for success with programs such as peer mediation. Lastly, not only do
prevention efforts have the potential of reaching and affecting many more youth than reactive efforts because the target population involves all students, but it also has great implications for our future. The more youth we can help through preventative efforts, the less youth we will have at risk of developing problems in the future. The following paragraph illustrates an example of a prevention program.

The PrimeTime Program views schools as a natural context for implementing prevention and intervention efforts. The program is based on empirical support and integrates the literature into its interventions for aggressive children. This study (Hughes & Cavell, 1999) was an initial test of the PrimeTime Model. Subjects included 62 second and third grade children (31 in treatment and 31 in control). The treatment (PrimeTime) consisted of three components in year one: parent consultation, teacher consultation, and mentoring of the child. At the beginning of year two, the fourth component was implemented; children began participating in problem-solving skills training (PSST). The control (standard mentoring) consisted of mentoring the children in both year one and year two. Three outcomes were assessed: problem behavior, acceptance by others, and self-concept. Parents, teachers, and classmates completed the measures of problem behavior and acceptance. The authors only found partial support for the efficacy of the PrimeTime intervention. They also found that PrimeTime children did not perform better than the control children did. Although the desired results were not found, this study can still be viewed as promising. First, the current study was only an initial investigation and
the researchers' findings will enable them to make some changes in follow-up studies. For example, in the future the PSST will include prosocial children as well as the aggressive children. One hypothesis for not achieving the desired outcomes is that all aggressive children were put together into the PSST group and the authors felt that this may have created a deviant climate. Another change that will occur in phase two of the study is that a control condition in which the mentoring is only done at specific times will be implemented.

The present study focused on a school-based intervention for sixth-grade students. The intervention was the implementation of a social skills curriculum. The following section will examine the construct of social skills instruction to ameliorate "at risk" behaviors.

Social Skill Instruction

Social Competence

According to Bierman and Montminy (1993), in order to get along with others one must become competent in many behaviors and traits that sustain positive social interaction. The behaviors and traits associated with social competence predict social interaction in different settings, and receive approval from peers or significant others (Schneider, 1992). Several definitions of social competence have emerged in the literature. Schneider (1992) stated that social competence is the ability to implement developmentally appropriate social behaviors that enhance one's interpersonal
relationships without causing harm to anyone. Hollinger (1987) discussed that competence is observed behaviors that are displayed appropriately—knowing what to do, when to do, and how to do and is relevant to overall social interactions with others. Social competence reflects the "general quality of an individual's performance in a given situation" (Cartledge & Milburn, 1995, p.8).

The term social competence is often considered synonymous and is used interchangeably with social skill (Cartledge & Milburn, 1995). McFall (1982) describes social competence as an overall summative judgement that pertinent social agents such as parents, teachers, and peers make regarding the social effectiveness of one's behavior. This author refers to social skills as the specific strategies and tactics that individuals use to respond to daily social tasks. Gresham, Sugai, and Horner (2001, p. 333) state that "social skills are behaviors that must be taught, learned, and performed whereas social competence represents judgments or evaluations of these behaviors within and across situations". Hops (1983) also makes a distinction between these two concepts.

Competence is a summary term, which reflects social judgment about the general quality of an individual's performance in a given situation. The concept of social skills from a behavioral perspective is based on the assumption that specific identifiable skills form the basis for socially competent behavior (p. 4).
Cartledge and Milburn (1995) define social skills as socially acceptable learned behaviors that enable a person to interact with others in ways that elicit positive responses and assist in avoiding negative responses from them. Foster, Inderbitzen, and Nangle (1993) define social skills as behaviors that produce positive short and long-term outcomes for the child and others in a particular situation, simultaneously minimizing negative results. Socially competent children have been found to be more positively perceived by peers, and subsequent opportunities for peer interaction contribute to further development of appropriate social skills (Taylor, 1991). Numerous pieces of literature indicate that certain social behaviors such as positive peer interaction, greeting others, cooperation, sharing, making conversations, and asking for and giving information are predictive of social acceptance (Gresham, 1992). Several problems can emerge in individuals who do not possess the appropriate social behaviors.

**Deficits in Social Skills**

There are several negative effects for children and adolescents who do not possess social skills. Social skills researchers have found that many children with social skills deficiencies are unaccepted by their peers, are at risk for social-emotional problems, and have low academic achievement—all of which add to the chances of being further along on the "at risk" continuum. Children who are deficient in social skills have been shown to suffer short-term and long-term negative consequences, and are often a challenge to classroom teachers. These children present behaviors that interfere with instruction,
disrupt classroom routines, and cause negative interpersonal interaction (Carter & Sugai, 1988). Research has established a link between peer relationships and academic achievement. Elementary-aged students, who are not well accepted by their peers, tend not to perform as well as more popular students (Austin & Draper, 1984). These children also appear to be at risk for dropping out during the high school years (Parker & Asher, 1987). Parker and Asher (1987) also discussed that poor relationships in childhood are associated with mental health problems in adulthood. According to Allsopp, Santos, and Linn (2000) social skill deficits include a lack of sensitivity to others and poor perception of social situations which may eventually lead to socially unacceptable patterns of behavior that greatly impact their educational experience and social acceptance.

Researchers have documented that children and adolescents, who are identified as aggressive, are in critical need of social skills instruction (Akhtar & Bradley, 1991; Kazdin, 1987). Toranzo (1996) discussed negative behaviors that also might evolve from a lack of prosocial skills. These include insensitive interactions, expressions of superiority, competitiveness, and difficulty in taking another's perspective.

Insensitive interactions refer to students making hurtful statements to their peers or authority figures that could be viewed as being mean or cruel (Toranzo, 1996). Some students who engage in insensitive conversations do so with the intention to hurt feelings, while others are trying to create humor. However, despite the goal of the interaction, the development of prosocial skills can be used as an effective intervention.
Expressions of superiority are another pattern of negative behavior often seen in the educational setting. Toranzo (1996) explains this behavior by giving an example of students who were asked to participate in activities with less-skilled classmates. These students either showed extreme reluctance or outright refusal. This type of behavior can be hurtful and humiliating to other students. However, with prosocial deficits, some students may not realize the impact of their expression on others.

Competitiveness is another negative behavior that can be observed among students. Competitiveness exists when the students' motivation to succeed is to compete with others for teacher approval, good grades, and other rewards (Toranzo, 1996). Although this behavior can have positive effects and help some students succeed, it can be detrimental to others. Creating cohesive environments where the emphasis is placed on sharing and teamwork are important to establish.

Difficulty in taking another's perspective is another behavior noted by Toranzo (1996) and occurs when students adhere to similar and subjective viewpoints without exploring other alternatives. Taking another's perspective is commonly referred to in the literature as role taking (Cartledge & Milburn, 1995; Roberts & Strayer, 1996). An inability to take on the perspective of another can interfere with social perception and contribute to maladaptive behaviors (Cartledge & Milburn, 1995). Therefore, it is important to help establish role-taking abilities.
Although these behaviors are not thought to be as detrimental as aggression, they can still create environments of hostility and tension within the educational setting. Students displaying these behaviors can make school an unpleasant experience for everyone involved, including the teacher. The commonality of these behaviors and the increased rate at which they are occurring establish a clear need to establish effective interventions to deal with them.

Effective Interventions for Developing Social Skills

Several researchers have indicated the need to teach prosocial behaviors to general education students (Sears, 2002; Honig, 1999; Honig & Wittmer, 1996; Maag & Webber, 1995; McCafferty, 1990; Stone, 1993). Furthermore, many of them place an emphasis on creating caring attitudes and helping behaviors (Berreth & Berman, 1997; Feshbach, 1983; Garrity, Jens, Porter, Sager, & Short-Camilli, 1997; Mecca, 1995). Several themes have emerged from this literature.

Provide Models

Models are more apt to be imitated by others when they are warm, nurturing, socially responsive, and/or appear competent and powerful (McCafferty, 1990). Several adults within a child's life can serve as models for prosocial behavior. McCafferty (1990) discusses the importance of both cognitive and affective models. This author states that cognitive models should focus on important cues for responding, inferences about the beneficiary, and antecedents, processes, and consequences of aiding others. Affective
models, according to McCafferty (1990) should empathize with students' problems and should involve students in showing genuine care for others. It is important for teachers or authority figures in schools to remember that students are constantly observing their behavior. It is essential to provide models of kindness, helpfulness, and caring through daily interactions with students (Honig, 1999). It is also necessary for school personnel to portray positive moral values in their everyday interactions with each other and with their students (Berreth & Berman, 1997). The "do as I say, not as I do" mentality often exists among adults, giving students unclear messages about the importance of values and behavior.

Provide a Positive Climate

It is essential to provide a positive environment for students. For many students, the classroom may be their only opportunity to observe a positive climate. Teachers can do this by emphasizing cooperation rather than competition (Honig & Wittmer, 1996). Creating cooperative learning groups or cooperative games where students need to work together toward a common goal will help establish cohesion among the students (Maag & Webber, 1995). Engaging in activities such as these also provides teachers with opportunities to teach prosocial behaviors. Actively leading group discussions on prosocial interactions will also help provide a positive climate (Honig & Wittmer, 1996). It is important to give students the opportunity to share thoughts and feelings with one another in a positive manner. During group discussions, teachers can talk with students
about how to help those in need such as the poor or the elderly (Honig, 1999). They can also interact with the community and set up opportunities for the students to participate in volunteering efforts. Creating a structure where activities such as these occur on a daily basis will likely have positive impacts on students.

Provide Prosocial Discipline

Models that practice victim-centered discipline focus on the harm caused to the victim rather than the negative consequences that will be given to the perpetrator (Garrity et al., 1997; McCafferty, 1990). Students who are often the victim may need more intensive support and interventions that help teach them how to deal effectively with bullies (Garrity et al., 1997). The perpetrators need to understand the harm they have caused and need to be encouraged to empathize with the victim. It is necessary that they learn how to respond in a helpful, caring way rather than in a harmful manner (McCafferty, 1990). Throughout the process of the prosocial discipline, the prosocial behaviors of the victim and perpetrator are likely to be observed by classmates and hopefully modeled as well.

Benefits of Social Skills

The development of social skills is one of the most important outcomes of the schooling process (Elliott & Gresham, 1993). There are several positive outcomes that emerge from implementing social skills. Teaching social skills to general education students will increase the likelihood that they will get along with their peers, which in
turn will increase the quality of their educational experience. Additionally, utilizing such skills as interacting appropriately with others, communicating effectively, and responding assertively to social situations will enable children to be more productive and increase the overall quality of their lives (Cartledge & Kleefeld, 1994). Eisenberg and Fabes (1998) note that prosocial skills are of "obvious importance" to the quality of social engagement and relationships among individuals. Other authors have stated that children who are socially assertive, friendly and cooperative are likely to perform well in social and academic areas and to be psychologically resilient (Masten, Coatsworth, Neemann, Gest, Tellegen & Garmezy, 1995). Possessing social skills and engaging in prosocial behaviors have been found consistently to decrease adolescent involvement in antisocial behaviors (Ludwig & Pittman, 1999). According to Mayer (1995), by creating positive, cooperative, and friendly learning environments, schools can prevent the development of antisocial behavior. These environments can be promoted through the development of social skills.

Research that has Examined Social Skills

Langland, Lewis-Palmer, and Sugai (1998) investigated the utilization of using a specific social skill strategy to teach and encourage prosocial behaviors in the classroom and larger school environment. More specifically, they implemented "The Cool Tool" social skill strategy to teach middle school students' respect to adults and respect to peers.

The Cool Tool is designed to teach and encourage prosocial behaviors in schools (Sugai, Geisen, & Fernandez, 1995). The lesson template consists of four sections: skill
name, teaching examples, student activities, and after the lesson. The purpose of the skill name section is to create a common language and to establish a clear definition of the skill (Langland et al., 1998). Teaching examples consist of showing both examples and non-examples of how behaviors should be displayed (Langland, et al., 1998). Students are taught the differences between positive and negative examples. It is important to decipher these two behaviors and to point out the differences so that students can gain a thorough understanding of what is expected as being socially appropriate. Student activity is the third section of the Cool Tool. Here, students are asked to role-play different scenarios in which the social skill is required (Langland et al., 1998). In conducting the role-plays, it is important for students to display the appropriate social skill. Throughout this activity, students can generate other ways of portraying the skill and other situations in which the skill might be used. The final section of the Cool Tool is after the lesson. The Cool Tool format provides specific "after the lesson" activities that are designed to strengthen acquisition, and facilitate skill generalization and maintenance (Langland, et al., 1998).

