INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps. Each original is also photographed in one exposure and is included in reduced form at the back of the book.

Photographs included in the original manuscript have been reproduced xerographically in this copy. Higher quality 6" x 9" black and white photographic prints are available for any photographs or illustrations appearing in this copy for an additional charge. Contact UMI directly to order.

UMI
A Bell & Howell Information Company
300 North Zeeb Road, Ann Arbor MI 48106-1346 USA
313/761-4700 800/521-0600
NOTE TO USERS

The original manuscript received by UMI contains pages with slanted print. Pages were microfilmed as received.

This reproduction is the best copy available

UMI
THE EFFECTS OF SOCIAL SKILLS TRAINING
ON THE SOCIALLY APPROPRIATE AND ANTISOCIAL BEHAVIORS
OF ELEMENTARY STUDENTS WITH SERIOUS EMOTIONAL DISORDERS
AND AT-RISK BEHAVIORS IN THE GENERAL EDUCATION SETTING

DISSERTATION

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

By

Veronica Iyadunni Adedapo, B.Sc., M. A.

* * * * *

The Ohio State University

1998

Dissertation Committee:
Professor Gwendolyn Cartledge, Advisor
Professor Ralph Gardner III
Professor William Heward

Approved by

Gwendolyn Cartledge
Advisor
School of Physical Activity
and Educational Services
ABSTRACT

Antisocial, aggressive behaviors of students are increasingly a major concern for both teachers and parents. One means for addressing this problem is to teach students social skills that will increase socially appropriate behaviors and decrease antisocial behaviors. Previous studies have shown that teaching students with antisocial behaviors specific social skills will provide alternative to antisocial acts (e.g., Dunlap & Childs, 1996; Middleton, 1994; Middleton & Cartledge, 1995; Moore, Cartledge, & Heckaman, 1995; Walker, 1998).

The purpose of this study was to extend the findings of Middleton’s (1994) research by investigating the effects of social skills training on the social adjustment of students with challenging behaviors in the general education setting. In this study the researcher used direct instruction procedures to systematically teach specific social skills to three elementary-aged students with SED and one student with at-risk behaviors in a small group setting. Immediately following the instruction a 10-minute observation was made of the students in the general education classroom.

The results of this study indicate that four elementary-aged students with challenging behaviors ages 10.7 to 11.11 years can be successfully taught social skills that will increase the rate of their socially appropriate behaviors and at the same time decrease the amount of the antisocial, aggressive acts they exhibit in the general education setting, thereby making their school adjustment more successful.
ACKNOWLEDGMENTS

First and foremost, I give glory and honor to God who made the accomplishment of my study possible. I wish to express my sincere thanks and appreciation to my advisor, Dr. Gwendolyn Cartledge for her guidance, support, expertise, and for her nurturing throughout the course of my study. Many thanks to my other committee members Dr. Ralph Gardner III and Dr. William Heward for their support, encouragement, and for believing in me.

Sincere thanks and appreciation to David Dagg, YaYu Lo, Kelly Medding, and Rick Kubina for helping with various aspects of the study. I would like to say a word of thanks to the students and teachers who participated in the study and the principal of the school where the study was conducted. I also want to thank Dr. M. Middleton for allowing me to replicate her study. I cannot but express my appreciation to Connie Blake, my friend and colleague for her love and inspiration. I also wish to thank Dr. Sobande for all the time he spent on the computer with me.

I am grateful to my parents who taught me never to give up on my dreams, and to my darling children, who gave up many fun activities. Thank you all for your love, support, and prayers. Finally many thanks to my special friend and husband, Samson for his unconditional love, support, encouragement, friendship, and just being there for me. Without your love and understanding I would not have been able to accomplish my study.
VITA

March 7, 1957.. Born - Iffe, Nigeria

1982.. NCE, Ahmadu Bello University, Nigeria

1982-1984.. Teacher, Kagoro Secondary School, Nig.

1989.. B.Sc., Central State University
       Wilberforce, Ohio

1990-1995.. Teacher, Columbus Public Schools,
             Columbus, Ohio

1993.. M. A., The Ohio State University

1995-1996.. Graduate Research Associate,
             The Center for Special Needs
             Populations, The Ohio State University

1996-1998.. Student Teacher Supervisor,
             The Ohio State University

PUBLICATIONS

Exceptional Children, 30(1), 30-34.

FIELDS OF STUDY

Major Field: Education

# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Abstract</th>
<th>ii</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgements</td>
<td>iii</td>
</tr>
<tr>
<td>Vita</td>
<td>iv</td>
</tr>
<tr>
<td>List of Tables</td>
<td>viii</td>
</tr>
<tr>
<td>List of Figures</td>
<td>ix</td>
</tr>
<tr>
<td>Chapters</td>
<td></td>
</tr>
<tr>
<td>1. Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Purpose of Study</td>
<td>1</td>
</tr>
<tr>
<td>Research Questions</td>
<td>8</td>
</tr>
<tr>
<td>Terminology and Definitions</td>
<td>9</td>
</tr>
<tr>
<td>2. Literature Review</td>
<td>11</td>
</tr>
<tr>
<td>Antisocial Behaviors</td>
<td>11</td>
</tr>
<tr>
<td>Serious Emotional Disturbance</td>
<td>25</td>
</tr>
<tr>
<td>Social Skills Instruction</td>
<td>36</td>
</tr>
<tr>
<td>Social skills Instruction and students with SED</td>
<td>47</td>
</tr>
<tr>
<td>Parent Involvement</td>
<td>53</td>
</tr>
<tr>
<td>Inclusion</td>
<td>59</td>
</tr>
<tr>
<td>Students with SED and Inclusion</td>
<td>68</td>
</tr>
<tr>
<td>Direct Instruction</td>
<td>75</td>
</tr>
<tr>
<td>Use of Literature</td>
<td>77</td>
</tr>
<tr>
<td>Limitation in the Literature</td>
<td>79</td>
</tr>
<tr>
<td>3. Method</td>
<td>81</td>
</tr>
<tr>
<td>Participants</td>
<td>81</td>
</tr>
<tr>
<td>Settings</td>
<td>89</td>
</tr>
<tr>
<td>Definition of Dependent Variables</td>
<td>92</td>
</tr>
</tbody>
</table>
Measurement of Dependent Variables 92
Measurement of Interobserver Agreement 93
Training 94
Materials 95
Experimental Design 96
Procedures 97
Baseline 97
Social Skill Instruction 98
Follow-up 101
Social Validity 101

4. Results 103

Social Skills Rating System 103
Antisocial Behaviors 105
Socially Appropriate Behaviors 106
Interobserver Agreement 111
Procedural Integrity 112
Social Validity 113

5. Discussion 119

Research Questions 119

- Research Question 1 119
- Research Question 2 122
- Research Question 3 123
- Research Question 4 124
- Research Question 5 124
- Research Question 6 125

Summary 126
Limitations of the Study 128
Implications for Classroom Practice 131
Directions for Future Research 133

List of References 136

Appendices 155

A. Letter to Parents 155
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Parent/Guardian Consent Form</td>
<td>158</td>
</tr>
<tr>
<td>C</td>
<td>Letter to Teacher and Definition of Target Behaviors</td>
<td>160</td>
</tr>
<tr>
<td>D</td>
<td>Parent Notes – The GAB sheet</td>
<td>163</td>
</tr>
<tr>
<td>E</td>
<td>Lesson Plans</td>
<td>167</td>
</tr>
<tr>
<td>F</td>
<td>Recording Form</td>
<td>173</td>
</tr>
<tr>
<td>G</td>
<td>Procedural Reliability Checklist</td>
<td>175</td>
</tr>
<tr>
<td>H</td>
<td>Teacher Opinion Questionnaire</td>
<td>177</td>
</tr>
<tr>
<td>I</td>
<td>Parent Opinion Questionnaire</td>
<td>180</td>
</tr>
<tr>
<td>J</td>
<td>Student Opinion Questionnaire</td>
<td>182</td>
</tr>
<tr>
<td>K</td>
<td>Certificate of Completion</td>
<td>184</td>
</tr>
<tr>
<td>L</td>
<td>Certificate of Appreciation</td>
<td>186</td>
</tr>
</tbody>
</table>
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Educational environment of students with disabilities 1992-93 school year</td>
<td>68</td>
</tr>
<tr>
<td>2</td>
<td>Demographic information of target student</td>
<td>82</td>
</tr>
<tr>
<td>3</td>
<td>Raw scores and percentile ranking in social skills and problem behaviors on the social skills rating system-teacher</td>
<td>84</td>
</tr>
<tr>
<td>4</td>
<td>Raw scores and percentile ranking in social skills and problem behaviors on social skills rating system-teacher for competent peers</td>
<td>86</td>
</tr>
<tr>
<td>5</td>
<td>Demographic information for participating teachers</td>
<td>87</td>
</tr>
<tr>
<td>6</td>
<td>Social skills rating system – teacher</td>
<td>102</td>
</tr>
<tr>
<td>7</td>
<td>Social skills rating system – parent</td>
<td>103</td>
</tr>
<tr>
<td>8</td>
<td>Mean percentage of intervals for antisocial and socially appropriate behaviors for all target students</td>
<td>108</td>
</tr>
<tr>
<td>9</td>
<td>Interobserver responses to procedural integrity questions</td>
<td>111</td>
</tr>
<tr>
<td>10</td>
<td>Target students responses to the social validity questions</td>
<td>113</td>
</tr>
<tr>
<td>11</td>
<td>Parents’ responses to the social validity questions</td>
<td>114</td>
</tr>
<tr>
<td>12</td>
<td>Teacher responses to the social validity questions</td>
<td>116</td>
</tr>
</tbody>
</table>
### LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figures</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Instructional setting</td>
<td>89</td>
</tr>
<tr>
<td>2</td>
<td>Observation setting</td>
<td>90</td>
</tr>
<tr>
<td>3</td>
<td>Percentage intervals of antisocial behaviors exhibited by target Students during a 10-minute observation session</td>
<td>105</td>
</tr>
<tr>
<td>4</td>
<td>Percentage intervals of socially appropriate behaviors exhibited by Target Students during a 10-minute observation session</td>
<td>107</td>
</tr>
<tr>
<td>5</td>
<td>Percent of correct and incorrect student responses to question And activities contained in the parent notes</td>
<td>109</td>
</tr>
</tbody>
</table>
CHAPTER 1
INTRODUCTION

Antisocial, delinquent, and violent behavior in schools and communities has been a perplexing issue for some time and is a point of increasing concern among the larger society. In contemporary American culture, youth violence has become a major problem, demanding intervention on multiple fronts (American Psychological Association, 1993; Kauffman, 1994; Walker, 1998; Walker, Colvin, & Ramsey, 1995). In fact, the education of antisocial and violent students has become a central issue in both general and special education in the 1990s. Educators are beginning to recognize that schools can play a major role in curbing this tendency toward antisocial behavior among young people. If the increasing trend of violence among youth is to be reversed, schools must take the lead in the prevention and remediation of violent, aggressive, and destructive behavior (Mehas, Boiling, Sabieniak, Sprague, Burke, & Hagan, 1998).

Purpose of Study

The purpose of this study is to extend the findings of a previous investigation of the effects of social skill instruction and parental involvement on the aggressive, antisocial and socially appropriate behaviors of primary-aged students without diagnosed disabilities (Middleton, 1994; Middleton & Cartledge, 1995). Middleton taught young
children who exhibited relatively high rates of aggressive and antisocial behaviors and low rates of socially appropriate behaviors. She used direct social skills instruction in small groups to help these students develop more appropriate levels of desired behaviors. Middleton and Cartledge (1995) investigated the effects of Taking Part (Cartledge & Kleefeld, 1991), a formal social skills curriculum, on the aggressive behaviors of five elementary-aged African American male students in an urban public school setting. Parent training and parent notes were also used for the maintenance and transfer of newly acquired skills. The results indicated that the social skills instructional package was functionally related to a decrease in aggressive behaviors with four of the five students. Mehas and colleagues (1998) implemented a school wide social skill program in a middle school to reduce antisocial behaviors while increasing socially appropriate behaviors. They used a packaged social skill curriculum, The Second Step which is a Violence Prevention curriculum. This curriculum teaches the concepts of empathy, impulse control, and problem-solving in which the problem must be stated from a neutral position, and anger management. The results of their investigation indicate that the number of fights and verbal conflicts within the school reduced significantly.

This study differs from Middleton's in that it includes older students, the Working Together curriculum, and focuses on the inclusion of students with serious emotional disorders (SED) and students at-risk to improve their social adjustment within general education classrooms. A similar outcome will serve to strengthen the work of Middleton (1994) and substantially contribute to this line of inquiry.

The ability to interact successfully with one's peers is an important aspect of a child's development. Social skills is 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 others. Social skills instruction is important for all children, and, by definition, is critical for students with SED. Students with disabilities typically are characterized by social skill deficits. Studies show that there are usually low rates of social interaction between special education students and their general education peers and, when interactions do occur, they tend to be more negative in nature (Gresham, 1981; McClean, 1988; Merrell, 1993; Walker 1995:). Socially unskilled children typically exhibit lower levels of academic performance (Cartledge & Milburn, 1995), show a higher incidence of school maladjustment (Elliott & Gresham, 1993), are more likely to experience peer rejection (Ladd & Asher, 1985; Walker, Colvin, & Ramsey, 1995), be excluded from general education classes (Akhtar & Bradley, 1991), and have a higher proportion of mental health difficulties as adults (Kauffman, 1995).

Cartledge and Milburn (1995) define social skills as, "socially acceptable learned behaviors that enable the person to interact with others in ways that elicit positive responses and assist in avoiding negative responses from them" (p. 4). Social skills are directly related to one's ability to develop friendships and social support networks in and out of school and are important to one's ability to have a healthy life. Social competence also correlates with academic achievement (Cartledge & Mulburn, 1995). The social incompetence of students with SED interferes with interpersonal relationships, usually leading to rejection by peers and adults as well as causing overall poor school performance.

According to Goldstein (1988), the purpose of social skills training is to directly teach and help the individual acquire the skills necessary to develop and maintain
positive relationships with peers and adults. The inability to do this is one of the defining characteristics of the condition of SED and the greatest challenge facing students identified as having this condition. The ultimate purpose of teaching specific social skills is to promote the overall functioning or social competence of the individual. Social skills are the basic ingredients of social competence.

The poor outcomes of students with SED already point to the need for social skills intervention (Kauffman, 1997). Less than 50% of students with SED receive instruction in mainstreamed settings, their school drop out rate is more than 60%, and after leaving school less than one-third receive vocational training or work and more than half acquire police records within a few years. According to Kauffman, estimates of incarcerated youth suggest that most if not all have emotional and/or behavioral disorders, and that they all experience difficulty in perceiving social situations. These tendencies indicate not only the need for social skill intervention but that it should be protracted, spanning the child's entire school life and conceivably reducing the likelihood of a marginalized existence. Without question, students with SED possess deficiencies in the area of social skills and these deficiencies are predictive of various concurrent and long-term adjustment problems. Given these deficiencies, it is important to teach students with SED those skills that are facilitative of peer acceptance, reciprocal positive social interaction and self-acceptance.

Social rejection by peers and teachers resulting from aversive behavioral characteristics also underscore the need for social skill training. Teacher and peer rejection appears to be an inevitable consequence of displaying of patterns of antisocial behavior in school (Patterson, 1992). In the context of mainstreaming and social
integration, Hollinger (1987), concluded that aggressive, antisocial students are at a severe disadvantage in their peer-related adjustment within mainstreamed setting due to deficits in social perception and social skills. Similarly, extensive research by Walker and associates on teacher reactions to the mainstreaming and social integration of students with emotional disabilities indicates that regular teachers are extremely intolerant of the behavioral characteristics of antisocial students (Gersten, Walker, & Darch, 1988; Hersh & Walker, 1983; Walker, 1986).

Mainstreaming describes the process of integrating students with disabilities into general education classrooms for part of the school day for meaningful learning. Students are considered mainstreamed if they spend any part of the school day with general education peers. Attending one's home school or neighborhood school appears to contribute positively to the conditions for establishing and maintaining meaningful relationships with peers (Brown, 1989). Of particular importance to students with SED are the opportunities for structured and casual interactions with their nondisabled peers. The general education classroom holds students with disabilities to higher standards for routine social behavior. If a student with disabilities is in a classroom with nondisabled students the majority, or perhaps even all the time, that student may learn to model some of the behaviors of the nondisabled peers. The student would then have an easier time following the structure the teacher establishes for the classroom and the generally accepted social norms and habits.

Documented in the research literature is the importance of parental involvement in the education of their children (Chavkin, 1989, 1993; Correa, 1996; Dunst, Trivette, & Deal, 1988; Epstein, 1989, 1991, 1994, 1996; Garlow, Turnbull & Schnase, 1991;
Henderson, 1988; Hester, 1989; Knoll, Covert, Osuch, O’Connor, Agosta, Blaney, & Bradley, 1991; Kroth, 1995, Turnbull & Turnbull 1995: U.S. Department of Education, 1994; Walker, 1996, Wiess, 1989). Parental involvement is defined by Turnbull & Turnbull (1997) as any activity in which a parent/guardian of a student takes an active part or role in planning for his/her child’s instruction and assisting a child to learn, or practice a social or academic skill. Hoover-Dempsey and Sandler define and describe parental involvement to incorporate the ranges of parental activities that include home-based activities related to children’s learning in school. For example, reviewing the child’s work and monitoring child progress, helping with homework, discussing school events or course issues with the child, providing enrichment activities pertinent to school success, and talking by phone with the teacher. They also include school-based involvement, focused on such activities as driving on field trip, staffing a concession booth at school games, coming to school for scheduled conferences or informal conversations, volunteering at school, and serving on a parent-teacher advisory board.

According to Walker and colleagues, parents of students with challenging behaviors need to participate in the planning and implementation of school interventions for the following reasons: (1) many of the adjustment problems that antisocial students experience at school have their origins at home; (2) the more settings in which interventions for antisocial behavior can be implemented, the more likely there is to be a substantive, overall impact on the student’s total behavior; (3) parental support in coordinating the school and home components of an intervention (for example, monitoring, praising, debriefing, delivery of home rewards) can significantly increase the effectiveness of any school intervention; and (4) parent involvement sometimes opens the
door for parent education that can lead to more effective parenting practices, positive parent-child interactions, and improved student self-esteem (Walker, Colvin, & Ramsey, 1995).

This study is a systematic replication of Middleton (1994) and was designed to extend the present knowledge base by determining the effectiveness of social skills instruction that incorporates parental involvement on the antisocial and socially appropriate behaviors of intermediate elementary-aged students identified as having serious emotional disturbance and at risk behavior. This study used the same procedures and curriculum as in the Middleton’s study. Social skills instruction consisted of skill definition, modeling, behavior rehearsal (role-play), feedback, and differential reinforcement of incompatible behaviors. Specifically, four lessons from the Working Together (Cartledge & Kleefild, 1994) curriculum - ignoring or leaving bad situations, asking for help in bad situations, negotiating conflicts, and controlling your temper which had previously been shown (Middleton, 1994; Middleton & Cartledge, 1995) to be effective in setting the occasion for increasing socially appropriate behaviors and decreasing antisocial behaviors were selected to be taught in a small group setting.

The small group consisted of one student with SED, who was the target student, one at-risk student, and two competent peers. Using peers as change agents in increasing the social interactions of children with special needs has been well documented in the literature. Various investigations have demonstrated peer mediated strategies (e.g., modeling, prompting, tutoring) to be an appropriate vehicle for improving social skills of children with developmental disabilities (Goldstien, Kaczmarski, & Pennington, 1992; Kamps, Barbetta, Leonard, & Delquadri, 1994; Pierce, & Schreibman, 1995). One of the
benefits of including more socially competent peers in intervention is the abundance of learning opportunities through observation and interaction with more competent peers (Odom & McEvoy, 1988).

Parent participation involved parent training and communication through phone calls and parent notes. Based on previous research, the hypothesis of this study was that with social skill instruction and parental involvement, the number of antisocial behaviors emitted by the target students will decrease significantly and the number of socially appropriate behaviors will increase substantially. Another assumption is that through systematic and direct instruction in social skills, students with challenging behaviors can develop the social response patterns necessary for establishing positive relationships while avoiding social rejection and isolation. These outcomes will eventually make social adjustment in the general education classroom easier and more meaningful.

Research Questions

Research antisocial behavior, social skills instruction, and parental involvement, points to a need to validate effective, replicable interventions that focus on collaborative strategies between the school and home for reducing inappropriate behaviors and increasing socially appropriate behaviors. This study investigated the effects of a social skills instructional package, incorporating parental involvement and differential reinforcement of incompatible behaviors on the antisocial acts of students with SED and at-risk behaviors. To determine the effects of the intervention on the dependent variables, the study addressed these questions.
1. What are the effects of social skills instruction on the levels of socially appropriate behaviors exhibited by intermediate elementary-aged students with SED within a general education setting immediately following instruction?

2. What are the effects of social skills instruction on the levels of antisocial behaviors exhibited by intermediate elementary-aged students with SED within a general education setting immediately following instruction?

3. What are the effects of parent participation on the maintenance and generalization or verbal description of newly learned social skills in their elementary-aged children with SED and at-risk behaviors?

4. Will students respond favorably to intervention procedures?

5. Will teachers respond favorably to the intervention and find these procedures effective?

6. Will parents respond favorably to the intervention and find these procedures effective?

Terminology and Definitions

For the purpose of this study, the following definitions will be used.

Aggression. Any verbal or physical act that is characterized by the intent to inflict harm to another. Specific behaviors include: pushing, kicking, hitting or striking another with self or object, throwing an inappropriate object, forcefully taking something from someone, arguing, teasing in an annoying or hurtful manner, name calling in a profane manner, and making threatening gestures with body parts (Eron, 1987).

Antisocial behaviors. Any behaviors that reflect social rule violation, and are characterized by poor social interaction with peers and adults (Kazdin, 1987). Sample behaviors include noncompliance, making annoying noises, refusing to share when requested to do so, and tantruming.
Mainstreaming. The process of integrating students with disabilities into general education classrooms during part of the school day for meaningful learning.

Parent participation/involvement. Any activity in which a parent/guardian of a student takes an active role in planning for his/her child's instruction, and assisting a child learn, or practice a social or academic skill (Turnbull & Turnbull, 1997).

Reinforcement. The presentation or removal of environmental events that increase the frequency of a behavior (Elliott & Gresham, 1993).

Socially appropriate behaviors. Age appropriate, socially acceptable behaviors, which promote positive interpersonal relationships (Solomon, Watson, Delucchi, Schaps & Battistich, 1988).

Social competence. A summative evaluative term that refers to the quality or adequacy of a person's overall performance on a particular task within a given social context or situation (Walker, Irvin, Noell & Singer, 1992).

Social interaction. The direct exchange of words, gestures, toys, or other materials between two or more children (Odom & Brown, 1994).

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).
CHAPTER 2
REVIEW OF LITERATURE

The introduction to this research review posits that antisocial behavior is a major concern in schools and the larger society, and that without intervention, students identified as antisocial risk long term negative effects. This chapter reviews literature related to antisocial behavior, serious emotional disorders, social skills instruction, inclusion, and parental involvement in the treatment process to decrease antisocial behavior and increase prosocial skills. A final section reviews literature on use of direct instruction and literature in social skills training.

Antisocial Behavior

Antisocial and aggressive student behaviors are a persistent and steadily increasing concern within our schools. Antisocial behavior is defined as the persistent violation of social norms and consists of two types: overt and covert (Kauffman, 1997; Kazdin, 1985; Patterson, 1982; Walker et al, 1996). Overt forms of antisocial behavior are characterized by antisocial, aggressive acts directed against persons and include verbal or physical assault, oppositional-defiant behavior, use of coercive tactics and the humiliation of others. Covert antisocial behavior involves acts committed against property or directed toward the self. These acts, characterized by stealth, involve stealing, lying, drug abuse, and a range of delinquent acts that are difficult to detect.
Causal Influences of Antisocial Behavior

Numerous theories exist concerning the exact factors that cause young children to go from antisocial behavior to juvenile delinquency, and finally to adult criminality (Kazdin, 1985, 1995). Dodge (1993) identified three primary types of causal factors that contribute to the development of antisocial behavior: (1) an adverse early rearing environment, (2) an aggressive pattern of behavior displayed on initial school entry, and (3) social rejection from peers.

Patterson and his colleagues (1992) conducted some research on identifying and validating the family antecedents and correlates of antisocial patterns. They constructed a social learning theory that persuasively argues that: (a) Families that produce antisocial children are characterized by powerful stressors, including divorce, physical abuse, psychological and/or sexual abuse, poverty, alcohol and drug abuse, and unemployment. (b) These stressors have the effect of disrupting normal parenting practices and family support processes. And (c) parents under severe stress do not discipline fairly, consistently, or appropriately: they do not monitor their children's activities, whereabouts, or affiliations, they do not use positive behavior-management techniques of support, encouragement, and praise: they do not spend adequate amounts of time involved in their children's lives and their problem-solving and conflict-resolution skills often are highly ineffective.

Furthermore, such parents do not model and teach positive prosocial forms of behavior to their children. Attitudes toward schooling in such families often are very negative. Most ominously, various antisocial acts committed in the parents' presence are sometimes ignored, thus communicating a message of legitimacy.
These conditions provide a fertile breeding ground for the development and strengthening of antisocial behavior patterns. Discipline in these families is chaotic and often random, which encourages children to play "Russian Roulette" by committing deviant acts that may or not have consequences. The unsupervised and weakly monitored behavior patterns of these children set the stage for the formation of deviant peer associations within and outside school.

School variables that may contribute to antisocial behaviors include grouping of disadvantaged children in crowded classrooms, minimal school resources (often witnessed in impoverished inner-city neighborhoods as well as rural communities), and teachers who are inadequately trained to address heterogeneous and diverse groups of high risk children (Pettit et al., 1993; Walker, 1998). Descriptive studies in school settings suggest a pattern of negative teacher-student interaction styles similar to those documented within the home environments. These patterns may include frequent harshness in dealing with students, indifferences, less attention from teacher for appropriate behavior, and more punishment for the negative behavior of children with a history problem behavior (Shores, Gunter, & Jack, 1993; Coie, 1994; Walker, 1995, 1998; Walker, Steiber, Ramsey, & O’Neill, 1990).

Shores and colleagues (1993), in a recent study of teacher-student interaction patterns, described classroom management approaches as opportunities to be either coercive or instructional and positive in nature. They suggest teachers behaviors are critical variables and recommend management systems that promote positive teacher statements toward students. Long-term correlates of antisocial behavior related to classrooms include personal characteristics, as well as environmental or setting events
such as school failure and dropout, depression, low self-esteem, adoption of delinquent life styles in teen years, rejection by peers and teachers, vocational problems, higher than typical hospitalization rates, social isolation, and low quality of life (Walker, 1995)

The American Psychological Association (1994) published an analysis of violence among children and youth and in this analysis, the authors cite four individual social experiences that seem to accelerate the pace with which children and youth travel down the path toward antisocial behavior, violence, and ultimately, prison. The four social experiences are: (1) early involvement with drugs and alcohol, (2) easy access to guns and firearms, (3) association with antisocial groups, and (4) depictions of violent acts in the media (film and television). The authors of this report argue that extensive and powerful empirical evidence supports the influential role of each of these factors.

Similarly, in her seminal work on the societal, at-risk factors that victimize children, youth, and families, Lisbeth Schorr (1988) notes that we must, as a society, address three outcomes that are systematically destroying the fabric of our society: (1) school failure. (2) too-early parenthood (teenage pregnancy), and (3) delinquency. She describes these outcomes as time bombs that will have dire consequences now and in the future if we do not get control of them.

The documented role of violent, aggressive acts to which our children are being constantly exposed is receiving increasing attention by legislators and policymakers. Dr. Carole Lieberman (1994), a psychiatrist and noted expert on violence in the media, makes a persuasive case that the media has played a key role in desensitizing our society to violence in such a way that it is now considered by many to be endemic and culturally normative (Lieberman, 1994). However, leaders of this industry continue to deny the
overwhelming empirical evidence that such exposure increases violent, aggressive tendencies among children and youth in much the same way that the tobacco industry has denied the health risks of smoking.