Langland et al., (1998) implemented an AB multiple baseline design across two classrooms at a middle school. During the A phase, baseline rates of problem behavior of 26 seventh-grade students was obtained. During the B phase, the Cool Tool strategy was used as an intervention first in one classroom and then six days later in the other
classroom. The skill identified as needing to be improved was respect and four behaviors were operationally defined to measure disrespectful behaviors: verbal abuse, defiance, severe disruption, and harassment.

The results of the study illustrated a rapid reduction in the four behaviors that were identified. These effects, according to the authors, were identified by teachers after only 45 minutes of social skill lessons per classroom and were noted two months later in follow-up observations. These findings support the possible effectiveness of utilizing the Cool Tool strategy to decrease behavior problems and increase respectful behavior towards adults and peers.

Kamps, Tankersley, & Ellis (2000) examined the effects of a two-year follow up prevention program for head start, kindergarten, and first-grade students with behavior problems. Subjects were identified using two criteria. First, their teacher nominated them as one of the top five children with behavioral concerns. Second, the child behavior checklist (CBC) was administered and if the student received a score of more than 14 points on the aggression sub-scale they were considered and included if parental consent was given. A comparison group was also selected using the same criteria. A total of 31 students received the intervention, which consisted of social skills instruction with reinforcement, peer tutoring, and parent support. Eighteen students participated in the comparison group. Dependent variables included direct observations of students'
classroom behaviors, teacher ratings of students' behaviors and classroom performance; and direct observation of peer interactions using a computerized assessment system. This study found that the implementation of social interventions appeared to have a positive impact on young children with behavior problems. Additionally, the students in the treatment group showed higher levels of positive peer interaction than the comparison groups and fewer inappropriate behaviors in their classrooms.

In 1988, Solomon, Watson, Delucchi, Schaps, and Battistich discussed a program that was implemented and designed to improve children's prosocial development. Their program focused on cooperative activities, developmental discipline, activities promoting social understanding, highlighting prosocial values, and helping activities. It was conducted in three suburban elementary schools for five consecutive years and focused on a single cohort of children as they moved from kindergarten through fourth-grade. Each year observations were conducted to assess the implementation of the program as well as the students' interpersonal behavior in the three program schools and in three comparison schools. Results of this study showed that the program group revealed significantly higher scores than the comparison group on all five of the program activities. Additionally, the authors found that students in the program classrooms scored significantly higher with supportive and friendly behavior and spontaneous prosocial behavior.
Bierman, Miller and Stabb (1987) examined the improvement of social behavior and peer acceptance of rejected boys through the use of social skills training and prohibitions. Thirty-two boys who were rejected by their peers in grades one through three were identified using negative sociometric nominations and negative social behavior. They were randomly assigned to one of four treatment groups: instruction to promote positive social behavior, prohibitions to reduce negative social behavior, a combination of instructions and prohibitions, or no treatment. Each of the treatment conditions consisted of ten half-hour sessions where the target child engaged in a series of tasks with non-target classmates. Behavioral observations and peer and teacher ratings were collected prior to treatment, immediately after treatment, and at a follow-up assessment six weeks after treatment. The results of this study found that prohibitions with a response cost for negative behaviors resulted in immediate and stable declines in negative behavior and led to short-term increases in responses received from peers. Instructions and the reinforcement of specific social skills promoted sustained positive peer interactions six weeks after treatment. Additionally, only the instruction and prohibitions combined yielded improved sociometric ratings from non-target treatment partners.

Garth, McDonald, and Poremba (1998) conducted a study where they implemented a program for reducing inappropriate behavior and maximizing prosocial skills among 240 seventh and eighth-grade students. Treatment consisted of direct
instruction on conflict resolution, direct instruction with social skills, school
based/community service, and the final treatment consisted of discipline where classroom
rules, routines, and procedures were determined, taught and practiced. Methods of
assessment included teacher observation checklists, before/middle/after social skills
surveys from students and teachers, office discipline referrals, teacher journals, discipline
referrals to parents, and student reflection. The following results were found: The direct
teaching of prosocial skills improved the overall climate of the targeted middle school.
The direct instruction of conflict resolution skills along with opportunities to practice the
learned skills resulted in decreased incidents of physical and verbal conflict. Students
who had little or no concept of empathy gained knowledge and understanding of the
importance of tolerance regarding the differences of others, and the overall level of
respect for others' personal property and authority increased.

Adedapo (1998) examined the effects of social skills instruction and parental
involvement on the aggressive, antisocial and socially appropriate behaviors of primary
aged students. The target students for the study were three intermediate elementary-aged
students who were diagnosed as having SED and one student identified as "at risk" for
SED and were receiving some or all of their instructions in the general education
classroom. The target students were identified by teacher nomination, social skills rating
system- teacher form (Gresham & Elliott, 1990), and direct observation. The social skills
instruction was based on the curriculum, Working Together: Building Children's Social
The curriculum was specifically used to instruct the target students in the following social skills lessons: ignoring or leaving a bad situation, asking for help in bad situations, negotiating conflict, and controlling one's temper. Social skills instruction was conducted four times a week for 16 weeks. Each instructional session lasted for 20-25 minutes. A multiple baseline design across subjects was used to demonstrate the effects of social skills training on antisocial and socially appropriate behaviors of students with behavior disorders. Changes in performance were noted while maintaining baseline measures of all other students. The target students were observed directly for 10, 10-minute sessions over a three-week period. The results of this study showed that social skills might be effective in reducing antisocial behaviors for students. Students in the study were observed to exhibit less aggression after social skills instruction. In comparison to baseline, the data represented a 65% reduction in antisocial behaviors during instruction and 100% reduction in antisocial behaviors during follow-up for all students.

Lo, Loe, and Cartledge (2002) investigated the effects of pullout small-group and teacher-directed classroom-based social skills instruction on the social behaviors of five third- and fourth-grade students who were at-risk for emotional or behavioral disorders. The study was conducted in an urban public elementary school with a student population that was predominantly African American. Five students were chosen from a pool of 49 students based on specific criteria. Four students who were diagnosed with emotional or
behavioral disorders were also included in the study, as well as five students who were selected as competent peers to participate in small-group social skills instruction sessions. Three teachers delivered all classroom-based social skills instruction in their respective classrooms. The dependent variable in this study was the number of antisocial behaviors exhibited by the students. Antisocial behaviors were measured during classroom and lunchroom observations by recording the occurrence of antisocial student behaviors. Three graduate and undergraduate students majoring in special education conducted observations. A multiple-baseline across-subjects design was implemented to assess the effects of social skills instruction on the social behaviors of students at risk for emotional or behavioral disorders. The experimental procedure contained three conditions: baseline, small-group social skills instruction, and small-group plus classroom social skills instruction. Baseline data were collected on students' behaviors in both their classrooms and the lunchroom prior to the implementation of social skills instruction. All students were placed into one of three groups for small-group social skills instruction. Social skills instruction was based on the curriculum, Working Together: Building Children's Social Skills Through Folk Literature (Cartledge & Kleefeld, 1994). After participating students received small-group social skills instruction for at least three sessions, classroom instruction for that class was initiated by the classroom teacher. The classroom social skills instruction was employed for 25 to 30 minutes per lesson three times a week and was conducted until the end of the school year. The results of this study showed mixed
but positive effects of social skills instruction on the social behaviors of five at-risk students. All students portrayed progressively fewer and shorter periods of antisocial behaviors after the social skills instruction was introduced. Furthermore, the low frequency of antisocial behaviors was maintained or further decreased after classroom social skills instruction was initiated. The findings in this study suggest that classroom instruction may strengthen its effect by providing more opportunities for students to be reinforced and participate in socially appropriate behaviors with teachers and peers.

Social Skills Delivered Through Large Group Guidance

Definition

The American School Counselor Association (ASCA) defines large group guidance as a "planned, developmental program of guidance activities designed to foster students' academic, career, and personal/social development" (ASCA, 1999). This definition tends to be very broad and describes large group guidance as a curriculum. Others view large group guidance as a delivery system of age-appropriate concepts (Wittmer & Thompson, 2000). Sears (2003) defines large group guidance as "an intervention to deliver a curriculum or a series of planned activities to help students anticipate problems before they occur or to help them cope effectively with problems after they occur" (p. 2). This definition will be used in the proposed study due to the nature of the study being both preventative and treatment based.
Currently, there is a lack of research available pertaining to large group guidance. Further investigations need to be implemented in order to increase our knowledge and understanding of the potential benefits of large group guidance.

**History**

Historically, large group guidance has been used as a means of conveying important information and providing experiences to help students prepare for difficult situations before they arise (Sears, 2003). Previous definitions of large group guidance describe it as being developmental and therefore, developmental theories determine what skills and objectives should be included in the guidance curriculum. However, some professionals question the use of human development theories and concepts and propose that nothing assures that change in the developing person will progress systematically (Blocher, 1987; Sears, 2002). In reading the current study, it becomes apparent that many youth are not equipped with the appropriate skills needed in today's society and that several of them need more than developmental or preventative counseling. School counselors are in a unique position to assist students who are at-risk of not succeeding. Large group guidance is one way to help students learn skills that they should have learned earlier either at home or at school (Sears, 2003).

**Rationale for Large Group Guidance**

The diverse needs of students and the increasing number of problem behaviors being exhibited by students make it nearly impossible for school counselors to work with
every student. Therefore, perhaps one of the largest benefits of using large group
guidance is the ability to reach a greater number of students. Other benefits of large group
guidance include; Counselors can introduce themselves and the counseling program to
more students and when the students learn this information they may be more apt to seek
the counselor's assistance. Counselors can also identify students who need extra
assistance and attention from watching them interact with their peers in the classroom
setting (Sears, 2003). Other student benefits are also noted by Sears (2003) and include
the following. Students are exposed to others' comments or feelings about issues with
which they may be struggling. They can participate and learn from the experience even if
they do not choose to speak in front of their peers. Students have a chance to try out their
ideas and get feedback from their peers, and they can gain appropriate skills to deal with
problems at school or in their daily lives.

Summary

The current increases in "at-risk" behaviors such as aggression are major concerns
for educators as well as our society at large. School personnel who are disturbed by
escalating negative behaviors can choose from a number of empirically validated
curricula. There are several prevention and intervention programs that teach students
appropriate social skills or appropriate alternatives to violence and aggressive behaviors.
One approach is utilizing social skills instruction via large group guidance to general
education students. Social skills instruction includes a combination of instruction,
coaching, modeling, rehearsal, feedback, and reinforcement. The structure and make-up of large group guidance evidences potential for social skills instruction. The possible benefits of teaching social skills are promising.
CHAPTER 3

METHOD

INTRODUCTION

The current study sought to investigate the effects of a social skills curriculum taught via classroom guidance to sixth-grade students. This chapter will describe the procedures that were followed in carrying out this investigation. This chapter includes the following sections: (a) research questions, (b) population and sample, (c) research design, (d) internal and external validity, (e) treatment, (f) procedures, (g) data analysis, and (h) expected findings.

Research Question

The current study focused on the effects of social skills instruction on sixth-grade students. More specifically, it examined the effects of a social skills curriculum on behaviors such as cooperation, self-control, assertion, and empathy. Although, there is a significant body of research that has been conducted using social skills in the special educational settings, to date, very little has been implemented with large groups of students in a general education setting. Additionally, clinicians such as psychologists, as opposed to the school counselor usually facilitate the teaching of the social skills. The social skills curriculum in this study was delivered by a school counselor through large
group guidance. School counselors are in a unique position to deliver this service. The American School Counselor Association (1999) named large group guidance as one of the four primary counselor interventions. However, despite this information, school counselors often do not get an opportunity to administer large group guidance because of other roles that are being fulfilled. Additionally, the training of school counselors is closely aligned with the theoretical underpinnings of social skills (Cartledge & Milburn, 1995). Therefore, it is important for school counselors to administer social skills curriculums. The present study investigated the effects of a social skills curriculum delivered by a school counselor, on the behaviors of sixth-grade students in the general education classroom.

The following research question was addressed:

How do the behaviors of sixth-grade students who receive instruction in social skills differ from those who do not?

Hypotheses:

1. There will be a significant difference between treatment and control groups for cooperation. Operationally, change in cooperation is defined as the change in pre and post-test scores on the SSRS cooperation sub-scale (teacher and student forms). Differences in cooperation were measured using an ANOVA.
2. There will be a significant difference between treatment and control groups for self-control. Operationally, change in self-control is defined as the change in pre and post-test scores on the SSRS self-control sub-scale (teacher and student forms). Differences in self-control were measured using an ANOVA.