The nature-nurture controversy is never more evident than in the debate over the true roots of antisocial behavior. According to experts in this domain, it is difficult to identify and clearly separate the roles of inherited versus social-environmental factors in the development of antisocial behavior patterns; it is even more difficult to reliably isolate an early predisposition toward committing violent acts. However, it is possible that such attributes as activity levels, hormone levels, temperament, and impulsivity are at least partially inherited and could thus serve as precursors (that is, predisposing factors) to the development of agitated, antisocial behavior (Walker, 1995). On the nurture side of the issue, there is considerable evidence that the family context and parenting practices play strong, contributing roles in the development of antisocial behavior patterns (Kazdin, 1987; Patterson, 1992; Reid & Dishion, 1992). The specific parenting practices and family stressors that account for this outcome have been discussed earlier in this section. It is also possible that traumatic head injury and resulting neurological insults may be a contributing factor in the development of agitation and aggression and could, in some instances, trigger violent episodes (Walker, Colvin, & Ramsey, 1995).
Intervention

Prediction and social control of student of violent behavior are among the most controversial and critical issues involving American youths (Eron, 1995; O'Donnell, 1995; Sautter, 1995; Tate, 1995; Walker, 1995, 1998). A variety of conceptual approaches, ranging from psychodynamic therapies, to behavioral interventions, to biological treatments, have been suggested during the past century. Kazdin (1995) notes that parent management-training, problem-solving training, family therapy based on systems theory and behaviorism, and treatments addressing multiple social systems (family, school, and community) as well as the individual are among the most promising approaches.

Bullis and Walker (1994) recommend an approach involving active remediation of antisocial behavior patterns in the intermediate grades and early middle school years. While a cure is highly unlikely at this developmental level, considerable impact can be achieved upon the deficits associated with this disorder (for example, remediation of social skills deficits, teaching self-control, improving study and academic skills, and improving peer relations).

Characteristics of Antisocial Behavior Patterns

The antisocial students have more difficulty in getting along with peers both in individual one-on-one contacts and in-group situations, and are less willing or able to treat others courteously, tactfully, and fairly. They are less well liked and accepted by their peers. Their socialization process appears to be severely impeded and their behavioral adjustments are often immature. They do not seem to have learned the key social skills necessary for initiating and maintaining positive social relationships with
others. Peer groups often reject, avoid, and/or punish aggressive children, thereby excluding them from positive learning experiences with others. They appeared less friendly, less responsible or fair in dealing with others, and more impulsive and antagonistic to authority (Akhtar & Bradley, 1991; Coleman, 1996; Hughes & Cavell, 1995).

Antisocial students often do not display age-appropriate social behaviors; they tend to be extremely immature in almost all of their social interactions with peers and adults in school. They seem to have a singular disinclination to cooperate with others in peer-controlled activities. These students seem to bring a contentious "chip on their shoulder" set of attitudes to many social situations. Such students often have poor adults models for positive, appropriate social behavior in the home; furthermore, parents of antisocial children do not usually teach prosocial forms of behavior that facilitate positive peer and teacher relations. As a result of the unfortunate learning history, antisocial students often display behavioral characteristics that cause them to be viewed as hostile and socially unskilled by peers and adults alike (Walker, 1993, 1995, 1998).

Another characteristic of antisocial students is poor self-image and low self-esteem. Such self-assessment is to be expected, given the constant barrage of criticism and negative messages they receive from teachers and peers. Furthermore, antisocial students do not see school as a friendly place or as a setting in which they can demonstrate much mastery and experience success. Studies indicate that antisocial students are frequently exposed to control, containment, and punishment strategies by school systems (Walker, 1995, 1998). Furthermore, Walker, Block-Pedego, Todis, and Severson (1991) found that students with externalizing, acting-out behavior patterns are often denied access to
school-based support services, such as counseling, social-skills training, values clarification, and speech and language training. The aversive nature of their behaviors and their low likability quotients are probably responsible, at least in part, for this outcome. A disproportionately large percentage of antisocial students are excluded from school and placed on home-tutoring regiments.

According to Walker and his colleagues (1995) Social-skills deficits and a failure to abide by rule-governed teacher expectations are the root causes of the adjustment problems experienced by antisocial students. Walker and colleagues further state that antisocial students through their general behavioral inclinations, set up social environments that severely punish them. The students victimize others, especially peers, at extraordinarily high rates; yet they perceive themselves as victims and as not being treated fairly. Ironically, antisocial students, who are the greatest victimizers of others in school, see themselves as the ultimate victims. In one sense, this is true because the long-term consequences of an antisocial behavior pattern are highly victimizing to the perpetrator. As noted earlier, antisocial students have a high risk for experiencing long-term negative outcomes that include life failure in many areas.

Coie, Dodge, Ladd and their colleagues conducted some research on how aggressive, socially rejected students decode, process, and interpret social information (Coie, Belding & Underwood, 1988; Dodge, 1980, 1986; Dodge & Frame, 1982; Ladd & Oden, 1979). Their research shows that such children and youth make many errors that prove to be highly significant in their decoding and interpretation of the social information and behavioral feedback they receive. These errors cause them to misread the motivations and intentions of peers and adults. When antisocial children base their subsequent behavioral
actions on such errors and misinformation, the resulting behavioral effects can be potentially disastrous. Perhaps because of these misinterpretations of social cues, antisocial students often respond inappropriately to well-intentioned social bids from others. This tendency, combined with their generally aversive behavioral characteristics, can lead to social rejection by peers and teachers; such rejection can form rather quickly. Evidence shows that teacher and peer rejection is nearly an inevitable consequence of displaying a characteristic patterns of antisocial behavior in school (Patterson, 1992).

The peer relationships of antisocial children and youth are equally problematic. These students often use coercive tactics in their peer interactions to force submission of others. They frequently are verbally, and sometimes physically abusive of peers; they often tease others, but they react very provocatively and angrily to similar taunts by peers. While they tend to have relatively weak interactions with normal peers, they often find a much stronger support system among deviant peers. Essentially, this group of students trains peers to reject them and then complain about being victims, even though they are the ultimate victimizers of others. Antisocial students tend to be very sensitive to the operation of social contingencies within the natural environments, but they are relatively insensitive to the impact of their own behavior on others. At times, their descriptions of their own behaviors can be astonishingly unrealistic. I have witnessed many incidents of unrealistic descriptions of their behaviors when I was the classroom teacher of a self-contained classroom for students with SED for several years.

Students with antisocial behavior patterns are a substantial risk for failure in both teacher and peer adjustment areas. Because of their high rates of aggressive behavior, antisocial students are especially vulnerable to social rejection by their non-antisocial
peers. If they are also noncompliant with teacher directives or engage in oppositional-defiant behavior, then rejection by teachers is also a real possibility. In such cases, failure in both teacher- and peer-related adjustment areas is virtually assured with all of the associated negative outcomes. Antisocial behavior is highly aversive to others and often leads to rejection and social avoidance. Antisocial behavior pattern also produces powerful short-term rewards, including getting one's way, achieving social control over natural situations, and dominating and humiliating others (Walker, Hops, & Greenwood, 1993).

Coie and Kupersmidt (1985) conducted a study in which they demonstrated how quickly antisocial aggressive students trained their peer groups to socially reject them. The researchers identified a group of boys who were highly aggressive and were also socially rejected by their peer groups. They formed playgroups of same-aged children, all of who were unfamiliar with each other, and placed one of these boys in each group. Within a matter of minutes, each of the playgroups showed clear signs of rejecting the aggressive boy assigned to them. Reid (1993) argues that many of these boys are probably unaware that their own behavior is responsible for such rejection.

Dodge and his colleagues (1982) conducted some important work on how aggressive, antisocial, and rejected students process social information, interpret interpersonal cues, and make decisions based on this information (Dodge, 1985; Petti, McClaskey, & Brown, 1986). These students have serious deficits in this very important area of social relations. For example, the students frequently make errors in evaluating the motives and intent of the social behavior directed toward them by peers and adults. They often misinterpret important social cues that guide appropriate responses in
everyday situations with peers. They are likely to attribute hostile intentions to accidental
or ambiguous behavior from others and respond quite inappropriately as a result.

Antisocial children and youth are often frequent teasers of others but respond
incompetently to similar provocations from others. Walker (1995) suggest that antisocial
students appear to have quite abnormal standards and expectations regarding their own
behavior and that these beliefs may, in turn, legitimize much of their deviant, aversive
behavior and may also insulate them from accurately decoding negative and disapproving
feedback about their behavior. Antisocial students often have moderate to severe
academic skill deficits as well as low achievement (Coie & Jacob, 1993; Offord, Boyle,
& Racine, 1991; Reid, 1995). It is not clear from these studies whether these academic
problems are primarily the causes or consequences of antisocial behavior; however, there
is little doubt that they greatly exacerbate it.

Antisocial Behavior and Violence

Our society is consumed, quite justifiably, by fear and concerns of the escalating
patterns of violence that are developing in our society, especially in our schools. Walker
(1995, 1998) compared violent acts to earthquakes that are difficult to predict and often
seem to strike without warning. Recent studies of delinquency have helped clarify the
relationship between violence and antisocial behavior. The more severe the antisocial
behavior pattern, and the earlier it begins, the more at risk the child is for delinquency,
vioence, and a host of long-term, negative developmental outcomes. Gang affiliation is
also associated with a huge increase in criminal and violent forms of behavior (Long,
1993).
A study was released by the National School Boards Association (1993) that tried to explain the action of the government to address this national problem of violence in school. The study involved over 700 school districts nationwide and concluded that (1) violence is more acute now than five years ago and (2) the increase results primarily from the breakdown of the family and the portrayal of violent acts in the media. Other major causes of violence cited in the survey include alcohol and drug abuse, easy access to guns, and poverty.

In the survey and its report, 59% of responding urban districts reported a shooting or knife attack in school during the previous year, and 25% reported drive-by shootings. Suburban and rural school districts also reported an increase in the number and seriousness of violent incidents, including rapes and shootings. More than 80% of the 700 participating districts also reported increases in school violence during the past five years, with 55% noting that the increase was significant. Seventy-seven percent of the districts surveyed cited changing family situations, and 60% cited the media as being primarily responsible for this increase. The report notes that the most common methods schools use to reduce violence are suspension, increasing police presence on campuses, teaching students alternative ways of resolving conflicts, and setting up separate schools for disruptive students. Thirty-nine percent of urban schools reported using metal detectors, and 11% have installed closed-circuit television system. One school district hired a gang member to discourage students from joining gangs. The report suggests that the issues of violence and school safety must rise to the level of a national emergency. The author of the report also suggest that a national plan is needed, along with a significant infusion of resources to develop effective strategies for coping with this problem that can be broadly
disseminated and adopted. The report also calls for research on development of new methods for preventing and coping with violent acts in schools.

**The Impact of Antisocial Behavior**

Kazdin (1995) argues that the cost of antisocial behaviors is nearly impossible to calculate accurately because of their pervasiveness and subtle nature. Antisocial behavior is extremely costly to the individual and to all those (family members, friends, coworkers, classmates, teachers) who interact with the antisocial student. The lost productivity, the social and economic costs to the individual, and the pain associated with this condition over a lifetime are devastating.

Walker (1995) reports that three million acts of violence and theft took place in the public schools in 1994. Each day, over 100,000 weapons are brought to school, and more than 50 children and youth are either killed or wounded by these weapons. In our country, one murder occurs every 20 minutes, resulting in an annual carnage of 25,000 persons who are tragically robbed of the remainder of their lives. FBI statistics show that more than 11,000 persons died between 1980 and 1989 due to homicides committed by high school-aged youth. An elementary school student recently reported that 55% of their fifth graders bring weapons to school; half of these students indicated they need the weapons for their own protection. The Children Defense Fund reported that 155,00 children bring guns to school daily.

The specter of random, unprovoked violence has put our schools on the edge and made our neighborhoods and schools unsafe places to be. The proliferation of gang affiliations is rampant and associated with a dramatic rise in criminal activity among our youth. Juvenile delinquency remains the single best predictor of adult criminal behavior,
and the number of youth adopting delinquent life-styles is escalating dramatically (Long & Bredtro, 1992; Patterson, 1992).

Patterson (1989) notes that the United States spends more than one billion dollars annually simply to maintain the Juvenile Justice System. He cited evidence that the annual cost of vandalism approximates half a billion dollars. He notes that follow up studies of antisocial youth show that, as adults, they are severely at risk for accidents, alcoholism, drug abuse and addiction, chronic unemployment, divorce, physical and psychiatric illness, and higher hospitalization and mortality rates than normal (Patterson, 1989; Kazdin, 1985)

Antisocial youth often require frequent contact with mental health and criminal justice systems well into adulthood (Farrington, 1991; Parker & Asher, 1987). Additionally, numerous other negative outcomes are associated with antisocial behavior pattern including academic underachievement and inappropriate responses to authority (Kazdin, 1987, 1995), dropping out of school, low self-esteem, peer rejection (Coie, Lochman, Terry & Hyman, 1992), poor peer relationships (Graham, Hudley & Williams, 1992), and cognitive problem-solving deficits (Graham, et al., 1992). Social skills instruction is needed to address antisocial behavior patterns that are predictive of more deviant and criminal acts in adulthood (Akhtar & Bradley, 1991).

The problem of antisocial behavior should be viewed as a national emergency. The magnitude of this problem, the alarming rate with which this population is growing, and the reliable association of antisocial behavior with a host of very costly outcomes (especially adolescent and adult criminality) require the investment of considerable resources and expertise. To have a chance of success, a collective effort must
systematically involve the three classes of social agents that are most important in the antisocial child's life, these are, teachers, parents, and peers. In addition, this problem must be addressed from a therapeutic, rather than punitive, vantagepoint and the intervention should begin as the earliest possible age of development.

Serious Emotional Disturbance (SED)

This section of the literature review presents the discussion on the definition of SED, the prevalence of SED, assumed and contributing factors of SED, and the characteristics of students with SED.

Definition of SED. During the past 50 years, numerous definitions of emotional or behavioral disorders have been constructed (Achenbach, 1974; Bower, 1981; Forness & Knitzer, 1992; Kauffman, 1977). Each has served the particular purposes of the writer, but none has sufficiently resolved the problems of terminology, specificity, clarity, and usefulness (Kauffman, 1997). The most common definition of SED used in educational contexts is that proposed originally by Bower (1982) and incorporated in the federal rules and regulations for Public Law 94-142 and later for Individual with Disabilities Educational Acts (IDEA).

Public Law 94-142 defines SED as “a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance: (a) An inability to learn which cannot be explained by intellectual, sensory, or health factors, (b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers, (c) Inappropriate types of behaviors or feelings under normal circumstances, (d) A general pervasive mood of unhappiness or depression, and (e) A tendency to develop physical symptoms or fears
The Assumed Contributing Factors of SED

There have been several conceptual or theoretical perspectives developed in the attempt to explain or understand the causal factors of SED (White, 1995). The review of the contributing factors of SED will focus on four major perspectives that are discussed in the literature. The perspectives are: biological factors, family factors, the school, and the cultural perspective.

Biological Factors as Causal Explanation. Among the many biological factors that may contribute to the origins of emotional or behavioral disorders are genetics, brain damage or dysfunction, malnutrition or allergies, temperament, and physical illness (Kauffman, 1997). A wide range of emotional or behavioral disorders has been attributed to known or suspected brain damage or dysfunction (Hallahan, Kauffman, & Lloyd, 1996). Subtle brain injury before, during, or shortly after birth is an important contributing cause of serious juvenile delinquency and adult criminality according to research (Bower, 1995). The literature supports the fact that severe malnutrition can have catastrophic effects on children's cognition and physical development (Brown & Pollitt, 1996). It reduces the child's responsiveness to stimulation and produces apathy. Several investigators have suggested that disordered behavior is a result of ingesting certain foods or food additives or of the absence of certain trace elements in the diet (Boris & Mandel, 1994; Fishbein & Meduski, 1987).

Family Factors as Causal Explanations of SED. The family provides the context for early nurturance, so it is not surprising that people tend to look to the family as a likely source of deviant behavior. When youngsters misbehave, the tendency is to blame parental mismanagement or family disintegration. Given the primacy of family relations in children's social development, it is understandable that we have sought the origins of
correlation emotional and behavioral disordered in the structure, composition, and interactions of the family units. According to Kauffman (1997) family factors do not account for children's disordered behavior, however, except in complex interaction with other factors. It is ascertained in the literature that certain features of family relationships, especially parental deviance and discord, harsh and unpredictable parental discipline, and lack of emotional support, increase children's risk for developing emotional or behavioral disorders.

Recent research has examined more specific, focused interactions that may contribute to causing emotional or behavioral disorders or intensify them. The empirical evidence increasingly points to social learning as the basis for many emotional and behavioral disorders. Research suggests that parental modeling, reinforcement, and punishment of specific types of behavior hold the keys to how families influence children's behavioral development (Kauffman, 1997).

Dadds (1995) summarized the evidence as follows: "The evidence shows that family processes that are closely linked to the specific behavioral problems of the child appear to be far more important than more general aspect of the family's style. For each of the disorders reviewed, evidence was clearly supportive of a model in which parents appear to model, prompt, and provide contingent attention to the particular behavioral problem the child has. Parents of aggressive children reward aggression and ignore prosocial behavior; parents of depressed children appear to reward self-denigration and model depressive cognitive style; parents of anxious children appear to model fear and avoidance and reward caution. This is not to say parents are causing the children problems, especially not intentionally. Rather, it appears that parents become trapped into a cycle with the child in which the behavioral problem becomes an important, if not dominating, focus for the way in which the family interacts". (p.85). Other family factors such as family structures (single-parent families, substitute care) and family interaction
are discussed in the literature as causal factors of children behavioral or emotional disorders.

Vaden-Kierman and his colleagues (1995) suggest that boys in families headed by mothers alone may be at risk for developing aggressive behavior. Among the family configurations found by Achenbach (1991) to be significantly related to higher behavior problem ratings of children were: “fewer adults in the household; more unrelated adults in the household; parents who were separated, divorced, or never married to each other” (p. 92). There is a great support from the literature that economic hardship or impoverishment with its attendant deprivations, parental substance abuse or criminality, interpersonal conflict and violence, and lack of parental supervision and nurturing play a significant role in children maladaptive behavior development (Baumrind, 1995; Ellwood, 1993; Rutter, 1995).

The School as a Contributing Factor of SED

Besides the family or home, the school is probable the most important socializing influence on children and youths. According to Kauffman (1997) success or failure at school is tantamount to successor failure as a person in the American culture; school is the occupation of all children and youths in our society—and sometimes it is their preoccupation. The role of the school in causing emotional or behavioral disorders is a particularly an important one. The school environment is not only critically important for social development but is the factor over which educators have direct control.

The school, like the family and biological factors, does not operate unilaterally to determine students’ emotional and behavioral development, but researchers have identified classroom conditions and teacher reactions to student behavior that make behavioral difficulties more likely to occur or that could be changed to reduce the likelihood of acting out and other types of emotional or behavioral problems (Colvin et al., 1993; Walker, 1995). The school might contribute to disordered behavior and
academic failure in one or more of the following ways: (1) insensitivity to students' individuality, (2) inappropriate expectations for students, (3) inconsistent management of behavior, (4) instruction in nonfunctional and irrelevant skills, (5) ineffective instruction in critical skills, (6) destructive contingencies of reinforcement, and (7) undesirable models of school conduct.

Kasen and colleagues (1990) suggest in their study that schools characterized by conflict, deliberate damage to school property, and teachers often shouting at students tended to have more acting-out students. On the other hand, a clear academic focus was associated with lower levels of opposition, conduct problems, and alcohol use. Thus, teachers and administrators who are sensitive to students but have clear and positive expectations for academic performance seem to foster appropriate behavior. A critical key to generally improved student behavior is a clear, consistent plan for school-wide discipline (Daniels, 1998; Mehas, Boiling, Sabieniak, Sprague, Burke, & Hagan, 1998; Schmid, 1998; Walker, 1995, 1998).

Although, there is little experimental evidence to suggest that emotional or behavioral disorders are caused by insensitivity, there is anecdotal and descriptive evidence that suggest that insensitivity may be a feature of many students' school experience (Epstein, 1981; Kauffman, 1995). School climate described in Kasen et al.'s study (1990) appears to be a breeding ground for antisocial behavior. For example, Mayer and colleagues (1987) found correlations between vandalism and punitive school environments that did not recognize individual differences. Clark and her colleagues (1995) found that incorporating students interests into academic tasks without compromising basic academic demands substantially improved the conduct of students. In two developmental studies, Thomas and Chess (1984) and Thomas (1968) showed that the growth of emotional or behavioral disorders is accelerated by adults' failure to treat youngsters in accordance with their temperamental individuality.
In early research on expectancy effects, Meichenbaum, Bowers, and Ross (1969) found that the teacher expectancy effect may be associated with changes in teacher behavior. When teachers were given the expectation that particular students would be potential intellectual bloomers, those students improved significantly more in appropriate classroom behavior and objective measures of academic performance than did control students for whom the expectation was not induced. Measurement of the teachers' behavior showed that they behaved differently toward students for whom the higher expectations were created, significantly increasing positive interactions or significantly decreasing negative interactions with the high expectancy students. The authors of this study concluded from their data that "it seems one means of modifying the behavior of both teachers and students is to modify the teacher's perception or label of students' academic potential" (p. 515).

Walker and Rankin (1983) conducted a study investigating the standards and expectations of general and special education teachers for students' academic performance and social-interpersonal behavior. They found that teachers' expectations could be described as narrow, intense, and demanding. The typical teacher expressed little tolerance for students who could not keep up academically or who exhibited inappropriate social behavior. And teachers consistently saw youngsters' competence in peer relations as less important than academic competence; their expectations centered on behaviors related to academic adjustment. These findings suggest that teachers' expectations may be a significant problem for students with emotional or behavioral disorders.

There is a strong support in the child development literature for the contention that inconsistent behavior management fosters disordered behavior (Hetherington & Martin, 1986). If one can extrapolate from the findings that inconsistent parental discipline adversely affects children's behavioral development, then it seems highly likely that
inconsistent behavior management techniques in the school will also have negative effects. Capricious, inconsistent discipline in the classroom will contribute nothing toward helping students learn appropriate behavior. School-based studies of antisocial behavior, such as vandalism, also indicate a connection between punitive, inconsistent discipline and problem behavior (Meyer, 1995; Walker, 1995).

One way the school increases the probability that students will misbehave or be truant is in offering instruction for which students have no real or imagined use especially in secondary grades. Not only does this kind of education fail to engage students, it also hinders their social adaptation by wasting their time and substituting trivial information for knowledge that would allow them to pursue rewarding activities (Kauffman, 1997; Walker, 1995). The problem of making education relevant to students’ lives has plagued educator for ages. To resolve this problem, the students must be convinced that the learning they are asked to do is or will be important. The teacher must convince the student that the instruction is in some ways worthwhile; otherwise the classroom will be merely a place for the students to avoid or to disrupt. For some students with a history of school problems, convincing them will require provision of artificial reasons to learn, such as extrinsic rewards for behavior and performance.

The importance of academic learning to emotional well being and behavioral development cannot be overemphasized (Rhode, 1992; Walker, 1995). For everyone, not just children and youths, being able to meet everyday expectations is critical to mental health. Faced with constant failure and favorable comparisons to peers nearly anyone will succumb to feelings of frustration, worthlessness, irritability, and rage. “Competence on the job is an elixir; incompetence compared to one’s peers is an emotional and behavioral poison.” The job of students is academic learning, and teachers who are not as effective as they could be in helping students achieve academic competence are contributing to students’ emotional and behavioral problems.
Also unfortunate is the fact that most of general education has failed to adopt explicit programs for teaching social skills and rewarding desirable behavior. Specific social skills need to be assessed and taught explicitly and systematically to many individuals and groups if they are to learn the basic skills needed for positive interaction with others (Cartledge & Milburn, 1996; Meyer, 1995; Kauffman, 1997; Walker, 1995). Yet few schools provide such assessment or instruction. Moreover, classrooms need to be places in which desirable conduct is explicitly, frequently, and effectively rewarded (Lloyd & Kauffman, 1995). Yet most classrooms are characterized by very low rates of positive consequences for appropriate behavior (Shores, 1993).

Another way in which the school contributes to students’ emotional and behavioral problems is the misunderstanding of reinforcement, especially negative reinforcement. Many teachers do not understand how positive and negative reinforcement typically work together and how both may be involved in maintaining either desirable or problematic classroom behavior. This was the case with this researcher. This researcher did not fully understand this concept in her early teaching years and the researcher believes that this is the case with many teachers. In many interactions, students with emotional or behavioral disorders get a double dose of reinforcement, one positive and one negative, and often for the wrong behavior. Reinforcement, whether positive or negative, is a reward or consequence that makes the behavior it follows more likely to reoccur (Cipani, 1995; Cooper, Heron, & Heward, 19987; Kaufman, 1997).

Ample evidence suggests that in many classrooms, destructive rather than constructive contingencies of reinforcement are in place, appropriate conduct typically goes unrewarded while both positive and negative reinforcement for misconduct is frequent (Gunter et al, 1993; Shores et al, 1993; Weber & Scheuermann, 1991). A great deal of evidence suggests that constructive reinforcement contingencies can be arranged to teach appropriate behavior even to students whose behavior is seriously disordered (Abrams &

Many experimental studies have shown that providing teacher attention during appropriate behavior but withholding it during undesirable behavior results in improvement (Kazdin, 1984; Walker, 1995; Walker et al., 1995). Several empirical studies show that students' classroom behavior can be altered by manipulating the contingencies of reinforcement, even when the reinforcement is as natural a part of the classroom as teacher and peer attention. One needs neither a great backlog of classroom observation nor great acumen to see the potential implications of this evidence in the school's contributions to the development of emotional or behavioral disorders.

The school can also contribute to the development of emotional or behavioral disorders by modeling undesirable school conduct. Children and youths are great imitators. Much of their learning is the result of watching others and mimicking their behavior. Youngsters are particularly likely to imitate the behavior modeled by people who are socially or physically powerful, attractive, and in command of important reinforcers (Bandura, 1986). The examples teachers set strongly influence the way students approach their academic work and the way they behave. Rutter and others (1979) point out that "pupils are likely to be influenced--either for good or ill--by the models of behavior provided by teachers both in the classroom and elsewhere" (p. 189). Prosocial behavior of the teacher will encourage the students to display prosocial behavior in the students. Likewise any maltreatment by the teacher of any student in the class is very likely to encourage students to treat each other with hostility or disrespect (Evans & Richardson, 1995; Walker, 1995). Teachers of students with SED must be prepared to teach youngsters who are underachieving and difficult to instruct, and instruction must be provided in both academics and social skills.
Cultural Factors as Causal Explanation of SED. Besides family and school, cultural factors that influence behavior include mass media, peer group, neighborhood, urbanization, ethnicity and social class (Kauffman, 1997; Walker, 1998). Most of these cultural factors, for example, social class, ethnicity, the neighborhood, and urbanization have not been shown to be, in themselves, significant causal factors in emotional or behavioral disorders. They are apparently significant only in the context of economic deprivation and family conflicts.

The Prevalence of SED

Estimates of the number of school-age children and adolescents with emotional or behavioral disorders depend on the definitions and criteria that are used. At some point in their lives, most individuals exhibit behavior that others consider excessive or inappropriate for the circumstances (Kauffman, 1997; Zabel, 1988). Thus, frequency, intensity, duration, and context of SED must be considered in making judgments of disturbance. Unlike some other educational disabilities, emotional and behavioral disorders are not necessarily lifelong conditions. Although teachers typically consider 10%-20% of their students as having emotional or behavioral problems, a conservative estimate of the number whose problems are both severe and chronic is 2%-3% of the school-age population. Currently, less than one-half that number is formally identified and receives special education services (Kauffman, 1997; Zabel, 1988).