3. There will be a significant difference between treatment and control groups for assertion. Operationally, change in assertion is defined as the change in pre and post-test scores on the SSRS assertion sub-scale (teacher and student forms). Differences in assertion were measured using an ANOVA.

4. There will be a significant difference between treatment and control groups for empathy. Operationally, change in empathy is defined as the change in pre and post-test scores on the SSRS empathy sub-scale (student form only). Differences in empathy were measured using an ANOVA.

5. There will be a significant difference between treatment and control groups for total social skills. Operationally, change in total social skills is defined as the change in pre and post-test scores on the SSRS total social skills sub-scale (teacher and student forms). Differences in total social skills between the treatment and control groups were measured using an ANOVA.
6. There will be a significant difference within the treatment group from pre and post-test scores for cooperation. Operationally, change in cooperation is defined as the change in pre and post-test scores on the SSRS cooperation sub-scale (teacher and student forms). Differences in cooperation were measured using a Paired-Sample T-test.

7. There will be a significant difference within the treatment group from pre and post-test scores for self-control. Operationally, change in self-control is defined as the change in pre and post-test scores on the SSRS self-control sub-scale (teacher and student forms). Differences in self-control were measured using a Paired-Sample T-Test.

8. There will be a significant difference within the treatment group from pre and post-test scores for assertion. Operationally, change in assertion is defined as the change in pre and post-test scores on the SSRS assertion sub-scale (teacher and student forms). Differences in assertion were measured using a Paired-Sample T-Test.

9. There will be a significant difference within the treatment group from pre and post-test scores for empathy. Operationally, change in empathy is defined as the change in pre and post-test scores on the SSRS empathy sub-scale (student form). Differences in empathy were measured using a Paired-Sample T-Test.
10. There will be a significant difference within the treatment group from pre and post-test scores for total social skills. Operationally, change in total social skills is defined as the change in pre and post-test scores on the SSRS total social skills sub-scale (teacher and student forms). Differences in total social skills within the treatment group were measured using a Paired-Sample T-Test.

11. There will be no significant difference within the control group from pre and post-test scores for cooperation. Operationally, change in cooperation is defined as the change in pre and post-test scores on the SSRS cooperation sub-scale (teacher and student forms). Differences in cooperation were measured using a Paired-Sample T-Test.

12. There will be no significant difference within the control group from pre and post-test scores for self-control. Operationally, change in self-control is defined as the change in pre and post-test scores on the SSRS self-control sub-scale (teacher and student forms). Differences in self-control were measured using a Paired-Sample T-Test.

13. There will be no significant difference within the control group from pre and post-test scores for assertion. Operationally, change in assertion is defined as the change in pre and post-test scores on the SSRS assertion sub-scale (teacher and student forms). Differences in assertion were measured using a Paired-Sample T-Test.
14. There will be no significant difference within the control group from pre and post-test scores for empathy. Operationally, change in empathy is defined as the change in pre and post-test scores on the SSRS empathy sub-scale (student form). Differences in empathy were measured using a Paired-Sample T-Test.

15. There will be no significant difference within the control group from pre and post-test scores for total social skills. Operationally, change in total social skills is defined as the change in pre and post-test scores on the SSRS total social skills sub-scale (teacher and student forms). Differences in total social skills within the control group were measured using a Paired-Sample T-Test.

Population and Sample

The target population is the group to whom the research generalizes the results of a study. The target population in the present study was sixth-grade students at Middle School North in the Groveport Madison School District. The experimentally accessible population was also sixth-grade students at Middle School North in the Groveport Madison School District. Subjects ranged in age from eleven years to thirteen years and consisted of a variety of different skill levels. The current population for sixth-grade students at Groveport Madison Middle School North was as follows: 35% African American, 58% White, 1.5% Hispanic, and less than 1% Asian. Females made up 44% of the population, while males made up 55%. 
A convenience sample was used as students were selected from five intact classrooms. Two of the five classes were randomly assigned to the treatment group and two were randomly assigned to the control group. A total of 77 sixth-grade students from Groveport Madison Middle School North were involved in the current study. Two classes of approximately 20 students each received the treatment (N=38) and two classes of approximately 20 students each were in the control group (N=39). The chosen sample was comparable to the larger student body. Therefore, the results of this study can be generalized to other sixth-grade students at Groveport Madison Middle School North.

Research Design

The present study examined the effect of social skills training on the behavior of sixth-grade students in an urban setting. An independent variable was manipulated (treatment) to judge its effect upon the dependent variables. The current study was a quasi-experimental research design. It was not a true experiment because a convenience sample was used rather than random selection. More specifically, the nonequivalent control group design was utilized. This design involves a treatment or experimental group and a control group. Both are given a pre-test and a post-test, however the control group and the experimental group do not have pre-experimental sampling equivalence. Instead, "the groups constitute naturally assembled collectives such as classrooms, as similar as availability permits but yet not so similar that one can dispense with the pretest"(Campbell & Stanley, 1963, p. 47).
Independent Variables

One independent variable was used and it had two levels. The independent variable was the social skills training that was implemented. The social skills curriculum that was used was *Working Together: Building Children's Social Skills Through Folk Literature* (Cartledge & Kleefeld, 1994). The two levels were receiving treatment or not receiving treatment (control). This variable is categorical.

Dependent Variables

The dependent variables were sub-scales on the Social Skills Rating System (SSRS). Teacher and self-report student SSRS rating forms were used in the present study. The teacher SSRS form measured social skills, problem behaviors, and academic competence. The current study utilized the social skills variable only. The sub-scales that made up the social skills scale on the teacher form were cooperation, assertion, and self-control. The self-reported student form also measured social skills. The sub-scales on that form were cooperation, assertion, empathy, and self-control.

The sub-scales of the teacher assessment were combined for each category giving a total score for social skills. Likewise, they were combined for the student assessment as well. Therefore, together there were a total of two social skill scores, used as dependent variables.
Instrument

The Social Skills Rating System (SSRS) (Gresham & Elliott, 1990) was utilized. The SSRS provides a broad, multi-rater assessment of student social behaviors that can impact teacher-student relations, peer acceptance, and academic performance (Gresham & Elliott, 1990). This behavior rating scale can be distinguished from most other behavior rating scales in several ways. First, the SSRS focuses on positive behaviors or prosocial skills. Second, national norms have been gathered on a diverse sample of more than 4,000 children. Third, a coordinated multi-rater approach may involve teachers, parents, and students (Gresham & Elliott, 1990). According to the authors, these characteristics combine to make the SSRS a valuable and effective tool for social skills assessment and intervention planning (Gresham & Elliott, 1990). The SSRS uses teacher, parent, and student rating scales to sample the three domains of social skills, problem behaviors, and academic competence. However, the current study examined only social skills, which the SSRS assesses most comprehensively (Gresham & Elliott, 1990).

The SSRS social skills scale uses two types of ratings: frequency, and importance. Frequency ratings, which are made by both teacher and students' reflect "how often" a social behavior occurs. The SSRS uses a three-point rating scale ranging from 0 to 2 (never, sometimes, or very often). A rating of 0 means the behavior never occurs, a rating of 1 means the behavior sometimes occurs, and a rating of 2 means the behavior occurs very often. Importance ratings are completed by teachers and are defined as the
importance of each behavior for classroom success (not important, important, or critical). The importance scale provides a way of establishing the social value of the behaviors being assessed (Gresham & Elliott, 1990). Behaviors are rated 0 if they are perceived to be not important, 1 if they are perceived to be important, and 2 if they are perceived to be critical.

The SSRS consists of three forms: a teacher form, parent form, and a self-reported student form. The teacher form and student form were used for this study. The teacher form consists of 57 items and the student form is made up of 34 items. It takes approximately 20 minutes for the teacher form to be completed. The approximate administration time for the student form is 15 minutes.

Reliability refers to the consistency of test scores obtained from repeatedly testing an individual with the same test or an equivalent test under similar conditions. Three methods were used to estimate the reliability of the SSRS: internal consistency (coefficient alpha), test-retest, and interrater. Based on standardization samples, the total scale coefficient alpha reliabilities are .94 for the teacher form, and .83 for the student form. The gender of the student did not appear to impact the internal consistency estimates of the scales or sub-scales. According the Gresham and Elliott (1990), it is safe to conclude that the internal consistency of the scales and sub-scales is about the same for males and females at all levels. Test-retest reliability of the SSRS was measured by having samples of teachers, parents, and students from the elementary standardization
sample rate the same students four weeks after their original standardization ratings. Test-retest correlations for the teacher ratings are .85 for social skills, while student self-ratings of social skills yielded a test-retest reliability coefficient of .68. Social skills subscale reliability coefficients ranged from .75 to .88 for teachers, and from .52 to .66 for students. These results show good to excellent stability for the teacher form. Stability coefficients were lower for the student form, but appear adequate in view of other supporting evidence of their reliability (Gresham & Elliott, 1990). The Interrater reliability method that was used to estimate SSRS reliabilities was convergent validity. Coefficients range from .03 to .41 with a median correlation of .26 (p<.001). The total scale coefficient for the teacher-student respondents is .22, with a median coefficient of .20.

The validity of an instrument strongly determines the quality of an instrument. Validity refers to the question: Does the scale measure what it is supposed to measure? With regard to the SSRS, three approaches to validity were described: content validity, criterion-related validity, and construct validity. Content validity was documented by years of previous research and was supported by the standardization analyses. Criterion-related validity was also assessed for the SSRS. Substantial evidence was provided to show that the SSRS (predictor) correlated significantly with many other measures (criterion measures). A few of these measures included the Social Behavior Assessment (Stephens, 1978), and various forms of the Child Behavior Checklist (Achenback &
Edelbrock, 1983, 1987). Several studies were implemented to assess the construct validity of the SSRS (Gresham & Elliott, 1990). The consistent results of these studies contribute strong evidence in support of the construct validity of the SSRS (Gresham & Elliott, 1990).

Validity

**Internal Validity**

The internal validity of this design is strong, with one exception, the interaction of selection and maturation (Campbell & Stanley, 1963). Internal validity assures the researcher that the dependent variable results are due to the independent variable rather than something else. Interaction of selection and maturation occurs when different ages, experience, or ability levels are used in the treatment and control groups. This threat was minimized in the current study in two ways. First, due to the random assignment of classes it is likely that the treatment and control groups would be similar. Second, the administration of social skills in the present study occurred for ten weeks. Due to the short-term nature of the study there was not much time for maturation to occur.
External Validity

One purpose of most experiments is to generalize the findings to some group of subjects and set of conditions that are not included in the experiments. The extent to which the results of a study can be generalized determines the external validity (Fraenkel & Wallen, 1996). Sources of external invalidity are interaction of testing and X, interaction of selection and X, and reactive arrangements.

When utilizing the nonequivalent control group design, interaction of testing and X is a possible source of concern. Interaction of testing and X is the idea that when subjects take a pretest, they gain information that may be helpful to them as they participate in the treatment. This can result in a higher post-test score. This interaction was a valid concern with regard to the current study.

Interaction of selection and X refers to the possibility that the effects validly demonstrated hold only for that unique population from which the experimental and control groups were jointly selected (Campbell & Stanley, 1963). With regard to the present investigation, if permission was granted from the district, the principals, and the parents, then the fact that all of these individuals gave permission makes them unique. This could be a source of concern for the investigators.

Reactive arrangements are also a possible source of concern for the nonequivalent control group design (Campbell and Stanley, 1963). This threat occurs when a treatment is new or novel and subjects respond differently because of the newness. Results obtained
when the treatment is novel or disruptive may not be generalizable to situations where the treatment is institutionalized. With regard to the current study, this possible threat was not controlled for. All of the treatment and control groups were kept in their regular classroom and therefore the treatment groups could experience some effect of the reactive arrangement.