Characteristics of Students with SED

Kauffman (1997) describes students with SED as youths and children who arouse negative feelings and induce negative behavior in others. They are not often popular or leaders among their peers. Typically, they experience academic failure in addition to social rejection or alienation. He continues to say that their behavior is so persistently
irritating to authority figures that they seem to be asking for punishment or rebuke. This group of students usually regard themselves as failures; they obtain little gratification from life and repeatedly fall short of their aspirations. Children and youth who are identified as having SED exhibit a variety of behavioral patterns that are considered to be undesirable and in need of intervention (Asher & Coie, 1990; Dunlap & Childs, 1996; Gresham, 1990, 1993, 1994; Soderlund, Epstein, Quinn, Cumblad, & Petersen, 1995).

These patterns of behavior include aggression, noncompliance, disruptive verbalizations, withdrawal, tantrums, and inappropriate or deficient social skills (Dunlap & Childs, 1996). These children and youth have many pervasive problems that present their families, teachers, communities and schools with numerous challenges. For example, less than one-half of students with SED receive education in a mainstream setting or an inclusive environment (U. S. Department of Education, 1992, 1994). Additionally, the dropout rate for these students exceeds 40% (Office of Special Education Programs, 1994; U. S. Department of Education, 1991). Upon leaving school, one-third of these students do not work or receive vocational training (Neel, Meadows, Levine, & Edgar, 1988). Furthermore, as many as 40% acquire a police record within their first few years out of school (Jay & Padilla, 1987). Estimates of incarcerated youth indicate that most (Eisenmann, 1991) to all (Kauffman, 1997) of these individuals have SED.

Students with SED experience difficulties in reciprocal positive social interactions, peer acceptance, school adjustment, and academic performance (Coie, 1990; Gresham, 1985, 1993, 1994, 1996; Kauffman, 1993, 1997; Walker, Colvin, & Ramsey, 1995). The most common pattern of behavior exhibited by students with SED is one of antisocial behavior, sometimes called externalizing behavioral disorders (Heward, 1996). Antisocial behavior and related research are discussed in detail in the earlier portion of this chapter.
Social Skills Instruction

This section of the literature review discusses social skill instruction in terms of the definition, the components, assessment, intervention models, efficacy of intervention models, and maintenance and generalization. The section also presents research that was conducted investigating the effects of social skills instruction on the behaviors of students with challenging behaviors.

Social Competence Defined

In order to get along with others one must become competent in many behaviors and have traits, which sustain positive social interaction (Bierman & Montminy, 1993). The behaviors and traits associated with social competence govern social interaction in various settings, and receive approval from peers or significant others (Schneider, 1993). Competence indicates observed behaviors that are actually displayed appropriately - knowing what to do, when to do, how to do - and is relevant to overall social interactions with others (Hollinger, 1987). Schneider (1993) in his search for a comprehensive definition of social competence, proposes the following: that social competence is the ability to implement developmentally appropriate social behaviors that enhance one's interpersonal relationships without causing harm to anyone. McFall (1982) refers to social competence as an overall, summative judgment that key social agents (parents, teachers, and peers) make regarding the social effectiveness of one's behavior, while social skills are defined as the specific strategies and tactics that individuals use to respond to daily social tasks. Cartledge and Milburn (1995) indicate that social competence reflects the "general quality of an individual's performance in a given situation" (p. 8).

Swanson and Malone (1992) define social skills as, "cognitive functions that are performed when interacting with others and reflect specific behaviors an individual exhibits to perform competently on a social task" (p. 427). Cartledge and Milburn (1995)
define social skills as, "socially acceptable learned behaviors that enable the person to interact with others in ways that elicit positive responses and assist in avoiding negative responses from others" (p.7). This definition suggests positive outcomes derived from skill in varying ones behavior based on responses received from others. Foster, Inderbitzen, and Nangle (1993) define social skills as behaviors that in a particular situation produce positive short- and long-term outcomes for the child and others, simultaneously minimizing negative results. Thus, to these authors, social skill is an observable, situationally anchored social behavior that meets certain criteria related to the outcomes it produces. 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). Gresham (1982) has found that a large body of literature indicates that certain social behaviors such as cooperation, positive peer interaction, sharing, greeting others, asking for and giving information, and making conversation are predictive of social acceptance.

**Effects of Social Incompetence and Competence** Children who are deficient in social skills have been shown to suffer short-term and long-term, negative consequences, and often are a challenge to classroom teachers. Parker and Asher (1987) present evidence that poor relationships in childhood are associated with mental health problems in adulthood. These social skill deficient children present behaviors that interfere with instruction, disrupt classroom routines, and cause negative interpersonal interaction (Carter & Sugai, 1988). According to Elliott and Gresham (1993), "Children who exhibit social skill deficits experience short-term, and often long term, negative consequences" (p. 287). Children with social interaction difficulties are often rejected by their peers, are at risk for social-emotional difficulty, and experience poor academic achievement (Parker & Asher, 1987). In addition, researchers have documented that children who are
identified as aggressive, are in critical need of social skills instruction (Akhtar & Bradley, 1991; Kazdin, 1987; Sallis, 1983).

Children with antisocial behaviors may lack knowledge of appropriate social skills, have had no opportunities to learn or perform socially appropriate behaviors due to one reason or the other, lack reinforcement for socially appropriate behaviors, and present interfering problem behaviors that block or impede acquisition of socially appropriate behaviors. Often antisocial students either misinterpret or ignore social cues in the environment that prompt appropriate social interaction (Cartledge & Milburn, 1995; Walker et al., 1996).

Assessment of Social Competence

Careful screening and identification of the social skill deficits need to be conducted prior to instruction in order to distinguish deficits resulting from the lack of skill acquisition or skill performance, or both and at the same time to allow cost-effective, social skills intervention which, will enable the instructor to tie the instructional process directly to the skill and performance deficits (Foster, Inderbitzen & Nangle, 1993; Walker et al., 1995). Skill deficiencies are antecedents and correlates of antisocial behavior that can be approached through social skills training (Goldstein, Glick, Irwin, McMartney & Rubama, 1989). In a social learning program, the initial task is to delineate the desired changes by developing performance goals that are clearly stated in demonstrable form (Bandura, 1973). Further stated by Bandura (1973) is that the antecedent conditions that produce the problem behaviors, and the consequences that maintain behaviors must be identified. After obtaining the determinants, the changes required to achieve desired outcomes are initiated. In addition Bandura (1973) stresses objective assessment of results obtained. Continuous monitoring produces information to determine when methods are succeeding, failing, or need to be modified to increase their strength.
Fundamental to the conceptualization of social skills assessment and intervention plans are five assumptions proposed by Michelson, Sugai, Wood and Kazdin (1983). They are as follows:

1. Social skills are primarily acquired through learning that involves observation, modeling, rehearsal, and feedback.
2. Social skills comprise specific and discrete verbal and nonverbal behaviors.
3. Social skills entail both effective and appropriate initiations and responses.
4. Social skills are interactive by nature and entail effective and appropriate responsiveness.
5. Social skill performance is influenced by the characteristics of an environment.

These assumptions stress the multidimensional, interactive, situation-specific nature of social skills. Whatever the approach, effective interventions must address target behaviors that involve verbal and nonverbal communication used to imitate interaction or respond to others (Elliott & Gresham, 1993). Prior to treatment or intervention, children must be assessed on the level and type of social skills deficiency, and the reasons for the social skills deficits. Deficits may be attributed to a lack of knowledge, insufficient practice or feedback, no opportunities to learn or perform socially appropriate behaviors, lack of reinforcement for appropriate social behaviors, and the presence of interfering problem behaviors that block or impede performance of socially appropriate behaviors (Coie & Koppel, 1990; Oden & Asher, 1977).

**Intervention Models**

Without intervention the prognosis of antisocial and aggressive behaviors in children is poor (Slaby & Guerra, 1988). The literature suggests that replacing antisocial acts with alternative responses can help reduce aggression and foster prosocial behavior, especially when the training focuses on the responses required and reinforced by the natural social context (McGinnis & Goldstein, 1984). Social skills interventions have found support in the literature relating to peer acceptance indicate that children with early
peer difficulties are at risk for a number of negative outcomes, i.e., mental health problems. Social skills instruction can be accomplished with a group of children, in dyads or individuals, and teachers may use the same skills in teaching social skills as with academic skills: teach the skill, practice the skill, and provide feedback on the performance of the skill (Cartledge & Milburn, 1995).

Various intervention procedures have been identified as effective for social skill instruction (Zaragoza, Vaughn & McIntosh, 1991), and for the most part, these interventions focus on positive behaviors to enhance treatment acceptability and integrity (Elliott & Gresham, 1993). The procedures for social skills instruction are categorized into three commonly identified theoretical approaches. These approaches are (1) operant, (2) social learning, and (3) cognitive-behavioral (Elliott and Gresham, 1993). Each of these approaches has different characteristics for the intervention employed, performance expected, and outcome evaluation.

**Operant approaches.** Operant approaches to teaching social skills focus on observable behaviors, antecedent and consequent events. Reinforcement is the primary procedure used in the intervention, which may be individually or group directed in the natural environment. Control of a behavior is achieved through application of reinforcement or punishment contingent on the observance of specific behavior (Elliott & Gresham, 1993). The control of performance is external and outcome is evaluated by a change in the frequency of the target behavior (Sallis, 1990). Bandura (1973) states that in reinforcement practices, "it is important to recognize the complexity and developmental changes in consequences that influence behavior. At the lowest developmental levels, behavior is primarily responsive to tangible consequences" (p.288). Reinforcers must be suitable and appropriate to the child's developmental level, and gradually modified as change in behavior occurs. Sallis (1990) describes a study in which nursery school teachers attended to and praised children who were playing
cooperatively and ignored children who were acting aggressively. A reversal design demonstrated that the physically aggressive behaviors were under operant control, that is, contingency management procedures were effective in reducing the children's physically aggressive acts. Lacking however, were maintenance of appropriate behaviors in the absence of operant conditions, and generalization of appropriate behaviors to other settings.

Gresham (1981) reports on a study in which differential reinforcement of other behaviors (DRO) was used to decrease the aggressive behavior of a preschool male and positive reinforcement to increase appropriate peer interaction. Aggressive behavior decreased and appropriate peer interaction increased under the DRO schedule with results maintained at one-month follow-up. Other studies have implemented operant approaches by using food and drink, activity choices, and token economies to affect social behavior changes (Carter & Sugai, 1988). Operant procedures have been documented as an effective social skills instruction strategy, and as an intervention for the treatment of aggression (Bandura, 1973; Gresham & Nagle, 1980; Lochman, Nelson & Sims, 1981). Nevertheless, operant approaches have only been successful when backed by rewarding experiences of positive value, and in combination with other approaches (Gresham, 1985).

Social learning approaches. Social learning approaches focus on observable behaviors and mediational processes. This approach focuses on teaching generic strategies for responding to social situations. Modeling, role-play, and self-instruction through direct instruction or peer mediation, are procedures used in this intervention process under conditions that exist in the natural environment or analogue conditions (Gresham & Elliott, 1990). Performance control is internal and external, with outcome evaluated on the change in learned responses and performance of the responses. Modeling and role-playing have broad support for teaching new social skills to children
In social skills instruction, modeling can be divided into two types: (1) live modeling observed in naturalistic settings, and (2) symbolic modeling in which social behaviors are observed via film or videotape (Elliott and Gresham, 1993). Live modeling is preferred because of the flexibility in modifying modeling sequences.

Bandura (1973) cites the efficacy of social learning approaches in the development of social skills. New, appropriate ways of handling a situation are modeled by a competent individual, participants role-play, and feedback is given which provides corrective action or reinforcement of an appropriate action. Therefore, social skills may be elicited through a person modeling a particular behavior. That is, students watch and listen to vignettes that follow specific skill steps. Each student participates in role-plays by enacting the steps modeled. It is hypothesized that observers will be influenced to simulate the same behaviors, especially when observation shows the modeled behavior reinforced (Cartledge & Milburn, 1986; Elliott & Gresham, 1993; Goldstein, Glick, Irwin, McCartney & Rubama, 1989). Park and Gaylord-Ross (1989) present a study they conducted using social learning approaches in social skills training for employment settings with students having developmental disabilities. Target behaviors included increasing social initiations, and conversation termination. These behaviors were taught using instruction, modeling, role-playing, and feedback. All participants made positive gains as a result of this approach to social skills instruction, and over-training induced generalization. In a study by Sasso, Melloy and Kavale (1990), the authors utilized social learning approaches to remediate social skills deficits in children with behavioral disorders. The procedures included reinforcement of appropriate social interactions, and training that followed a structured learning format (e.g., modeling, role-playing, feedback, and homework) for specific social skills. Results of the intervention proved effective for all participants. Socially appropriate behaviors were performed at higher
rates after social skills instruction using social learning approaches. Carter and Sugai (1988) state that, "modeling has been shown to be effective in promoting prosocial behavior especially when (a) multiple models are used, (b) wide ranges of behavior are displayed, and (c) the observers perceive the model as similar to themselves" (p. 68).