Treatment

The treatment that was implemented was social skills training. This instruction was based on the formal curriculum, Working Together: Building Children's Social Skills Through Folk Literature (Cartledge & Kleefeld, 1994). This curriculum consisted of a presentation manual with scripted lessons, sticker record sheets, skill posters, parent letters, and audiocassette tapes of the folk tales. Working Together is a packaged training program in social skills for children in grades three through six. The program's emphases are peer relationships, conflict resolution, and meaningful use of language. The training includes behavioral, cognitive, and affective components of social skills. Working Together was field-tested at sites selected to represent a full range of ages, geographic locations, economic levels, and cultures. The following units were taught to the students who were in the treatment group: Cooperating with Peers and Responding to Conflict and Aggression. These units were chosen because they included skills that were assessed by the Social Skills Rating System (SSRS). Following is a list of learning objectives that were taught within each unit.
Cooperating with Peers:

1) Accepting individual differences
2) Mediating group rules
3) Offering and giving help
4) Giving and accepting criticism
5) Respecting others' property

Responding to Conflict and Aggression:

1) Ignoring or leaving bad situations
2) Asking for help in bad situations
3) Negotiating conflict
4) Controlling your temper

**Teaching Sequence**

Each skill in *Working Together* offers an average of twelve activities. The activities are organized in a sequence of motivation, practice, and maintenance. The major motivation activity for each skill is a story, usually a folktale. Folk stories are a natural fit for social skills and often make us think about what we would do in similar circumstances (Cartledge & Kleefeld, 1994). According to the authors, folk stories "enlarge our horizons and help us crystallize our own beliefs, values, and experiences" (p. 8). The stories are intended to be shared orally, as most have been historically.
Therefore, all are recorded on audiotape. According to Cartledge and Kleefeld (p. 9), the stories were chosen according to various criteria:

- The major point of the story matched the skill to be taught.
- The lesson was taught through prosocial means with minimal or no violence.
- The story was simple enough to be understood by elementary-aged children.
- The story was relatively brief.
- The story represented a diverse culture and complemented the existing collection of stories.

When the importance of the social skills becomes clear to the students, it is important for them to practice the skill. The curriculum offers opportunities for practice through the context of role-plays, cooperative activities, and games. The final sequence of the curriculum is maintenance. This part helps the student to generalize the behavior to other settings. The maintenance activities encourage the students to use their skills in real-life situations. For example, whenever a student is seen performing a newly taught skill in the natural classroom environment, it is important to take time to recognize and compliment the student, referring specifically to the skill performed. More specifically, each lesson included: 1) an introduction to the skill through listening to the pre-recorded story on the audio cassette tapes or reading of the scripted story by the students and the instructor; 2) the identification and definition of the social skill to be taught;
3) modeling of the skill through a scripted story that included role-playing; 4) practicing
the skills using the scripted story with a peer; 5) feedback; 6) practice of the skills
incorporating the feedback.

Procedures

The following steps were taken in implementing the current study.

1) A request for approval was given to the Institutional Review Board (IRB).

2) Once approval was granted, the Groveport Madison School District was contacted to
determine the procedures in which the research could be conducted in their school.

3) After the procedures were followed, the primary investigator met with the principal of
Groveport Madison Middle School North to explain the purpose of the study and to
get permission to use their students as subjects.

4) Following this step, letters were sent home to parents explaining the study and asking
for their permission to allow their child to participate. All parent permission forms
were collected before the experiment began.

Prior to the treatment, the primary researcher trained a licensed school counselor
in implementing the *Working Together* curriculum. The counselor utilized in the current
study was Caucasian and in her 20\textsuperscript{th} year of working as a school counselor. Her daily
roles included administrative duties, crisis counseling, individual counseling, and group
counseling. This particular school counselor did not typically engage in large group
guidance and was very eager for the opportunity. The counselor implemented the
treatment at Groveport Madison Middle School North. The two classes that received treatment (N=17 and N=21) were taught social skills once a week for ten weeks. Each session lasted for 45 minutes and one learning objective was taught in each session. There were a total of nine learning objectives. In week ten, students discussed all of the lessons that they had learned throughout the social skills training and had the opportunity to practice their skills. All of the students also had the opportunity to practice their skills each week through role-play. One practice/maintenance activity was completed for each lesson. Additionally, each week, students were encouraged to practice their skills outside of the classroom environment. The self-reported student form of the SSRS was administered to both the treatment and control groups prior to the treatment. In week 11, all students in the treatment and control groups were administered the self-reported student form of the SSRS as the post-test. The classroom teacher completed the teacher form of the SSRS two times for their students who were in the treatment and control groups. The first time was prior to the implementation of the social skills curriculum (pre-test) and the second time was at the completion of the treatment (post-test). The classroom teacher, a Caucasian female, did not have any previous training with social skills. She was in her 2nd year of teaching and was licensed for grades one through eight with a focus on middle schools. She also had her Master's Degree in Teaching and Learning.
Data Analysis

Statistical data were computed using the Statistical Package for Social Sciences (SPSS) Windows version. Descriptive statistics and correlational data were reported for demographic, dependent, and independent variables.

Analysis of variance (ANOVA) and paired sample t-tests were used to analyze the findings of the proposed study. ANOVA's were used to compare the pre- and post-test scores between the treatment and control groups. This analysis examined the whole group. Paired sample t-tests were computed within the treatment groups and within the control groups. This analysis looked at each subject within the treatment group and each subject within the control group. Therefore, the paired sample t-test had more accuracy.

The alpha level for the current study was set at .05. Therefore, there was a 5% chance of incorrectly rejecting the null hypothesis (Type I error). A beta error (Type II error) is the probability of incorrectly accepting the null hypothesis. One main reason for making Type II errors is that the sample size is too small. Statistical power is defined as the probability of discovering a true relationship (1-Beta). With more power, one can detect smaller differences that are not due to chance. More subjects are needed for research to have greater statistical power. An alpha level of .01 would have greater statistical power than one set at .05. However, more subjects would be needed for a .01 alpha test. For the present investigation, power was reported for each statistic.
Expected Findings

With regard to the current study, it was expected that implementing the *Working Together* curriculum would positively effect the behaviors of sixth grade students and make a difference. If the results of this study were as expected, the potential ramifications for teaching social skills to sixth-graders at Groveport Madison Middle School North would be great. Hopefully, programs such as this will be implemented for every sixth-grade student in the district. The current investigator also hopes that other researchers within this field will begin implementing similar experiments in other schools with other populations. This will help to generalize the findings to a greater number of schools and help to create an awareness of the positive effects that implementing social skills can have on students.

Using a counselor in implementing the current study also has potential ramifications. As stated earlier, some teachers often feel overwhelmed and do not feel that they have time to teach social skills. Others feel that it is not their responsibility to teach social skills and that these are skills that should be taught at home. Counselors may in fact be in a better position to implement social skills curriculum if they have the proper training. Utilizing counselors for important roles such as these is necessary.
In fact, some researchers state that special educators or school counselors would be the most appropriate personnel to provide this training to students (Maag & Webber, 1995). Far too often counselors are used in an administrative capacity and the valuable skills and training that they bring to the table goes unnoticed.

A final potential ramification of this study was that the number of students exhibiting helping and encouraging behaviors within the school would increase. Helping behaviors can be contagious and when students begin demonstrating these behaviors, it is likely that others will imitate them. Interest in mutual liking and shared prestige produce more cohesive classroom groups as well as more students who like school (Schmuck & Schmuck, 1988). Garrity, Jens, Porter, Sager, and Short-Camilli (1997) stated that it is important for the caring majority of the students to create the climate of the school. When this occurs, these authors suggest that the power balance shift away from the aggressive children to the caring children and a positive tone is set within the school.
CHAPTER 4

RESULTS

INTRODUCTION

The purpose of the current study was to investigate the effects of a social skills curriculum taught through classroom guidance to sixth-grade students. This chapter presents the results of the data analysis. The analysis is presented in the following order: (a) descriptive analysis of the sample demographic characteristics, first by overall sample, and then separately by experimental and control groups (b) statistical analyses of the research hypotheses.

Descriptive Analysis of Demographic Items

The sample consisted of N= 77 Groveport Madison Middle School North sixth-grade students. Demographic information was collected on all study participants. Items for which data was collected included age, gender, race, handicap, and type of handicap. The following paragraphs present a summary of these demographic items.

The mean age of the sample was 11.39 (SD = .52) years with a range from 11- 13 years (62% of the sample was 11 years of age, 36% was 12 years of age, and 1% was 13 years). In terms of gender, N= 36 students in the sample population were males and N= 41 students were females.
The racial break down of the sample consisted of 63.6% Caucasian students (N= 49), 33.8% African American students (N= 26), and 2.6% were Hispanic (N= 2). Three students were rated as handicapped. Two of them had a learning disability, and one was legally blind.

**Treatment Group**

The total population for the treatment group was 38 students. Twenty-two of the students were 11 years of age, 15 were 12 years of age, and one student was 13 years of age. The gender consisted of 21 males and 17 females. Ten students were African American and 28 were Caucasian. One student was identified with a handicap, and she was legally blind.

**Control Group**

The control group consisted of 39 students. 26 students were 11 years of age, and 13 were 12 years of age. There were 15 males and 24 females in the control group. 16 students were African American, 21 were Caucasian, and two were Hispanic. Two students in the control group were identified as handicapped and both students had learning disabilities.

**Dependent Variables**

Means and standard deviations for all dependent variables (teacher and student SSRS scores) were reported for the total population, for the treatment group, and for the control group in table 4.1.
Additionally, means and standard deviations were reported for gender for the total population, the treatment group, and the control group (table 4.2) as well as race for all three groups (table 4.3).

Gender

Means and standard deviations were reported for gender for the total population, the treatment group, and the control group. The means for the teacher rated pre- and post-tests for the total population of females were higher than the means for the teacher rated pre- and post-tests for total population of males for every sub-scale (cooperation, assertion, and self-control). Similarly, when the total population of males and females rated themselves on the pre-tests, the female means were higher on every sub-scale (cooperation, assertion, self-control, and empathy). The total population females also had higher means when they rated themselves compared the total population of males on all post-test sub-scales, with the exception of one: cooperation. For this sub-scale, the mean for the males was 15.33 (SD = 2.46) and the mean for the females was 15.20 (SD = 2.93). When examining the gender of the treatment group, the means for the entire teacher rated sub-scales (both pre and post-tests) were higher for the females than they were for the males. Likewise, when the students in the treatment group rated themselves, the female means were higher than the male means for all sub-scales on both the pre and post-tests. Gender among the control group was also analyzed and the same pattern held true. Female means were higher than male means for every sub-scale when the teachers rated
the students on both the pre and post-tests. When the students in the control group rated themselves, means for the females were higher on every sub-scale for the pre-tests. The means for the post-tests were higher for the females on every sub-scale except for cooperation where the mean for the males was 15.87 (SD = 1.77) and the mean for the females was 15.21 (SD = 3.05). (See Table 4.2)

Race

Race was another variable that was examined for the total population, the treatment group, and for the control group. The teacher rated means were higher for Caucasians than they were for African Americans on all of the pre-test sub-scales (cooperation, assertion, and self-control). The means for all of the teacher rated post-test sub-scales were also higher for the Caucasian group with the exception of assertion. For this sub-scale, the mean for African Americans was 15.46 (SD = 4.20) and the mean for Caucasians was 15.14 (SD = 4.89). For the student rated total group sub-scales, all of the means were higher for Caucasians than they were for African Americans for both the pre and post-tests. When the teachers rated the treatment group, the means for African Americans were higher for the sub-scale of cooperation on the pre-test. All of the other pre-test means were higher for the Caucasians. The means for the teacher rated sub-scales were also higher for the African American group on the post-test scores for assertion. All other post-test sub-scale means were higher for Caucasians.
When the students in the treatment group rated themselves, the means for the Caucasian students were higher across all sub-scales on both pre- and post-tests. Similarly, when the students in the control group rated themselves, the means for the Caucasian students were also higher across all sub-scales on both pre- and post-tests. (See Table 4.3)
<table>
<thead>
<tr>
<th>SSRS Variables</th>
<th>Total Population (N=77)</th>
<th>Treatment Group (N=38)</th>
<th>Control Group (N=39)</th>
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<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
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<tr>
<td>Pre Cooperation</td>
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Table 4.1: Means and Standard Deviations for Total Population, Treatment Group, and Control Group
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<th>Total Population Males (N=36)</th>
<th>Total Population Females (N=41)</th>
<th>Treatment Group Males (N=21)</th>
<th>Treatment Group Females (N=17)</th>
<th>Control Group Males (N=15)</th>
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Table 4.2: Means and Standard Deviations by Gender for Total Population, Treatment Group, and Control Group
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Table 4.3: Means and Standard Deviations by Race for Total Population, Treatment Group, and Control Group
Statistical Analysis

Introduction

All statistical data were computed using the Statistical Package for Social Sciences (SPSS) Windows Version. Correlation matrices were used to examine and describe the relationships between demographic and dependent variables. Paired Sample T-Tests were used to compute differences between pre and post-test scores for each variable on the Social Skills Rating System (SSRS) within the treatment group and within the control group. This analysis examined each particular subject within the treatment group and each particular subject within the control group. Analysis of Variance was used to compare the pre and post-test scores between the treatment and control group.

Homogeneity of Variances

To determine homogeneity of variances relative to the analyses of variance (ANOVAs) conducted on each sub-scale mean score of the student rated SSRS, Levene's Test of Equality of Error Variances was utilized. Levene's test of Equality of Error Variances tests the null hypothesis that the error variance of each dependent variable is equal across groups. The statistics that resulted from this test found no statistical significance, and therefore supported the null hypothesis that the error variances of the dependent variables are equal across groups (Table 4.4).
Table 4.4: Levene's Test of Equality of Error Variances

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Abbreviations:
- StudPreCoop = Student Pre Test Cooperation
- StudPreAss = Student Pre Test Assertion
- StudPreSC = Student Pre Test Self Control
- StudPreEmp = Student Pre Test Empathy
- StudPreSSStot = Student Pre Test Total Social Skills

Correlational Analysis

Correlational matrices were computed for race, gender and each of the teacher (pre and post) and student (pre and post) scores from the Social Skills Rating System (SSRS). The results indicated that the SSRS variables were highly correlated for both pre and post-test teacher and student ratings. Race and gender were also significantly correlated with several other variables. Correlational data is shown in table 4.5.
** Correlation is significant at the .01 level (2-tailed)
* Correlation is significant at the .05 level (2-tailed)

Table 4.5: Intercorrelations between SSRS scores, race, and gender

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<th>PC=Pre Cooperation</th>
<th>PA=Pre Assertion</th>
<th>PSC=Pre Self Control</th>
<th>PST=Pre Social Skills Total</th>
<th>POC=Post Cooperation</th>
<th>POA= Post Assertion</th>
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** Correlation is significant at the .01 level (2-tailed)
* Correlation is significant at the .05 level (2-tailed)

Table 4.5 Continued: Intercorrelations between SSRS scores, race, and gender

Abbreviations: SPC=Student Pre Cooperation  SPA=Student Pre Assertion
SPSC=Student Pre Self Control  SPE=Student Pre Empathy
SPSST=Student Pre Social Skills Total  SPOC=Student Post Cooperation
SPOA=Student Post Assertion  SPOSC=Student Post Self Control
SPOE=Student Post Empathy  SPOSST=Student Post Social Skills Total
Analysis of Hypothesis

The following research question was addressed: How do the behaviors of sixth grade students who receive instruction in social skills differ from those who do not?

Several hypotheses were investigated and below are a list of those hypotheses, followed by an explanation of the result.

Hypotheses:

1. There will be a significant difference between treatment and control groups for cooperation. Operationally, change in cooperation was defined as the change in pre and post-test scores on the SSRS cooperation sub-scale (teacher and student forms). Differences in cooperation were measured between the treatment and control groups using an ANOVA.

   The results did not indicate differences between the treatment and control groups for the teacher rated pre (F=1.87, p>.05) and post-test (F=.888, p>.05). Furthermore, difference were not found on the student rated SSRS for the pre (F=.285, p>.05) or post-test (F=.438, p>.05) for the cooperation variable (Tables 4.6 & 4.7).

2. There will be a significant difference between treatment and control groups for self-control. Operationally, change in self-control was defined as the change in pre and post-test scores on the SSRS self-control sub-scale (teacher and student forms). Differences in self-control between the treatment and control group were measured using an ANOVA.
The results did not indicate significant differences between the treatment and control groups for both the teacher pre-test ($F= 3.33, p>.05$) or post-test ($F=3.72, p>.05$) as well as the student assessed pre ($F=.004, p>.05$) or post-test ($F=.296, p>.05$) for the variable self-control (Tables 4.6 & 4.7).

3. There will be a significant difference between treatment and control groups for assertion. Operationally, change in assertion was defined as the change in pre and post-test scores on the SSRS assertion sub-scale (teacher and student forms). Differences in assertion between the treatment and control groups were measured using an ANOVA.

There were no significant differences between the treatment and control groups for pre and post assertion on the student rated SSRS ($F=.588, p>.05$; $F=.434, p>.05$). Pre assertion was not significantly different for the teacher rated scale ($F=.141, p>.05$), however, post-assertion was significantly different ($F=6.58, p<.05$) between the treatment and control group on the teacher rated SSRS. The mean for the treatment group for post assertion was 13.92 and the mean for the control group for post assertion was 16.54 (Tables 4.6 & 4.7).

4. There will be a significant difference between treatment and control groups for empathy. Operationally, change in empathy was defined as the change in pre and post-test scores on the SSRS empathy sub-scale (student form only). Differences in empathy between the treatment and control groups were measured using an ANOVA.
Results did not indicate significant differences between the treatment and control groups for the pre-test \( (F=0.177, p>0.05) \) or for the post-test \( (F=1.60, p>0.05) \) on the student rated variable empathy (Table 4.6).

5. There will be a significant difference between treatment and control groups for total social skills. Operationally, change in total social skills was defined as the change in pre and post-test scores on the SSRS total social skills sub-scale (teacher and student forms). Differences in total social skills between the treatment and control groups were measured using an ANOVA.

The results did not indicate significant differences between the treatment and control groups for both the teacher pre-test \( (F=1.04, p>0.05) \) or post-test \( (F=3.76, p>0.05) \) as well as the student assessed pre \( (F=0.214, p>0.05) \) or post-test \( (F=0.621, p>0.05) \) for the variable total social skills (Tables 4.6 & 4.7).

6. There will be a significant difference within the treatment group from pre and post-test scores for cooperation. Operationally, change in cooperation was defined as the change in pre and post-test scores on the SSRS cooperation sub-scale (teacher and student forms). Differences in cooperation within the treatment group will be measured using a Paired-Sample T-test.

Pre and post-test scores for cooperation were significantly different for both the teacher and student assessed forms. The teacher rated forms were significant \( (T = 4.58, p < .05) \) and the mean for pre-cooperation was 18.37, and the mean for post-
cooperation was 15.42. The student rated forms were also significant (T= 2.11, p< .05). The mean for the student pre-cooperation score was 15.84, and the mean for the student post-cooperation was 15.05 (Tables 4.8 & 4.9).

7. There will be a significant difference within the treatment group from pre and post-test scores for self-control. Operationally, change in self-control was defined as the change in pre and post-test scores on the SSRS self-control sub-scale (teacher and student forms). Differences in self-control within the treatment group will be measured using a Paired-Sample T-Test (Tables 4.8 & 4.9).

The results indicated a significant difference within the treatment group and control group on the teacher rated forms for the self-control variable (T= 5.36, p< .05). The mean score for the pre-test of self-control was 19.42 and the mean score for the post-test of self-control was 15.29. There was no significant difference found within the treatment group and the control group on the student rated forms for self-control (p> .05) (Tables 4.8 & 4.9).

8. There will be a significant difference within the treatment group from pre and post-test scores for assertion. Operationally, change in assertion was defined as the change in pre and post-test scores on the SSRS assertion sub-scale (teacher and student forms). Differences in assertion within the treatment group were measured using a Paired-Sample T-Test.
Significant differences were found within the treatment group and control group for the teacher rated forms for the variable of assertion ($T = 5.00, p < .05$). The mean score for the pre-test was 17.29 and the mean score for the post-test on assertion was 13.92. No significant differences were found within the treatment group and control group from pre and posttest scores for assertion when the students assessed themselves ($p > .05$) (Tables 4.8 & 4.9).

9. There will be a significant difference within the treatment group from pre and post-test scores for empathy. Operationally, change in empathy was defined as the change in pre and post-test scores on the SSRS empathy sub-scale (student form).

The results did not indicate significant difference within the treatment group from pre and post-test scores for empathy on the student assessed forms ($p > .05$) (Table 4.9).

10. There will be a significant difference within the treatment group from pre and post-test scores for total social skills. Operationally, change in total social skills was defined as the change in pre and post-test scores on the SSRS total social skills sub-scale (teacher and student forms). Differences in total social skills within the treatment group will be measured using a Paired-Sample T-Test.

Significant differences were found within the treatment group and control group for the teacher rated forms for the variable of total social skills ($T = 5.19, p < .05$). The mean score for the pre-test was 55.08 and the mean score for the post-test for total social skills was 44.89. Results also indicated significant differences within the
treatment group and control group from pre- and post-test scores for total social skills when the students assessed themselves (T= 2.31, p< .05). The mean score for the pre-test was 57.76 and the mean score for the post-test was 54.84 (Tables 4.8 & 4.9).

11. There will be no significant difference within the control group from pre and post-test scores for cooperation. Operationally, change in cooperation was defined as the change in pre and post-test scores on the SSRS cooperation sub-scale (teacher and student forms). Differences in cooperation within the control group were measured using a Paired-Sample T-Test.

The results did not indicate significant differences within the control group from pre and post-test scores for cooperation (p> .05) for both the teacher and student rated forms (Tables 4.10 & 4.11).

12. There will be no significant difference within the control group from pre and post-test scores for self-control. Operationally, change in self-control was defined as the change in pre and post-test scores on the SSRS self-control sub-scale (teacher and student forms). Differences in self-control within the control group were measured using a Paired-Sample T-Test.

The results did not indicate significant differences within the control group from pre and post-test scores for self-control (p> .05) for both the teacher and student rated forms (Tables 4.10 & 4.11).
13. There will be no significant difference within the control group from pre and post-test scores for assertion. Operationally, change in assertion was defined as the change in pre and post-test scores on the SSRS assertion sub-scale (teacher and student forms). Differences in assertion within the control group were measured using a Paired-Sample T-Test.

The results did not indicate significant differences within the control group from pre and post-test scores for self-control (p> .05) for both the teacher and student assessed forms (Tables 4.10 & 4.11).

14. There will be no significant difference within the control group from pre and post-test scores for empathy. Operationally, change in empathy was defined as the change in pre and post-test scores on the SSRS empathy sub-scale (student form). Differences in empathy within the control group were measured using a Paired-Sample T-Test.

There were no significant differences within the control group from pre and post-test scores for empathy (p> .05). Empathy was a student rated variable only (Table 4.11).

15. There will be no significant difference within the control group from pre and post-test scores for Total social skills. Operationally, change in total social skills was defined as the change in pre and post-test scores on the SSRS total social skills sub-scale (teacher and student forms). Differences in total social skills within the control group were measured using a Paired-Sample T-Test.
The results indicated significant differences within the control group from pre and post-test scores for total social skills on the teacher rated SSRS (T= 2.03, p< .05). The mean score for the pre-test was 53.10 and the mean for the post-test for total social skills was 50.25. No significant differences were found on the student rated total social skills score (p> .05). (Tables 4.10 & 4.11).
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Table 4.6: Teacher rated SSRS variables by Group
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Table 4.7: Student rated SSRS variables by Group
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<thead>
<tr>
<th>SSRS Sub-scales</th>
<th>Mean</th>
<th>N</th>
<th>Std. Deviation</th>
<th>Std. Error</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pair 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Precooperation</td>
<td>18.3684</td>
<td>38</td>
<td>2.09789</td>
<td>.34032</td>
</tr>
<tr>
<td>Postcooperation</td>
<td>15.4211</td>
<td>38</td>
<td>4.54189</td>
<td>.73679</td>
</tr>
<tr>
<td><strong>Pair 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preassertion</td>
<td>17.2895</td>
<td>38</td>
<td>1.31330</td>
<td>.21305</td>
</tr>
<tr>
<td>Postassertion</td>
<td>13.9211</td>
<td>38</td>
<td>4.81766</td>
<td>.78153</td>
</tr>
<tr>
<td><strong>Pair 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PreSelfControl</td>
<td>19.4211</td>
<td>38</td>
<td>1.38782</td>
<td>.22513</td>
</tr>
<tr>
<td>PostSelfControl</td>
<td>15.2895</td>
<td>38</td>
<td>5.29103</td>
<td>.85832</td>
</tr>
<tr>
<td><strong>Pair 4</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PreSocialSkills</td>
<td>55.0789</td>
<td>38</td>
<td>3.95503</td>
<td>.64159</td>
</tr>
<tr>
<td>Total</td>
<td>44.8947</td>
<td>38</td>
<td>13.61595</td>
<td>2.20880</td>
</tr>
</tbody>
</table>