**Cognitive-behavioral approaches** Cognitive-behavioral approaches focus on problem-solving skills and their relationship to observable behaviors, and place significant emphasis on an individual's internal regulation of his or her behavior (Elliott & Gresham, 1993). Coaching, problem-solving and self-instruction techniques comprise the intervention conditions. Control of performance is internal with outcomes evaluated by changes in thoughts about behavior and the ability to enact appropriate behaviors (Gresham & Elliott, 1990). Cognitive-behavioral approaches place significant emphasis on an individual's internal regulation of his or her behavior, and the person's ability to solve problems and self-regulate behavior (Elliott & Gresham, 1993). Cognitive-behavioral approaches include self-instruction, management of anger, and social-cognitive skills training. Although the curriculum varies among programs, the major instructional components included in most interpersonal cognitive problem-solving programs are (a) identification of interpersonal problems, (b) articulation of feelings associated with interpersonal problems, (c) determination of appropriate goals for problem resolution, (d) generation of alternative solutions, (e) consideration of consequences, (f) modeling, (g) role plays, and (h) feedback. Two procedures most often used in cognitive-behavioral approaches include (1) coaching, and (2) social problem solving. Coaching is a verbal instruction technique that involves having a socially knowledgeable person, e.g., a teacher, enact a desired behavior with the target student. Coaching requires that the target student use cognitive skills to translate instruction into desirable behaviors through problem solving. Oden and Asher (1977) successfully used coaching procedures with children to increase friendship-making skills.
Spivak and Shure (1982) developed interventions that teach children the process of interpersonal problem solving. Elliott and Gresham (1993) review the steps to interpersonal problem-solving as (1) identify and define the problem, (2) determine alternative ways of reacting to the problem, (3) predict the consequences for each alternative reaction, and (4) select the reaction that is best or most appropriate. Kazdin, Esveldt-Dawson, French and Unis (1987) effectively used cognitive-behavioral problem-solving procedures to decrease aggressive behaviors and increase socially appropriate behaviors in children receiving psychiatric inpatient treatment. Research suggests that cognitive-behavioral interventions are effective in the treatment of aggression in children and adolescents (Etscheidt, 1991; Guerra & Slaby, 1989; Kazdin, Esveldt-Dawson, French & Unis, 1987; Lochman & Curry, 1986; Lochman, Nelson & Sims, 1981; Sallis, 1983; Zaragoza, 1991).

**Maintenance and Generalization**

Social skills instruction must program for generalization and maintenance (Shores, 1987). Once social skills have been taught, the newly learned behaviors must remain over time, and after intervention has been discontinued. Social behaviors must also transfer across different dimensions: time, settings, responses and individuals (Landrum & Lloyd, 1992). Programming for maintenance and generalization requires addressing the social validity of social skills taught to insure that newly learned behaviors will elicit positive responses from peers or adults in the student's environment (Landrum & Lloyd, 1992). Sasso investigated the generalization and maintenance of social skills through “Structured Learning”. Melloy and Kavale (1990). Using single subject designed methodology, these researchers obtained data in the treatment setting (classroom), across integrated settings (generalization), and had students self-record behavior during the school day.

Examination of findings suggest that the "Structured Learning" approach to social skills instruction using modeling, role-playing, rehearsal, reinforcement and self-recording can
be effective in teaching skills that maintain over time and generalize to untreated settings. Hughes (1985) trained parents as cotherapists in a social cognitive problem-solving program called Think Aloud in an effort to promote generalization and transfer training outcomes. Parent training proved to be an effective strategy that met the goal of the new behaviors lasting over time and in various settings. Under natural conditions, stimuli vary along physical and behavioral dimensions (i.e., age, gender, and size). Although the above studies did not single out the conditions most instrumental for behavior generality, the literature in this area point to the importance of cognitive procedures, varied reinforcing contingencies, and altered conditions in other settings (Cartledge & Milburn, 1995). For this purpose, Fox and McEnvoy (1993) propose that social skills instruction address (1) multiple exemplars (e.g., several peer trainers), (2) natural maintaining contingencies (e.g., competent peers), (3) indiscriminable contingencies (e.g., fading and increasing response criterion), (4) programming common stimuli (e.g., role-play scenarios), and (5) mediated tactics (e.g., say-do training). Other authors also support the use of these strategies (Elliott & Gresham, 1993; Fox & McEnvoy, 1993; Landrum & Lloyd, 1992).

**Efficacy of Intervention Models**

The goal of interventions targeted at antisocial behaviors is to effect change by reducing or eliminating antisocial acts, and increasing prosocial skills (Sallis, 1983). The ultimate goal of social skills instruction is to increase children's social-cognitive competence and to foster effectiveness in eliciting positive responses from others (Bierman & Montminy, 1993). In moving toward this goal, the literature supports the efficacy of combining social learning and operant theories as the most viable procedures for changing social behaviors of aggressive children (Elliott & Gresham, 1993; Kazdin, 1987; Kazdin, Esveldt-Dawson, French & Unis, 1987; Lochman & Curry, 1986; Lochman, Nelson & Sims, 1981). Results of the above studies have demonstrated that
modeling, rehearsal, and directed feedback can be effective with students who exhibit antisocial behaviors in school settings.

Social skills instruction, derived from operant and social learning theories, encompass cognitive-behavioral training techniques (Elliott & Gresham, 1993). For students characterized as antisocial or aggressive, data suggest that cognitive-behavioral interventions are also effective (Guerra & Slaby, 1989; Kazdin, Esveldt-Dawson, French & Untis, 1987; Lochman & Curry, 1986; Lochman, Nelson & Sims, 1981; Sallis, 1983; Zaragoza et al, 1991). Coaching procedures combined with modeling, role-playing, and reinforcement seems to be the most effective training procedures for social skills instruction (Clarke et al, 1995; Cartledge & Milburn, 1986; Elliott & Gresham, 1993; Hollinger, 1987; Middleton & Cartledge, 1995; Moore, Cartledge, & Heckaman, 1995). Walker (1995, 1998) documented the effects of social skills instruction in decreasing children's antisocial acts and promoting socially appropriate behaviors by using an intervention that included modeling, role-playing, coaching, feedback, and reinforcement. Training effects indicated children were significantly less aggressive and more prosocial. Goldstein et al. (1989) advocate the use of Aggression Replacement Training (combining Skillstreaming or Structured Learning Training, Anger Control, and Moral Education) for aggressive adolescents. Aggression Replacement Training address behavioral, affective, and cognitive strategies using modeling, role-playing, feedback, and practice.

The efficacy of combining teacher directed instruction with peer mediated and initiated strategies has also been documented as effective in modifying children's social interaction and increasing their prosocial skills (Elliott & Gresham, 1993; Hollinger, 1987). Using a packaged social skills curriculum, Middleton and Cartledge (1995) found teacher directed activities, and the assistance of socially competent peers, an effective strategy in reducing aggressive behaviors of African American, elementary-age males. Gaylord-Ross and Haring (1987) investigated dyadic exchanges within social interaction
and found competent peers to be effective as direct change agents. Jones (1991) used a
children story in a creative dramatic approach to conduct a study addressing the
aggressive behaviors of young children. The procedures of the study emphasized the use
of combined intervention approaches to decrease the aggressive behaviors in the
children, and added parent training to provide generality.

Social Skill Instruction and Students with SED

Despite the variety of labels and the problems in creating a universal definition of
SED, researchers and educators generally agree that children with SED typically have
difficulty building and maintaining positive relationships with others (Moore, Cartledge,
The most critical deterrent to social acceptance for the students with SED is social skill
deficiencies. By definition, these students are set apart by their lack of social competence
(Moore, Cartledge, & Heckaman, 1995; Mathur, Kavale, Quinn, Forness, & Rutherford,
1998). Numerous studies have indicated that students with SED (a) lack appropriate
social skills (Gresham, 1982, 1986, 1993; Kauffman, 1989, 1997); (b) are poorly
accepted by their peers (Asher & Hymel, 1981; Asher & Taylor, 1983; Gresham, 1982,
1986), and (c) are rated by their teachers as having inadequate social skills (Gresham,
1982, 1986, 1994; Walker, 1998). These findings indicate that prior to placing serious
emotionally disordered students into mainstreamed classes, educators need to look more
closely at students' specific social skills deficits and their level of competency.

Moore and colleagues (1995) conducted a study to assess the effects of direct social
skill instruction followed by self-monitoring on the development and generalization of
game-related social skills for adolescent students with SED. Teacher-developed scripts
consistent with a skills training model were used to teach these skills. Self-monitoring
was used to program for behavior maintenance and generalization into nontreatment
settings. Consistent with previous investigations, the findings of this study show that
social skill-training procedures can positively effect social development (e.g., Kiburz, Miller, & Morrow, 1984; McMahon, Wacker, Sasso, & Melloy, 1994; Misra, 1992; Sasso, Melloy, & Kavale, 1990). For all students, social skill instruction resulted in improvements in game-related social skills in the classroom. The findings of this investigation show that social skill instruction produced positive, steady results in the classroom, with improved behaviors during self-monitoring for all three students.

Zaragoza, Vaughn, and McIntosh (1991) reviewed 27 studies that examined social skills intervention and their effects on students with behavior problems. The authors used the following criteria to determine article inclusion: the article was published in 1980 or later, subjects included school-age children, subjects were identified as having behavior problems, subjects were of normal intelligence, and the intervention focused on social development. The findings of this review indicate that most of the studies reviewed reported significantly positive results on one or more outcome measures as a result of intervention. An optimistic evaluation of these results would suggest that a variety of instructional procedures and models that focus on social intervention with behaviorally disordered youngsters yield significant improvement following intervention.

Bierman, Miller, and Stabb (1987) compared the effects of positive instruction and negative prohibitions in a social skill-training program for socially negative, peer-rejected boys. In the study, 32 disliked first through third grade boys who showed high levels of negative social behavior during pretreatment observations were randomly assigned to one of four conditions. Interventions were implemented during 10 half-hour, supervised, small group plays sessions, and treatment effects were assessed using behavioral observations and peer and teacher ratings. The findings of this investigation showed an immediate and stable decline in negative behavior and led to increase in positive responses received from peers. Instructions and the reinforcement of specific social skills promoted sustained positive peer interactions six weeks after treatment.
Using a comparison group design, Lochman and Curry (1988) compared the effects of two cognitive behavioral interventions with aggressive boys. The findings of this study indicate that both forms of cognitive behavioral treatments produced significant increases in on-task classroom behavior, reductions in parents’ ratings of boys’ aggression, and increases in boys’ self-esteem. In addition, across both conditions, non-significant reductions in passive off-task behavior and increases in perceived social competence were found.

Baumgart, Filler, and Askvig (1991) conducted a study investigating the perceived importance of social skills in the curriculum by professionals and parents, and the relation between ratings of importance, frequency of written social skills goals within IEPs, and scheduled opportunities for social interactions between peers with and without disabilities outside of special education class settings. The participants in the study were special education teachers, parents with children in special education programs, and experts in special education (university professors, human services or special education administrators, and school principals) from 19 states.

A questionnaire was designed to measure (a) teachers’, parents’ and experts’ perceptions of the importance of social skills and (b) their ranking of social skills compared with other skill areas. The questionnaire was organized so respondents would rate the importance of skill areas for each level (i.e., pre-school, elementary, middle school, or high school). The results of the analysis of the questionnaire responses indicated a significant difference between the perceived importance of social skills by parents and those by teachers or experts. The authors suggested that both parents and teachers who participated in their study, believe that social skills are very important and should be within the realm of skills to be considered for instruction.

Mathur and colleagues (1998) conducted a meta-analysis of 64 single-subject studies examining the effectiveness of social skill interventions with students with emotional or
behavioral problems. Articles selected for inclusion in the synthesis were coded across a variety of variables, including subject data, categories of students, design, target social competencies, and age or grade levels at which interventions were delivered. The authors reported that the results of their analysis are comparable to the effect of size computed for group studies of social skills interventions. They further state that their findings indicate a modest treatment efficacy for social skills instruction with students with emotional or behavioral problems.

Mathur and associates (1994) conducted a study to investigate the effectiveness of a short-term intensive program in promoting verbal social skills of female adolescents in a correctional setting. The subjects of this study were nine incarcerated female juvenile delinquents. Their ages ranged from 13 to 17 years and grade levels from 7th to 12th grade. A five-lesson SST program referred to as positive Talk was used. The target skills were taught as a set of conversational social behaviors to each set of the three group for five days. Consistent with previous research SST was found to be successful in promoting specific social skills of female juvenile delinquents. All groups demonstrated increases associated with treatment in the rate of using others’ names, using manners, making positive statements about self and making positive statements about the past, present and the future.

Warrenfeltz and colleagues investigated the effects of a role-play and self-monitoring procedure on the generalization of vocationally pertinent social skills of behavior disordered youth. Four students who were enrolled in a vocational training program in a short-term residential treatment facility for behavior disordered adolescents served as subjects. The settings for this study were two different settings within one building. The training setting was a classroom which contained chairs, a large table, a desk, and a typewriter, while the generalization setting was a vocational training room which was organized in work stations and contained chairs, large tables, and equipment.
Intervention took place in a classroom during 30-minute teaching sessions, which occurred four days each week. The intervention included a two-step sequential process. The first part of their intervention presented didactic training, which was immediately followed by the second part, the role-play and self-monitoring instruction. The results of this study indicate a clear and stable increase in appropriate responses to supervisor's instruction in the generalized setting.

Forness, Kavale, Blum, and Lloyd (1997) conducted a mega-analysis of 18 meta-analyses on special education or its related services that have been conducted to date. In this study the authors summarized the results of the 18 meta-analyses, depicted these studies in relation to one another so they can see which strategies or interventions are most (or least) effective. The results of this particular study listed social skill training under the category of interventions with most effect sizes and concluded that social skills training interventions don’t work. However, the authors of this analysis mentioned in their discussion that this came to them as a surprise, which is to me also. The writers cautioned that these results should be looked at carefully because most of the social skill training investigations reviewed were 17 years old and also the studies were conducted with students with learning disabilities.

**Summary.** There is need to provide instruction in social skills to prepare behaviorally disordered students for mainstreaming and to increase their chances for successful social relationships in mainstreaming settings. The goal of social skills training is to demonstrate that the strategies employ to teach social skills can be utilized to increase the likelihood that behaviorally disordered students will acquire social responses that will enhance the range and quality of their interpersonal relationships.

The findings of the studies investigating the efficacy of social skills interventions are encouraging (e.g., the short-term effectiveness of trainings), however, there are some critical issues that limit this effectiveness. One of such issues is the lack of breadth of
modifications, this means that the interventions employed in social skills trainings are not as comprehensive or specific compared to the target behaviors that the programs are designed to meet. Current research lacks evidence of attention to specific subject characteristics in selecting independent and dependent variables. Intervention goals appear to be selected on the basis of the general needs of behaviorally disordered persons rather than individually relevant behavioral and environmental characteristics. Future studies should develop programs that fit the specific social deficits of students that will bring about not only narrowly defined short-term modifications but also more comprehensive, long-term changes.

Another critical issue with the effectiveness of social skills instruction is the lack of long-term effects. It is stated in the literature that researchers seldom assess the generalization of effects to other settings, responses, and times. Without this data it is impossible to determine whether the effects were specific to the training and/or immediate assessment conditions, or whether they produced more pervasive behavior changes. Future research should evaluate procedures that increase the likelihood that durable and pervasive behavior changes occur.