Table 4.8: Paired Sample T-Test- Teacher SSRS- Treatment Group

* significant at the .05 level

<table>
<thead>
<tr>
<th>SSRS Sub-scales</th>
<th>Mean</th>
<th>N</th>
<th>Std. Deviation</th>
<th>Std. Error</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pair 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>StudPreCooperation</td>
<td>15.8421</td>
<td>38</td>
<td>2.64602</td>
<td>.42924</td>
</tr>
<tr>
<td>StudPostCooperation</td>
<td>15.0526</td>
<td>38</td>
<td>2.79911</td>
<td>.45407</td>
</tr>
<tr>
<td><strong>Pair 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>StudPreAssertion</td>
<td>14.0526</td>
<td>38</td>
<td>2.77973</td>
<td>.45093</td>
</tr>
<tr>
<td>StudPostAssertion</td>
<td>13.1579</td>
<td>38</td>
<td>3.06265</td>
<td>.49683</td>
</tr>
<tr>
<td><strong>Pair 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>StudPreSelfControl</td>
<td>11.9737</td>
<td>38</td>
<td>3.40498</td>
<td>.55236</td>
</tr>
<tr>
<td>StudPostSelfControl</td>
<td>11.4474</td>
<td>38</td>
<td>3.15969</td>
<td>.51257</td>
</tr>
<tr>
<td><strong>Pair 4</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>StudPreEmpathy</td>
<td>15.8947</td>
<td>38</td>
<td>2.75867</td>
<td>.44751</td>
</tr>
<tr>
<td>StudPostEmpathy</td>
<td>15.1842</td>
<td>38</td>
<td>2.70989</td>
<td>.43960</td>
</tr>
<tr>
<td><strong>Pair 5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>StudPreSocialSkills Total</td>
<td>57.7632</td>
<td>38</td>
<td>9.96056</td>
<td>1.61582</td>
</tr>
<tr>
<td>StudPostSocialSkills Total</td>
<td>54.8421</td>
<td>38</td>
<td>9.58187</td>
<td>1.55438</td>
</tr>
</tbody>
</table>

Table 4.9: Paired Sample T-Test- Student SSRS- Treatment Group

* significant at the .05 level
<table>
<thead>
<tr>
<th>Pair</th>
<th>Category</th>
<th>Mean</th>
<th>N</th>
<th>Std. Deviation</th>
<th>Std. Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Precooperation</td>
<td>17.2821</td>
<td>39</td>
<td>4.44231</td>
<td>.71134</td>
</tr>
<tr>
<td></td>
<td>Postcooperation</td>
<td>16.3590</td>
<td>39</td>
<td>4.18951</td>
<td>.67086</td>
</tr>
<tr>
<td>2</td>
<td>Preassertion</td>
<td>17.5385</td>
<td>39</td>
<td>3.87873</td>
<td>.62109</td>
</tr>
<tr>
<td></td>
<td>PostAssertion</td>
<td>16.5385</td>
<td>39</td>
<td>4.11573</td>
<td>.65904</td>
</tr>
<tr>
<td>3</td>
<td>PreSelfControl</td>
<td>18.2821</td>
<td>39</td>
<td>3.59055</td>
<td>.57495</td>
</tr>
<tr>
<td></td>
<td>PostSelfControl</td>
<td>17.3590</td>
<td>39</td>
<td>4.06194</td>
<td>.65043</td>
</tr>
<tr>
<td>4</td>
<td>PreSocialSkills Total</td>
<td>53.1026</td>
<td>39</td>
<td>11.28295</td>
<td>1.80672</td>
</tr>
<tr>
<td></td>
<td>PostSocialSkills Total</td>
<td>50.2564</td>
<td>39</td>
<td>10.49240</td>
<td>1.68013</td>
</tr>
</tbody>
</table>

Table 4.10: Paired Sample T-Test- Teacher SSRS- Control Group

* significant at the .05 level

<table>
<thead>
<tr>
<th>Pair</th>
<th>Category</th>
<th>Mean</th>
<th>N</th>
<th>Std. Deviation</th>
<th>Std. Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>StudPreCooperation</td>
<td>15.5385</td>
<td>39</td>
<td>2.33786</td>
<td>.37436</td>
</tr>
<tr>
<td></td>
<td>StudPostCooperation</td>
<td>15.4615</td>
<td>39</td>
<td>2.62424</td>
<td>.42021</td>
</tr>
<tr>
<td>2</td>
<td>StudPreAssertion</td>
<td>13.5641</td>
<td>39</td>
<td>2.80784</td>
<td>.44961</td>
</tr>
<tr>
<td></td>
<td>StudPostAssertion</td>
<td>13.5897</td>
<td>39</td>
<td>2.68248</td>
<td>.42954</td>
</tr>
<tr>
<td>3</td>
<td>StudPreSelfControl</td>
<td>11.9231</td>
<td>39</td>
<td>3.51227</td>
<td>.56241</td>
</tr>
<tr>
<td></td>
<td>StudPostSelfControl</td>
<td>11.8462</td>
<td>39</td>
<td>3.27300</td>
<td>.52410</td>
</tr>
<tr>
<td>4</td>
<td>StudPreEmpathy</td>
<td>15.6154</td>
<td>39</td>
<td>3.04886</td>
<td>.48821</td>
</tr>
<tr>
<td></td>
<td>StudPostEmpathy</td>
<td>15.9487</td>
<td>39</td>
<td>2.59502</td>
<td>.41554</td>
</tr>
<tr>
<td>5</td>
<td>StudPreSocialSkills Total</td>
<td>56.7179</td>
<td>39</td>
<td>9.84605</td>
<td>1.57663</td>
</tr>
<tr>
<td></td>
<td>StudPostSocialSkills Total</td>
<td>56.5897</td>
<td>39</td>
<td>9.86946</td>
<td>1.58038</td>
</tr>
</tbody>
</table>

Table 4.11: Paired Sample T-Test- Student SSRS- Control Group

* significant at the .05 level
Social Validity

All students in the treatment group completed a questionnaire with directions to rate each statement on a scale by circling, SA- strongly agree, A- agree, D- disagree, SD- strongly disagree. The questionnaire also consisted of four short answer questions. Student responses to these questions can be found in Appendix E. The counselor who administered the social skills curriculum, and the teacher also filled out similar questionnaires. The counselor responded by rating each statement on a scale by circling, SA- strongly agree, A- agree, D- disagree, SD- strongly disagree, and NO- no opinion. The teacher's responses included: SA- strongly agree, A- agree, D- disagree, SD- strongly disagree, NO- no opinion, and DK- don't know. The findings for each group of respondents to the questionnaires are presented below. (Tables 4.12, 4.13, & 4.14)
<table>
<thead>
<tr>
<th>Questions</th>
<th>SA</th>
<th>A</th>
<th>D</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>I enjoyed participating in the social skills instruction</td>
<td>21</td>
<td>17</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I liked the stories used in the lesson</td>
<td>12</td>
<td>23</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>I liked the materials used in the instruction</td>
<td>16</td>
<td>19</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>I talked with my friends about the social skills instruction</td>
<td>6</td>
<td>22</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>I would like to participate in this again</td>
<td>22</td>
<td>14</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

Note: SA- Strongly Agree, A- Agree, D- Disagree, SD- Strongly Disagree

Table 4.12: Treatment group responses to the social validity questionnaire
1. Social skills instruction is important for all students. **SA**
2. Students learn social behaviors through models. **SA**
3. Students can learn appropriate social behaviors through social skills instruction. **SA**
4. Social skills instruction is effective when delivered by the school counselor through classroom guidance. **SA**
5. Social skills instruction is more appropriately taught in special education classrooms. **NO**
6. The students who participated in the social skills instruction showed improvement in their behavior after instruction. **SA**
7. The social skills instruction interfered with my schedule. **SD**
8. Students need social skills instruction more than once a week **D**
9. The materials used in the social skills curriculum are appropriate to the developmental levels of the students. **SA**
10. According to my observations, the participating students enjoyed the social skills instruction. **SA**
11. Students who participated in the social skills instruction talked about the lessons. **SA**
12. Students who participated in the social skills instruction were observed using at least some of the skills. **SA**
13. Students who participated in the social skills instruction decreased their aggressive and antisocial behaviors after the instruction. **SA**
14. Students who participated in the social skills instruction increased their caring behaviors and helping skills after the instruction. **SA**
15. Although this project took time away from other responsibilities, I felt that it was worth my time. **SA**
16. I would like to see social skills instruction continued in my school. **SA**
17. I would like to implement social skills instruction with other students in our building. **SA**
18. I will encourage my colleagues to participate in similar social skills research. **SA**
19. I enjoyed participating in this research project. **SA**

Note: SA- Strongly Agree, A- Agree, D- Disagree, SD- Strongly Disagree, and NO- No Opinion.

Table 4.13: Counselor Responses to Counselor Opinion Questionnaire
1. Social skills instruction is important for all students. | SA  
2. Students learn social behaviors through models. | SA  
3. Students can learn appropriate social behaviors through social skills instruction. | A  
4. Social skills instruction is effective when delivered by the school counselor through classroom guidance. | A  
5. Social skills instruction is more appropriately taught in special education classrooms. | D  
6. The students who participated in the social skills instruction showed improvement in their behavior after instruction. | A  
7. The social skills instruction interfered with my instructional schedule. | D  
8. Students need social skills instruction more than once a week | D  
9. The materials used in the social skills curriculum are appropriate to the developmental levels of the students. | A  
10. According to my observations, the participating students enjoyed the social skills instruction. | SA  
11. Students who participated in the social skills instruction talked about the lessons. | SA  
12. Students who participated in the social skills instruction were observed using at least some of the skills. | A  
13. Students who participated in the social skills instruction decreased their aggressive and antisocial behaviors after the instruction. | A  
14. Students who participated in the social skills instruction increased their caring behaviors and helping skills after the instruction. | A  
15. Although this project took away from class time, I felt that it was worth the student's time. | SA  
16. I would like to see social skills instruction continued in my school. | SA  
17. I will encourage my colleagues to participate in similar social skills research. | A  
18. I enjoyed participating in this research project. | A  

Note: SA- Strongly Agree, A- Agree, D- Disagree, SD- Strongly Disagree, NO- No Opinion, DK- Don't Know  
Table 4.14: Teacher Responses to Teacher Opinion Questionnaire
The purpose of this study was to examine the effects of teaching social skills to sixth grade students through large classroom guidance. The social skills curriculum was intended to teach sixth-grade students skills such as cooperation, assertion, self-control, and empathy. The following research question was of interest in the current investigation: How do the behaviors of sixth-grade students who receive instruction in social skills differ from those who do not? The descriptive analysis of demographic items will be discussed throughout this chapter. Also, several hypotheses were examined in the previous chapter and are discussed in the following paragraphs.

Demographics

When examining the demographics of the total population, the number of males (N = 36) and females (N = 41) is similar. The racial break down of the sample is not as similar, however both race and gender of the total population are representative of the larger school population of sixth graders at Groveport Madison Middle School North. In terms of the treatment group, the gender (N = 21 males, and N = 17 females) was a good break down. However, the race of the treatment group favored Caucasians (N = 10 African Americans and N = 28 Caucasians). When examining the control group, the
opposite pattern emerged. Gender was not as even (N = 15 males and N = 24 females), but the racial break down was similar (N = 16 African Americans and N = 21 Caucasians).

**Gender**

Means and standard deviations were examined for gender of the total population, the treatment group, and the control group. The results indicated that females in the total population, treatment group, and control group were rated higher by the teacher and by the students for the pre-tests on every sub-scale of the SSRS as well as the total social skills sub-scale. Females were also rated higher on the teacher rated post-tests for every sub-scale and for the total social skills score. The same pattern existed for females when the students rated themselves on the post-test with two exceptions: the post-test for cooperation (total population), and the post-test for cooperation (control group). This finding was very interesting, however it is not surprising when examining gender differences within the social skills literature. Several researchers have found that there are apparent sex differences in how children handle interpersonal relationships (Chung & Asher, 1992; Miller, Danaher, & Forbes, 1986; and Fabes & Eisenberg, 1992).

**Race**

Means and standard deviations were also reported for race. The means for the teacher rated SSRS sub-scales were higher for Caucasians on all of the pre-tests as well as the total social skills score for the total population. The only sub-scale on the teacher
rated post-test (total population) that the mean for Caucasians was not higher than the African Americans was assertion. When the teacher rated the pre-tests for the treatment group, the mean score for cooperation was higher for African Americans than it was for Caucasians. All of the other pre-test sub-scale means were higher for the Caucasian group. The teacher rated post-tests also indicated that African Americans were rated higher than Caucasians on one sub-scale: assertion. When the teacher rated the control group, the means for the Caucasian group were higher for every sub-scale as well as the total social skill score for all pre and post-tests. Likewise, when the students rated themselves (total population, treatment group, and control group) the means were higher for the Caucasian group on every sub-scale, both pre and post-tests. Although few studies have analyzed the social skills of African American students as they compare to their non-African American peers (Feng & Cartledge, 1996; Cartledge & Milburn, 1995). The studies that have been done indicate that ethnicity is a factor that influences the raters' perceptions of the subjects' behaviors (Lethermon, Williamson, Moody, & Wozniak, 1986; Keller, 1988). With regard to the current study, it is difficult to assume that this is what occurred with the teacher ratings. One reason that this assumption is difficult to understand, is that when the students rated themselves, means were lower for African Americans compared to the Caucasians for every sub-scale on both pre and post-tests. Therefore, the teacher rated the African American group better than the students rated themselves. One possible reason for the African American students rating themselves
lower may be related to previous teacher perceptions of them. If teachers throughout their educational careers perceived African American students as having lower social skills, then it is likely that the students have become aware of their perception and have either started to act accordingly, or view themselves as being weaker with regard to social skills. This finding is similar to that of Feng and Cartledge (1996) where African Americans gave themselves the lowest rating, compared to Asian Americans and European Americans, on the self-assessment of social skills. The possible explanation for this is also supported in previous research which points out that African American youth, compared to their non-minority counterparts, are likely to be labeled more harshly and receive interventions that relate to control and punishment rather than correction and treatment (Forness, 1988).