In addition to the above-mentioned limitations of social skill interventions, is the limited evidence that training influences adult adjustment. According to Schloss and colleagues (1987), the critical questions that researchers should focus on while conducting a social skill intervention should include: (a) will the training procedures effective in enhancing employability?; (b) will training increase positive social interaction and relationships?; (c) will intervention improve the long-term and overall quality of life for the students?; and (d) if improvement does occur, will it maintain over time? (p. 12). To be most effective, future studies must demonstrate not only that social skills training programs are effective in developing discrete skills, but that both immediate and long-term social status is improved.
Parent Involvement

This section of the literature review presents the review of studies on the involvement of parents in the education of their children. Parent involvement studies are included in this review because parent participation is one of the components of the social skill curriculum used for the study.

Documented in the research literature is the importance of parental involvement in the education of their children (Chavkin, 1989, 1993; Correa, 1996; Dunst, Trivette, & Deal, 1988; Epstein, 1989, 1991, 1994, 1996; Garlow, Turnbull & Schnase, 1991; Henderson, 1988; Hester, 1989; Knoll, Covert, Osuch, O'Connor, Agosta, Blaney, & Bradley, 1991; Kroth, 1995; Turnbull & Turnbull 1995; U.S. Department of Education, 1994; Walker, 1996, Wiess, 1989). Parents are the earliest and most enduring socializing influence, and families play an active role in shaping a child's social repertoire (Fox & Savelle, 1987). Parent involvement in early childhood programs, such as Headstart, is seen as crucial in the delivery of successful services. Mandates for services to children with disabilities (i.e., PL 99-457) include requirements for parent involvement. Parental involvement is defined by Turnbull and Turnbull (1995) as any activity in which a parent/guardian of a student takes an active part or role in planning for his/her child’s instruction and assisting a child to learn, or practice a social or academic skill. Hoover-Dempsey and Sandler define and describe parental involvement to incorporate the ranges of parental activities that include home-based activities related to children’s learning in school. For example, reviewing the child’s work and monitoring
child progress, helping with homework, discussing school events or course issues with the child, providing enrichment activities pertinent to school success, and talking by phone with the teacher. They also include school-based involvement, focused on such activities as driving on field trip, staffing a concession booth at school games, coming to school for scheduled conferences or informal conversations, volunteering at school, serving on a parent-teacher advisory board.

Parents of students with antisocial behaviors need to participate in the planning and implementation of school interventions for the following reasons: (1) many of the adjustment problems that antisocial students experience at school have their origins at home; (2) the more settings in which interventions for antisocial behavior can be implemented, the more likely there is to be a substantive, overall impact on the student's total behavior; (3) parental support in coordinating the school and home components of an intervention (for example, monitoring, praising, debriefing, delivery of home rewards) can significantly increase the effectiveness of any school intervention; and (4) parent involvement sometimes opens the door for parent education that can lead to more effective parenting practices, positive parent-child interactions, and improved student self-esteem (Walker, Colvin, & Ramsey, 1995 P. 268).

Other authors also point to strong positive relationships between parent involvement and student achievement (Chavkin, 1989; Henderson, 1988; Heward, 1996). Parental involvement is associated with improvements in children's reading and math achievement, and social maturity in first grade (Taylor, 1991), as well as increased student attendance, improved student attitudes and behavior, enhanced parent-community support and improved home-school communication (Chavkin, 1989). Parents who have
shown an interest in their child's education, and maintain high expectations of their
child's performance, promote attitudes that are critical to student achievement that will
have significant, long-lasting effects (Henderson, 1988). Shared responsibility, parent-
professional partnerships, can enrich the learning environment of a school and the lives of
children (Hollifield, 1992). Mutual problem solving between families and professionals
is highly desirable (Turnbull & Turnbull, 1997) and can lead to a child's success in
school. Most important to the focus of this research, is that bringing parents into
prevention and intervention programs that concentrate on antisocial and aggressive
behaviors, strengthen socially appropriate behaviors in children and increase positive
peer interaction (Patterson & Marrett, 1990). The success that the child experiences early
on can lead to a successful and productive adult life (Farrington, 1991).

Interventions With Parents. Educating parents to change the behavior of their children
received considerable attention during the early 1970's (Arnold, Sturgis & Forehand,
1977). Also studies have been conducted on parents' knowledge and perceptions
regarding developmental information and social competence in their children (Ladd, et.
al., 1986), and the parents' perceptions of their responsibility for promoting social
development (Buzzelli, 1989). Many of the studies reviewed by Arnold et al. (1977) point
to the necessity of training that will transfer to the child's natural environment and
insuring that reinforcement sustains target behaviors beyond therapeutic settings.
Discussed in the following section are various interventions that document parent
involvement as a strategy for behavior change.

    Models of parent intervention and training. Teacher and parent education has been
advocated as promising approaches in addressing children's antisocial behaviors

Siegel (1990) identified several interventions that have proven successful. These interventions urge teachers and parents to become social planners, to arrange the environment for prosocial development, to emphasize collaboration, to serve as models for positive social interaction, and reinforce positive social skills displayed by children. Gresham and Nagle (1980) propose social skills instruction as important and identified homework as a critical component in social skills instruction. Homework involves the parent practicing with their child newly learned behaviors that may not readily occur in the classroom, and provides natural contingencies of reinforcement ( Middleton, (1994; Middleton & Cartledge, 1995; Lin, 1996).

Barth (1979) provides a review and analysis of parental involvement through home-based reinforcement programs. Discipline problems were eliminated in a combined school-home motivational system that consisted of a "Good Behavior" letter sent home with the child in a study by Ayllon, Stephen and Garber (1975). Parents provided differential consequences in the home, based on the child's behaviors as reported in the letter. This procedure served as a link between home and school, was effective in reducing the target behaviors, and relied on natural reinforcers occurring in the child's environment. The results support the effectiveness of home-based reinforcement contingencies in improving school behaviors, and that the home can be a viable and meaningful source of reinforcement for controlling behavior (Ayllon, et al., 1975).

56
Parents have learned to use a variety of other strategies in order to better manage the behavior of their children. Hughes (1985) trained parents to be cotherapists in a social-cognitive problem-solving program targeted for aggressive children. Based on social learning theory, the training was found to increase treatment potency, generalization, and maintenance by providing a common element between training and the child's natural environment. Using the Taking Part curriculum, Middleton (1994), Middleton and Cartledge (1995), and Lin (1996) involved parents in the instruction of social skills to their children by involving parents in the generalization procedures. In the three studies parents were to check for the performance of the target behaviors and reinforce the children.

Effects of parent interventions and training on antisocial behaviors. Uninvolved parents contribute to the antisocial behaviors and poor self-concept of their children (Bank, Patterson, & Reid, 1987). On the other hand, when parents are involved, effective strategies have produced positive results (Barth, 1977). Parents have been trained to teach language and communication skills (Arnold, Sturgis & Forehand, 1977), and to provide home-based reinforcement of identified school behaviors (Barth, 1979).

Parents have been taught to identify, define, and observe problem behaviors, and to use positive reinforcement strategies that address problematic behaviors (Kazdin, 1987). Bank, et, al., (1987) developed parent training at the Oregon Social Learning Center (OSLC), that taught parents how to pinpoint their child's behaviors, record the observed behaviors, and to provide positive reinforcement procedures. OSDL studies have typically been conducted in clinical environments, but serve to illustrate that parents can successfully help with their antisocial children. Johnson (1992) provided parents with systematic training in parenting skills and measured the behavior of children in which daily telephone reports and parent ratings indicated a reduction in problematic aggression by children. Parent management training has been shown to produce therapeutic change.
in children with aggressive and other antisocial behaviors (Kazdin, Esveldt-Dawson, French & Unis, 1987).

In addition to treatment procedures, parent involvement enhances generality and maintenance of social behaviors (Ayllon et al., 1975; Hughes, 1985; Middleton, 1994; Middleton, & Cartledge, 1995; Seigel, 1990). As indicated in the social skills instruction section, once social skills have been taught, the newly learned behaviors must remain over time, and after intervention has been discontinued. Social behaviors must also transfer across different dimensions: time, settings, responses and individuals (Landrum & Lloyd, 1993). Parent participation helps to produce transfer of treatment and maintenance of social skills by reinforcement of target behaviors in natural environments and by persons who may be held in high esteem by the child (Patterson & Narrett, 1990; Schneider, 1993). Middleton (1994), Sanders and Glynn (1981) trained parents for generalization and maintenance of children's behavior. They found that family and community settings can support the application of behavioral skills, and therefore foster the development of socially appropriate behaviors in children, which will carry-over into adulthood. Grusec (1991) studied approaches to socialization in the home by training mothers to look at their children's spontaneous prosocial behavior and negative behavior, as well as responses the children received to the behaviors. Forehand, Wells, and Griest (1980) examined the social validity of a parent-training program in which parents were taught to use social reinforcement and time-out procedures with their children described as exhibiting "noncompliance behavior problems in the home." Independent measures employed by each parent in the study resulted in positive behavior change of their child. Sanders and Glynn (1981) examined the generalization and maintenance effects of parent training on the behavior of disruptive children. A multiple baseline across subjects design revealed that children's problem behaviors are reduced in the home and in community settings with parent intervention.
Summary

Research indicates that parents are instrumental in determining how children interact socially with others. Parents, as role models and the initial teachers of their children, have not only the right but responsibility to be involved in decisions that affect the education of their children. The literature provides empirical evidence that parents can and do make a difference in the social development of their children, and serve as models for effecting that development. Researchers have demonstrated that parents' behavior can encourage or provoke antisocial acts. Conversely, parents have been shown to be effective in decreasing their child's antisocial behaviors. When children are helped by the involvement of parents, effects persist. With parent involvement, the benefits of instruction received in school or therapeutic settings are extended. A significant part of the child's environment, the home, creates a supportive atmosphere for maintaining positive behaviors.

Inclusion

Inclusion is not a new concept for students with special needs. School personnel have been educating students with disabilities in general education classrooms for more than two decades. Ever since the passage of Public Law 94-142, the Education of children with Disabilities Act, in 1975, and its reauthorization as the Individuals with Disabilities Education Act (IDEA) in 1990 and 1997, public school systems have been obliged to provide special education and related services to students diagnosed as having disabilities and in need of specialized instruction or curricular.

Definition of Inclusion

There is no consensus on the definition of inclusion among educators and other professionals (Turnbull & Turnbull, 1995). Baker and Zigmond (1996) defined inclusion as "the return of students more completely to general education settings while delivering
whatever specially designed instruction is needed within the confines of the general education class. To Snell and Janney (1993) "Inclusion means that all students with disabilities attend their neighborhood school in proportions that are natural to the region, and that individualized adaptations and supports follow these students into the mainstream" (5). They further say that inclusion does not mean trying to "fit" students with special needs into the mainstream; instead it means creating a mainstream where everyone fits. Cartledge & Johnson (1996) defined the term inclusion as the attempts to educate the child, to the maximum extent appropriate in the school and classroom with the child's age-mates. Wang & Reynolds (1996) perceive inclusion as a construct with dual focus of (a) bringing children who are disabled out of their "special" classes and schools into regular school environments and (b) reducing special education referrals and labels by strengthening regular school programs.

To others inclusion is a movement of parents, educators, and community members that seeks to create schools and other social institutions that are based on acceptance, belonging, and community (Gee, 1996; Lipsky & Gartner, 1994; Salend, 1994; Thousand, Villa, & Nevin, 1994; Yell, 1995). The goal of inclusion is to prepare students to participate as full and contributing members of society. Inclusion means meeting the law's requirement of a free appropriate public education in the least restrictive environment.

Bradley (1993) describes inclusive schools as communities that include all students; those with disabilities, those at risk of failing in school or dropping out, average learners, and gifted students. Inclusive schools represent programs where everyone is accepted and supported as their individual needs are met through collaborative planning. Inclusive
classrooms are gatherings of diverse students where the ability of each member is valued. He goes on to say that inclusion does not create unreasonable demands on teachers or deprive any learner of learning opportunities. He further states that inclusionary schools welcome, acknowledge, and affirm all learners by educating them together in high quality, age-appropriate, regular education classroom in their communities. From the above definitions and descriptions of inclusion one will see that the term inclusion means different thing to different people.

**Benefits of Inclusion.** Snell (1990) gives the three most important and reciprocal benefits of inclusion as: “(a) the development of social skills in students with severe disabilities across all school age groups, (b) the improvements in the attitudes that non-disabled peers have for their peers with disabilities, and (c) the development of positive relationships and friendships between peers as a result of integration” (pp. 137-138). While the inclusion movement has focused on individuals with disabilities, it is designed to alter the philosophy for educating students who challenge the system. Rather than being structured based on a dual system that segregates students and teachers, advocates of inclusion seek to restructure schools to be a unified system based on the principle that all students regardless of their race, linguistic ability, economic status, gender, age, ability, ethnicity, religion, and sex orientation should be educated in the mainstream of regular education.

Salend (1994) summarized the benefits of inclusion to include the following: Inclusion sees all students as valuable individuals who are capable of learning and contributing to society. With inclusion all students are entitled to equal access to quality services that will allow them to be successful in school and life. All students have access
to individualization in terms of diagnostic services, curriculum accessibility, instructional strategies, and related services based on their needs. All students have opportunities to work and play together. All students are taught to appreciate and value human differences and similarities. All professionals, parents, peers, and community members work collaboratively to share resources, skills, and advocacy.

Brown and colleague’s (1989) findings suggest that attending one’s home or neighborhood school appears to contribute positively to the conditions for establishing and maintaining meaningful relationship with peers. He found that preschoolers across a range of disabilities and older students with more severe disabilities appear to demonstrate more improvements in social and behavioral outcomes when they are enrolled in integrated school settings with special education services than when they are enrolled in segregated school settings and classroom.