**Hypotheses**

The first set of hypotheses examined significant differences in pre tests and post-test scores for both teacher and student rated forms between the treatment and control groups for each of the sub-scales of the SSRS (cooperation, self control, assertion, empathy) as well as total social skills. It was hypothesized that there would be significant differences between the treatment and control group for each sub-scale. Results of this investigation failed to show a significant difference for any of the variables on the student assessed SSRS. Post assertion was the only variable on the teacher rated SSRS that showed a significant difference between the treatment and control group. More
specifically, the control group scored significantly higher on the post assertion sub-scale than the treatment group did. There are several possible explanations for this. First, because the teacher was aware of which students were in the treatment group and who was receiving social skills instruction, she could have had higher expectations of those students when rating them on the post-test. Therefore, students in the treatment group may have been rated lower. Also, although assertiveness is a positive attribute, teachers or authority figures can view it as negative. For example, one of the statements representing assertion on the SSRS is stated as follows: "appropriately questions rules that may be unfair." If the teacher rating the SSRS interpreted questioning rules as a negative characteristic, then she may have rated the treatment group lower.

The second set of hypotheses investigated differences within the treatment group from pre and post-test scores for both teacher and student rated assessments for each sub-scale on the SSRS. It was hypothesized that there would be significant differences within the treatment group from pre and post test scores for each sub-scale.

Teacher Rated Treatment Group

The results indicated significant differences within the treatment group for every sub-scale on the teacher rated SSRS (cooperation, self-control, and assertion) as well as the total social skills. However, the current investigator anticipated that the differences within the treatment group would be due to increases in the mean scores and that was not the case. All of the post-test scores were lower than the pre-test scores. One reason for
this could be the timing of the research study. The social skills instruction was implemented in late September, only one month after the students began the new school year. The pre-tests were given to the teachers and students approximately one week before the social skills instruction was started. Therefore, it is possible that when the teachers rated the students, it may have been too early in the school year for them to accurately evaluate their skills. For several students, the first few months is a time when they are on their best behavior because they are not yet familiar with their surroundings. If this was the case, the teachers may have rated the students higher on the pre-tests and even though the treatment group may have learned from the social skills instruction, it is possible that the post-tests did not reflect this learning. Three months later, when the post-tests were administered, the students were much more comfortable with their environment and behavior problems may have been much more apparent at that point in time. Therefore, the SSRS post-test scores may have been lower, despite the social skills instruction.

**Student Rated Treatment Group**

It was hypothesized that there would be significant differences within the treatment group from pre and post-test scores for all sub-scales on the SSRS. The results indicated that only one sub-scale (cooperation) and total social skills were significantly different and the scores for both decreased. The cooperation sub-scale was represented on the SSRS by statements such as: "I keep my desk clean and neat," "I do my homework on
time," I finish class-work on time," and "I use my free time in a good way." The social skill lessons that were taught to the treatment group placed an emphasis on cooperating with others and therefore, the cooperation scores could have dropped even though the students learned lessons dealing with cooperation. The social skills curriculum was implemented once a week for ten weeks. Perhaps there were not enough sessions for learning and growth to take place. This is another possible explanation for the decrease in scores on the cooperation sub-scale.

Teacher Rated Control Group

It was hypothesized that there would be no significant difference within the control group from teacher rated pre and post-test scores on all sub-scales (cooperation, self-control, and assertion) as well as the total social skills. The results indicated that no significant differences were found for cooperation, self-control, and assertion. These results most likely occurred because the control group did not receive any formal training in social skills. Therefore, we would not expect to see any changes on the sub-scales. However, one exception did occur: the pre social skills total was significantly different from the post-social skills total for the teacher rated control group. The difference in the mean score dropped from the pre-test to the post-test indicating that the total social skills for the control group decreased. One possibility for this could be the timing of the study, which was discussed previously.
The pre-tests may have been given too early in the school year and it is possible that the teacher did not know her students well enough to evaluate their skills. Behaviors may have decreased as the school year continued and the teacher may have rated them lower three month later.

**Student Rated Control Group**

It was hypothesized that there would be no significant differences within the control group from pre and post-test scores for all sub-scales on the student rated SSRS. The results indicated that this hypothesis was true and there were no significant differences. Therefore, the control group did not change at all when the students rated themselves. This finding seems to make logical sense since the control group did not receive any form of social skills instruction between the time that they took their pre- and post-tests.

**Social Validity**

**Student Opinion Questionnaire**

Although the quantitative analysis did not portray positive effects of the social skills instruction, the social validity data that was collected indicated otherwise. The entire group of students in the treatment group either agreed or strongly agreed that they enjoyed participating in the social skills instruction. All of the students, except for three of them, indicated that they liked the stories used in the lessons and that they liked the materials used in the social skills instruction. All students, except for two, stated that
they would like to participate in the social skills instruction again. The only question that was not overwhelmingly agreed upon was "I talked with my friends about the social skills instruction." Out of 38 students, seven disagreed with this statement and three strongly disagreed. Although this survey examined enjoyment level more than skill level, it is helpful to learn what the students' opinions were. Also, students' are more apt to want to learn something that they are having fun with and enjoying.

Counselor Opinion Questionnaire

One of the differences that set the current study apart from other social skills investigations was that it was administered by a counselor, via large group guidance. The majority of studies that have been conducted use either special education or regular education teachers to implement the social skills instruction and they are usually taught to small groups of students. It was particularly important to survey the counselor in this study, not only to find out her opinion of the social skills instruction, but also to gather data on whether she feels that implementing social skills is a role that fits the school counselor. The counselor's questionnaire and her responses were provided in Chapter 4. All of the responses were very positive and it was clear that the counselor enjoyed implementing the social skills curriculum, that she felt the students showed improvement in their behavior after the instruction, and that she felt it was well worth her time.
At the completion of the current study, the counselor stated that she would be implementing the same social skills curriculum with other classrooms in the building because she enjoyed it and thought that the students learned so much from it.

**Teacher Opinion Questionnaire**

The classroom teacher that was involved in the current study spent a large amount of time filling out assessments on her students. She also gave up classroom instruction time so that the counselor could implement the social skills curriculum. It was important to gather data on this teacher's opinion because she was the person who spent the most time with the students and she would be able to witness any growth or changes in their social skills. The teacher's responses to the survey were very positive. It was apparent that she felt that the social skills instruction was well worth the students' time and that she felt that the curriculum decreased some aggressive and antisocial behaviors and also increased caring behaviors and helping skills. One of the most important pieces of information that the current investigator gained from the teacher's questionnaire stemmed from an additional comment that the teacher provided. She stated that it might be beneficial for the researcher to begin the research later in the year because she did not know their personalities and behaviors in the first quarter. This statement was very useful information and helped provide an explanation as to why the students in the treatment group were not rated higher by the teacher after receiving the social skills instruction, despite the fact that the teacher reported seeing improvements in their skills.
Summary of Results

The qualitative data revealed that the social skills instruction was helpful and that the students' social skills improved following the implementation of the curriculum. However, the quantitative analysis did not indicate similar results. There were no significant differences found between the treatment and control groups for the student ratings on any sub-scale. Only one sub-scale (post-test on assertion) was significantly different between the treatment and control group on the teacher ratings.

Some significant differences within the treatment group from pre and post-test scores for each sub-scale were found. However, none of the differences were due to increases in the sub-scale score. All of the significant changes that occurred were due to decreases in the scores from the pre-test to the post-test.

No significant differences were found within the control group from pre and post-test scores on any of the student rated sub-scales. Similarly, no significant differences were found within the control group from pre and post-test scores on any of the teacher rated sub-scales. However, significant differences were found for the teacher rated total social skills.
Limitations of the Study

There are several limitations related to this study that are likely to pose explanatory limitations:

1. In this study, the intervention consisted of ten weekly 45-minute sessions. Some researchers (Cartledge, 1984; Michelson, Sugai, Wood, & Kazdin, 1983) recommend at least two sessions a week. Others suggest that social skills training needs to be implemented over a much longer period of time, such as months or years, in order to impact the population positively (Bullis, Walker, & Sprague, 2001). However, in the current study this was difficult to implement due to the availability of the school counselor. Also, each time the social skills instruction was administered, time was taken away from the regular education curriculum.

2. In the current study, social skills implementation was only done in the classroom setting and students did not receive the opportunity to formally practice their skills in other settings or situations. Social behaviors need to be generalized from the instructional setting to other settings where they would be appropriate (Gresham, Sugai, & Horner, 2001; Cartledge & Milburn, 1995). Stokes and Osnes (1989) indicate that generalization does not automatically occur, but needs to be planned and programmed as a part of the training process.
3. The social skills instruction should have been implemented at a later date in the school year when the teacher knows the students better. This would allow for more accurate results when the teacher completes pre-test and post-test ratings.

4. In the current study, the teacher knew which students were in the treatment group and which students were in the control group. This is difficult to eliminate, however, some bias may have occurred because of this knowledge.

5. In the present study, the school counselor was not periodically observed to make sure that she was implementing the treatment appropriately. Although there was frequent communication between the investigator and the school counselor, there was no formal assessment of treatment fidelity. Observing the counselor while she implemented the social skills curriculum would have addressed the accuracy and consistency with which the treatment was given. Several authors emphasize the importance of treatment integrity (Gresham, Sugai, & Horner, 2001; Bullis, Walker, & Sprague, 2001). Observing implementation of the treatment via the counselor may also have helped to further our understanding of the results.

Implications for Future Research

The quantitative results of the current investigation did not indicate that improvements in social skills behavior were made after the social skills curriculum was implemented. However, the findings of the current study were valuable in helping researchers to learn more about the implementation of social skills instruction when
conducted by a school counselor through large group guidance. Future researchers can replicate the current study and implement some of the following suggestions.

Increasing the number of times per week that the students receive social skills instruction may be helpful for the students. An increase in the amount of time would provide students more time to practice skills and allow for more repetition of the skills to take place. It would also double the number of times in ten weeks that the students would receive social skills training. Increasing social skills training might impact the results of the teacher rated post-test scores because the teacher would be more apt to see greater improvements in the students' social skills. It also may effect the student ratings on the post-tests because they might feel more confident in their skills and therefore rate themselves higher.

Practicing the social skills in other settings, such as the cafeteria, gymnasium, or outside during recess is another suggestion for future researchers. Interactions that take place in these settings are often different from ones that take place in the classroom. Providing a planned time to implement the social skills training in other settings will help the students to learn the generalization of the skills. Having the ability to generalize the social skills to other situations/environments is necessary for successful learning of social skills.

It may be wise for future researchers to implement the social skills curriculum at a later date in the school year. For example, distributing pre-tests around mid-year and
starting the implementation soon after would offer ample time for the teacher or evaluator to get to know their students. This would provide for more teacher accuracy when rating the pre-tests and post-tests.

Conducting formal observations of the person administering the social skills curriculum would be another recommendation for future researchers who are implementing similar studies. This would assure the primary investigator that the curriculum was being taught correctly. Observations could also provide future researchers with some helpful insight into their study, that they might not have otherwise received.

A final suggestion for future researchers would be to have an external person who is not aware of which students are in the treatment group or control group, observe and rate the students. This person would likely need to be an employee in the same school so that they knew the students well. This observer would provide an unbiased opinion of the students. It would be interesting to compare the results of this person's ratings to that of the teacher ratings.

Only by gaining a thorough understanding of how students can best be taught social skills through large group guidance can school counselors, teachers, and professional helpers begin to make a difference in this regard. Schools are becoming an increasingly important place for students to acquire necessary social skills, as families become less able to provide this learning due to various factors. It is hoped that additional
research with social skills will result in more focused, efficacious, and pragmatic schemas for addressing the need of students as they learn how to acquire and appropriately use social skills.
APPENDIX A

IRB APPROVAL
BEHAVIORAL AND SOCIAL SCIENCES
INSTITUTIONAL REVIEW BOARD (IRB)
The Ohio State University

Research Involving Human Subjects

ACTION OF THE INSTITUTIONAL REVIEW BOARD

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<tr>
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<th>Full Committee Review</th>
<th>Original Review</th>
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With regard to the employment of human subjects in the proposed research protocol:

2003B0081 USING LARGE GROUP GUIDANCE TO TEACH SOCIAL SKILLS TO SIXTH GRADE STUDENTS, Paul F. Granello, Kathy W. Moore, Physical Activity & Educational Services

THE BEHAVIORAL AND SOCIAL SCIENCES HUMAN SUBJECTS IRB HAS TAKEN THE FOLLOWING ACTION:

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<th>WAIVER OF WRITTEN CONSENT GRANTED</th>
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<td>APPROVED WITH CONDITIONS *</td>
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* Conditions stated by the IRB have been met by the investigator and, therefore, the protocol is APPROVED.

- No procedural changes may be made without prior review and approval from the IRB.
- You are reminded that you must promptly report any problems to the IRB.
- You are also reminded that the identity of the research participants must be kept confidential.
- It is the responsibility of the principal investigator to retain a copy of each signed consent form for at least three (3) years beyond the termination of the subject’s participation in the proposed activity. Should the principal investigator leave the University, signed consent forms are to be transferred to the Human Subjects IRB for the required retention period.

Date:  March 14, 2003
Signed:  [Signature]

Thomas E. Nygren, Chair

HS-025B (Rev. 2/94)
APPENDIX B

LETTER TO PARENT OR GUARDIAN
Dear Parent or Guardian:

I am a doctoral student in Counselor Education in the College of Education at The Ohio State University and I will be conducting a research project in your child's school. The project is designed to examine the effects of teaching social skills to sixth grade students.

In this study, half of the children will be given social skills training and half of them will be placed in a control group. The classes will be randomly assigned to either the intervention or control group. The control group students will engage in their regular classroom instruction throughout the study and will receive some social skills training at a later date this year. If your child's class is randomly selected to the intervention group, he/she will be given social skills instruction once a week for ten weeks. Potential benefits for your child include the learning of skills such as cooperating with their peers and responding appropriately to conflict and aggression. An additional benefit could be improving their academic performance in the classroom.

With your consent, Ms. Aiello, the school counselor, will give the social skills instruction during a regular class period. Throughout the ten weeks, your child's behavior will be rated by their teacher indicating the degree to which the teacher feels your child performs social behaviors. Additionally, your child will rate themselves with regard to his/her own behavior as well. All assessments will be completed in the child's classroom at a time that is convenient with your child's teacher. In addition, I will need to obtain information such as age, birth date, attendance, and grade point average from the child's teacher.

This project will not cause your child to miss any regular classroom instruction and all information collected about your child will be confidential. Your child's name will not be used and your child will not be identified in any way to any other personnel.
I am requesting your permission for your child to participate in this study. Participation is purely voluntary and the decision to participate or not will not affect the way your child will be treated or graded at school. Should you consent to your child's participation, please know that you or your child can choose to withdraw at any time during this study. If you have questions, please feel free to contact me at 837-6487 or my dissertation advisor, Dr. Paul Granello at 688-4931. Thank you for your attention and cooperation.

Sincerely,

Kathy W. Moore, M.A., LPC
Counselor Education Program
Physical Activity and Educational Services
The Ohio State University
APPENDIX C

CONSENT FOR PARTICIPATION IN SOCIAL AND BEHAVIORAL RESEARCH
CONSENT FOR PARTICIPATION IN SOCIAL AND BEHAVIORAL RESEARCH

Protocol title: Using large group guidance to teach social skills to sixth grade students.
Protocol number: 2003B0081
Principal Investigator: Dr. Paul Granello

I consent to my child's participation in research being conducted by Dr. Paul Granello and Kathy Moore of The Ohio State University.

The investigators have explained the purpose of the study, the procedures that will be followed, and the amount of time it will take. I understand the possible benefits, if any, of my child's participation.

I understand and agree for my child to be randomly assigned to either the control group or the intervention group.

I know that I and/or my child can choose not to participate without penalty to me and/or my child. If I agree for my child to participate, I and/or my child can withdraw from the study at any time, and there will be no penalty.

I consent to the use of the following information from my child's academic record: age, birth date, attendance, and grade point average.

I have had a chance to ask questions and to obtain answers to my questions. I can contact the investigators at (614) 688-4931 or (614) 837-6487. If I have questions about my rights as a research participant, I can call the Office of Research Risks Protection at (614) 688-4792.

I have read this form or I have had it read to me. I sign it freely and voluntarily. A copy has been given to me.

Print the name of your child: __________________________________________

Date: ____________________________ Signed: ____________________________ (Child)

Signed: ____________________________ Signed: ____________________________

Investigator Sections Parent/Guardian

Special Education Sport & Exercise Sciences Counselor Education, Rehabilitation Services & School Psychology Workforce Development & Education
292-8148 292-3094 292-8182 292-5037

College of Education
Unit 2: Cooperating with Peers

Skill # 12 Giving and Accepting Criticism

Materials:
- Audiocassette 2, Side A: The Three Brothers and the Toad
- Poster 12: "Giving and Accepting Criticism"
- World Map
- Blackline Master 12.1, "The Three Brothers and the Toad," one for each student
- Audiocassette player

Skill Steps:
- Use a nice voice and kind words
- Offer to help, if necessary
- Be polite if your advice isn't taken
- Listen
- Decide if the person is trying to help
- Thank the person for the advice
- Do what the person said, or politely say why you can't

Activities:
1. Introduction of the concept of giving and accepting criticism through the presentation of the story.
2. Identification and definition of the skill using the following questions:
   - What was the farmer's problem?
   - Why didn't the oldest son take the toad's advice and offer of help?
   - What did the second son say to the toad's advice and offer of help?
   - How did the youngest son treat the toad?
   - What did the toad do for his son?
   - Why didn't the third son shoot the bird?
3. Presentation of the skill steps using the skill poster and the scripted lesson in the curriculum.
4. Students will generate situations where they might give and accept criticism and model the skill through role-play.
5. Students will receive feedback from the counselor.
6. Students will practice the skills again incorporating the feedback.
Unit 2: Responding to Conflict and Aggression

Skill # 20 Ignoring and Leaving Bad Situations

Materials:
- Audiocassette 4, Side A: A lot of Silence Makes a Great Noise"
- Poster 20: "Ignoring or Leaving Bad Situations"
- World Map
- Blackline Master 20.1, "A Lot of Silence Makes a Great Noise," one for each student
- Audiocassette player

Skill Steps:
- Don’t look at the person
- Don't talk to the person
- Think about how to get away
- If you can, get away
- Go to a safe place
- If necessary, call for help

Activities:
1. Introduction of the concept of ignoring or leaving bad situations through the presentation of the story.
2. Identification and definition of the skill using the following questions:
   - What did shark tell monkey was the reason for inviting him to visit his home?
   - Why do you think monkey told shark he had left his heart in the tree?
   - Why did monkey stay quiet after he was returned to his tree?
3. Presentation of the skill steps using the skill poster and the scripted lesson in the curriculum.
4. Students and counselor will generate situations where they might give and accept criticism and the students will model the skill through role-play.
5. Students will receive feedback from the counselor.
6. Students will practice the skills again incorporating the feedback.
APPENDIX E

RESPONSES TO SHORT ANSWER PORTION OF THE STUDENT OPINION QUESTIONNAIRE
Question: What did you like best about the instruction?

Responses:

- I liked the sanarios [sic] we acted out and our group work
- The party at the end
- We had role-playing
- When we acted scenes out
- I liked to act out things that can happen in everyday life
- The teacher and the role play
- When we would act out situations [sic]
- Stories
- Folk tales
- They were fun to learn
- Practicating [sic] and acting out problems and coming up with solutions [sic]
- Some of the stories we read were funny
- Role plays
- The storyt [sic]
- When people acted things out
- Acting out different situations
- I liked when we did the roll [sic] playing
- Acts
- The stories
- You get to learn interesting things
- The acting
- Giving and exciting [sic] criticism [sic]
- How we learned from Miss Aiello she was cool
- The part where we acted things out
- I like role playing the best because it was fun and humorous
- The stories
- The stories
- The entire lesson
- When we got to act
- We got to know how to interact with people
- What I liked best is watching the in class plays to see how you can handle situation
- That we would act it out
- Having Miss Aiello or the teacher and doing roll [sic] plays
• When we acted out what we were talking about.
• The stories
• When we got in groups and acted it out with your friends
• Learning

Question: What did you like least about the instruction?

Responses:
• Reading the stories
• The stories
• The stories
• When she assigned a problem to our table and we had to give a solution
• I hated it when she gave us stuff to do at are [sic] table
• The reading
• Going over previous instructions (it took to much time)
• Nothing
• I don't know
• All we were looking off was some paper
• Listing [sic]
• I didn't like to act
• Stories
• Doing the papers
• I didn't like the stories
• Reading the stories and answering them
• What I least liked about it is when we had the stories
• Stories
• Acting out (because I was imbarrassed [sic])
• Nothing
• I liked everything. So nothing
• Respecting people's property
• I wish we could have a more hands-on approach
• Having to stand up and tell people stuff
• The reading parts
• Not one thing
• Acting
• Acting out
• Some of the stories
• The short stories
• I really liked all of it. There was nothing I really didn't like
• The stories
• Nothing
• Nothing
• All the talking
• The papers we got sometimes for homework
• Nothing

Question: What did you learn from the social skills instruction?

Responses:
• What constructive criticism [sic] is
• To talk to people
• To respect people
• I learned to treat others better, how to accept good and bad criticism, to be responsible, to give criticism
• I learned that if you be nice to people they'll be nice in return
• Constructive criticism [sic]
• I learned to use and except [sic] constructive critizum [sic]
• Making friends
• Be nice
• You have to ask people if they need help befor [sic] you start
• Try to stop problems before they start and don't judge a book by its cover
• How to accept different people
• To think before you act
• That we should think before we speak
• Treat others with respect and they will do the same
• To respect others and their stuff and belongings
• I learned to treat people fair and to not call people names
• Ask before you help
• Be nicer to people
• It be nice
• That we should work together
• I learned how to work with others and I also learn how to help and respect
• That you need to really think before saying or doing stuff
• I learnt [sic] how to deal with my anger and mean people who critisize [sic]others
• I learned to listen, cooporate [sic] and to follow directions
• To not take the kids makeing [sic] fun of me
• A lot of things
• How to be better at social skills
• To treat people good like they treat you
• We know how to help someone in need [sic]
• I learned how to control my temper
• To treat other like you would want to be treated
• Treat people the way you what [sic] to be treated and ask if someone needs help first [sic]
• Its okay to give criticism as long as it's constructive
• That social skills are very important to use
• That you should not make fun of people because the reason might be because of home. For example bullies [sic]
• To help people if needed

Question: How will you use the skills you learned from the social skills instruction?

Responses:
• I will use them when participating [sic] in groups and with friends [sic]
• To be nice
• To speak freely
• School, home, friends house, anywhere I go
• I will use them in the store and at home
• I will use them to help other people
• I will use them in situations [sic] when needed
• When making [sic] friends
• Be nicer
• I will ask people if they need help before [sic] helping them
• I will not start fights
• I will treat everyone [sic] with more respect and be nicer
• I won't get mad anymore
• I will use the skills in real life situations
• Make more friends
• I will use them to help people
• I will use the skills to make new friends
• When I'm at school
• I will ask people before using their stuff
• I will use it on people
• Use them through life
• I would think about situation and then use the right skill
• I will be nice and helpful to everyone

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• I will always think of what I learned with Mrs. Aiello
• I will use the skills to keep and get friends
• Help other people
• I will think about may [sic] actions and then change them
• I will start helping people more
• I will know wat [sic] to do if someone is heort [sic] or ingeard [sic]
• I will use them when I get real angry to calm me down
• If someone wants to fight me just walk away from them
• Be more nice to poeple [sic], only help if they ask or want it, just be nice
• I will help people and practice my skills everyday
• When people let me use their things
• I want [sic] make fun of bolies [sic] because it's probble [sic] because of a resson [sic] at home, so they take it out on people at schools
• I will use them for kindness


Garthe, W., McDonald, M., & Poremba, K. (1998). Improving student social skills. ERIC.