Studies of children with disabilities who have been included in general education alongside their peers ascertained that inclusion produces desirable outcomes for both students and schools (Buysee & Bailey, 1993; Cole & Meyer, 1991; Evans, Salisbury, Palombaro, Berryman, & Hollwood, 1992; Ferguson, Meyer, Jeanchild, Juniper, & Zingo, 1992). Researchers have demonstrated that when included students have the proper supports, typical peers and classmates tend to experience positive personal growth and may develop meaningful relationships with those who have disabilities (Evans, Salisbury, Palombaro, Berryman, & Hollowood, 1992; Giangreco, Edelman, Cloninger, & Dennis, 1993; Peck, Donalson, & Pezzoli, 1990; Kozleski & Jackson, 1993). Collectively, these findings provide a stable foundation for the position that inclusion can produce desirable results for students and schools.
Giangreco and his colleagues (1993) studied 19 kindergarten through 9th grade classrooms with integrated students in them. They reported positive transforming experiences and benefits to all involved. Seventeen of the 19 teachers said their expectations and behavior toward the included students had changed because of their willingness and action to become directly involved with the student with disabilities. Giangreco, Edelman, Cloninger, and Dennis (1993) investigated the perceptions of parents of typical children who were members of a class that included a child with severe disabilities. Surveys were distributed to 113 families of children who were members of seven general education classes. Eighty-one parents responded to the survey. The results indicated that the majority of parents perceived that: (a) their child felt comfortable interacting with his or her classmate who experienced a significant disability; (b) the opportunity to interact with the classmate with a disability had a positive impact on their child’s emotional and social growth; (c) their child felt positively about having a classmate with significant disabilities; (d) the inclusion of a classmate with disabilities did not interfere with their child’s receiving a good education; and (e) having a classmate with significant disabilities had been a positive experience for their child.

Baker, Wang, and Walberg (1995) conducted a synthesis of research on the effects of inclusion on learning. In their review they found that there are three meta-analyses in the educational literature addressing the issue of the most effective setting for the education of special-needs students (Carlberg & Kavale, 1980; Wang & Baker, 1986). These meta-analyses generate a common measure called an effect size. The effect sizes were estimated from the available research that compared the effect of inclusive versus noninclusive educational practices for special-needs students. They found that special-
needs students educated in regular classes do better academically and socially than comparable students in noninclusive settings. They concluded that the effects of inclusion are positive and worthwhile. They further ascertained that considerable evidence from the last 15 years suggests that segregation of special students in separate classrooms is actually deleterious to found that sustained progress occurred as staff experienced success in meeting the needs of students with significant disabilities, felt supported, and made connections between their values base and instructional practices, their academic performance and social adjustment, and that special students generally perform better on average in regular classrooms.

Kozleski and Jackson (1993)'s 3-year field study of a student with severe disabilities resulted into the change process involved at the district, school, and classroom levels for including this student in third through fifth grade. At the district and school levels, this students inclusion meant administrative and role changes due to the shift from a self-contained, center-based model of special education to one where students with special needs were placed in their neighborhood school in general education classrooms with individualized supports.

Salisbury et al. (1993) studied the inclusion of 26 students with mild to severe disabilities in general education elementary classrooms in their neighborhood school over a period of two and half years. He observed changes in (a) policy that allowed more flexibility in staff roles and reduced class size for teachers with included students, (b) pedagogy based on collaboration and individualized curriculum adaptation, and (c) improvement in attitude toward student with disabilities. In agreement with Huberman and Miles' (1984) study of innovations in schools, Salisbury and colleagues (1993) found
that sustained progress occurred as staff experienced success in meeting the needs of
students with significant disabilities, felt supported, and made connections between their
values base and instructional practices.

Janney, Snell, Beers, and Raynes (1995) conducted a qualitative study to examine
teachers’ and administrators’ judgements about the success of integration efforts in which
they had been involved and to examine their perceptions of factors that had facilitated or
hindered success. The findings of this study suggest that the benefits for integrated
students included increased independence and improved functional skills for students
having moderate disabilities, and increased alertness and interest in the environment for
students having the most severe disabilities. The findings also emphasized social benefits,
which included acquiring age-appropriate behaviors and tastes, developing friendships,
being a part of the school and classroom community, and increased self-esteem. They
also noticed that the general education students have grown in their self-esteem and in
their acceptance of individual differences.

A number of investigations, utilizing qualitative and quantitative research methods,
have been designed to examine social relationships and friendships in inclusive
classrooms. Hunt and others (1994) evaluated the effects of the placement of students
with severe disabilities in general education classes with supplementary aids and services
versus special classes. Sixteen elementary education programs across California
participated, with eight representing the full inclusion model of integration and eight
representing the special class model. All of the participating programs were used by the
California Department of Education as an inservice training site and/or as a practicum
site for the Severe Disabilities Credential Programs at San Francisco State University and
California State University, Hayward. The findings related to the social outcomes for the participating students included the following: (a) a significant increase for students in inclusion programs on the number of IEP objectives that required participation with schoolmates without disabilities; (b) a significant increase for the included students with less disability in the amount of time that they were engaged in activities with schoolmates who were not disabled; (c) a significant increase in the amount of time that students in inclusion programs spent in integrated school, general education classroom, and community settings; and (d) a significant increase for students with more disability in the degree to which the students initiated and engaged in interactions with others. Overall, these findings suggest that inclusive educational programs, to a greater extent than special class programs, target educational objectives and structure educational environments to promote communicative and social interactions between the students with disabilities and their classmates in integrated settings.

Fryxell and Kennedy (1995) analyzed the effects of placement in general education or in self-contained classrooms on the social relationships of 18 students with severe disabilities. Nine of the participants represented all the students with severe disabilities who were members of general education classrooms in one of the five elementary schools that implemented inclusive education on the island of Oahu, Hawaii. The other 9 students were members of special class programs that were identified by local administrators as providing high-quality services within that placement model. The students in the two groups were matched for age, gender, level of disability, and adaptive social and communicative behavior. The results from 24 hours of direct observation across 4 school days for each student and the 45-minute interviews revealed the
following: (a) The students placed in general education classrooms had higher levels of social contact with schoolmates without disabilities; (b) they received and provided higher levels of social support; and (c) they had much larger friendship networks composed primarily of schoolmates without disabilities. These findings suggested that placement in general education classes with supplementary aids and services had a positive impact on the quantity and quality of social contact between the focus students and their schoolmates and the development of friendship networks.

Hanline (1993) investigated the nature of spontaneous peer interactions in a pre-school that included three children who experienced profound disabilities. The demographics of the pre-school related to age, sex, and ethnic background reflected national ratios. The three children with disabilities were observed four days a week for the last week of the eight-week summer program. A second group of three pre-school children was also observed to serve as a comparison group. They were selected by their teachers because they were “typical” in their social interactions and overall development and were the same age and sex as their peers with disabilities. Each of the children was observed on a random schedule during 15 minutes of indoor center time and 15 minutes of outdoor play. The results of the Hanline (1993) study indicated that (a) the majority of the interactions of the children with disabilities were initiated by their peers without disabilities; (b) the children with disabilities responded positive initiations forms 48% of the time; (c) the three children without disabilities responded to the positive initiations of the children with disabilities an average of 36% of the time; and (d) the children with disabilities were engaged in interactions on an average of 87% of the observational period. These findings suggest that including students with disabilities in general
education promotes positive interactions and the ability to develop and maintain friendship.

The effectiveness of a multicomponent intervention designed to increase reciprocal interactions between classmates without disabilities and three students who experienced significant physical, sensory, and intellectual challenges was evaluated by Hunt, Alwell, Farron-Davis, and Goetz (1996). The researchers utilized a multiple baseline across students design to analyze the data. The intervention package included strategies to provide ongoing information to classmates about the communication system, adaptive equipment, and educational activities of the students with disabilities. The information was provided in the context of naturally occurring interactions between the student and his or her classmates and was specifically related to the interaction that was taking place between the students. The analysis of the results of the study indicated that when the intervention was fully implemented, there were increases in reciprocal interactions with peers.

Students with SED and Inclusion

Although the goal of special education programming is to help students function in the least restrictive environment, the complex behavioral, social, emotional, and academic problems of students with serious emotional disorders often make the process of inclusion difficult (Braaten, Kauffman, Braaten, Polsgrove, & Nelson, 1988; Dowwning, Simpson, & Myles, 1990; Gable, Laycock, Maroney, & Smith, 1991; Gresham, Elliott, & Black, 1987). Fewer than one half of the children identified with SED has been reintegrated for all or part of their education (Downing et al., 1990; Peterson, Smith, White, & Zabel, 1980). Moreover, some experts (e.g., McNutt, 1986;
Reynolds, Wang, & Walberg, 1987; Will, 1986) believe that the integration of students with SED will continue to be limited. This belief seems to be supported by my experience as a teacher of students with SED.

The U. S. Department of Education (USDOE) Annual Reports to Congress (USDOE, 1987, 1990, 1992,1996) have revealed that the majority of students with SED continue to be educated in segregated programs: separate classes, separate schools, residential facilities, and home/hospital programs. For example, it was reported that in the 1984-85 school year, 46% of students with SED were served in regular and resource classes, with the remaining 54% in separate classes, separate programs, and other segregated settings (USDOE, 1987). During the 1987-88 school year (USDOE,1990), 45% of the students were served in regular and resource classes; and only 43% were served in these placements in the 1989-90 school year (USDOE,1992). It appears that increasingly fewer students are being included in general education despite numerous least restrictive environment and inclusion initiatives, as well as the increasing body of literature on effective inclusion and reintegration practices (e.g., Goodlad & Lovitt, 1993; Stainback & Stainback, 1991).
<table>
<thead>
<tr>
<th>Educational Environments of Students with Disabilities</th>
<th>1992-93 School Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Regular Class</td>
</tr>
<tr>
<td>Specific Learning Disabilities</td>
<td>34.8</td>
</tr>
<tr>
<td>Speech or Language Impairment</td>
<td>81.8</td>
</tr>
<tr>
<td>Mental Retardation</td>
<td>7.1</td>
</tr>
<tr>
<td>Serious Emotional Disorders</td>
<td>19.6</td>
</tr>
<tr>
<td>Multiple Disabilities</td>
<td>7.8</td>
</tr>
<tr>
<td>Hearing Impairment</td>
<td>29.5</td>
</tr>
<tr>
<td>Orthopedic Impairment</td>
<td>35.1</td>
</tr>
<tr>
<td>Visual Impairment</td>
<td>45.5</td>
</tr>
<tr>
<td>Autism</td>
<td>9</td>
</tr>
<tr>
<td>Deaf-Blindness</td>
<td>12.3</td>
</tr>
</tbody>
</table>

Reprinted with permission from Inclusive Education Programs. Copyright 1998 by LRP Publications. 747 Dresher Road. P. O. Box 980, Horsham, PA 19044-0980 All rights reserved. For more information on products published by LRP publications, please call 800-341-7874, ext.275.

Table 1: Educational Environments of Students with Disabilities 1992-93 School year.
One of the primary objectives of the inclusion movement either full or partial is to place children and youth with disabilities within general education classrooms to increase social competence and foster positive peer and teacher relationships. By definition, these are the very areas in which students with SED have the greatest difficulties. Social and behavioral difficulties of students with SED are manifested across a spectrum from those displaying high rates of inappropriate social behavior (externalizers) to those displaying significantly low rates of social behaviors (internalizers).

Rock, Rosenberg, and Carran (1995) conducted a study investigating the variables affecting the reintegration rate of students with SED. They invited all teachers from six nonpublic programs and 25 public schools serving students with SED to participate in the study. A total of 162 teachers serving four major Maryland counties returned their questionnaires (73% of sample). The participants in the study represented a majority of all the teachers of students with SED in placements in the state of Maryland. Thirty-three percent of the participating teachers worked at elementary schools, 25% at middle schools, and 42% at high schools. Teachers with all levels of training and experience took part in the study. In addition to the teachers, 31 administrators or public school liaisons (100% of sample) provided program information regarding school practices and reintegration options.

The authors identified, validated, assessed, and compared four sets of program and teacher variables with SED students reintegration rates as the independent variables. The variable sets evaluated were (a) special program reintegration orientation, (b) special program demographic information, (c) SED teacher experience and training, and (d) SED factors related to teacher attitudes and opinion. They used survey questionnaires to
compile information from SED teachers and program administrators. The dependent variable was the rate of reintegration, this is defined as the percentage of students from each responding teacher’s class who were integrated into a less restrictive class for one or more periods during the previous school year.

The findings of the study suggest that all the five variables investigated were significantly correlated with rate of reintegration. Of the five variables correlated significantly with rate of reintegration, only reintegration experience was found to be the best single predictor of reintegration. The results also provide both policy and practical implications. In regard to policy, question are raised as to (a) whether all students are being given equal access to opportunities for integration into least restrictive activities, (b) whether current reintegration practices reflect best practices as described in the literature, and (c) how the reintegration prediction model can be further refined. On a practical level, results suggest applications for program planners in the following areas: (a) program placement, (b) reintegration options, and (c) interagency cooperation.

**Barriers to inclusion.** The literature on inclusion lists the followings to be some of the factors that can interfere with the inclusion of students with disabilities especially students with SED:

- Lack of training on the part of teachers and other school personnel
- The attitudes of teachers, parents, and administrators toward inclusion.
- Lack of time
- Social skills deficits
- Lack of parental and family support
- Lack of in-class help and support
♦ Poor relationships between children with and without disabilities

♦ Inadequate class size and structure

♦ Lack of money and resources

In examining barriers to inclusion, Smith and Rose (1991) found curricular issues to be a minor factor in the exclusion of young children with disabilities (26%). Most often, policies (59%) and attitudes (59%) served as the predominant barriers. Another barrier to inclusion discussed in the literature is the failure of skills to transfer. Skills taught in more restrictive environment are often not crucial for adaptation in less restrictive environments. Thus students are sometimes unprepared for transfer to a less restrictive setting (Anderson, Walker, & Purcell, 1984; Hundert, 1982)
Summary. There is a need to provide instruction in social skills to prepare behaviorally disordered students for mainstreaming and to increase their chances for successful social relationships in mainstreamed settings. Instruction in social skills is best understood within a larger framework of social competence. In a social competence context, social skills are defined as social skills if they increase an individual's social competence. Since social competence is defined in part by peers' perceptions of social behavior, social skills training should consider the influence of peers and their perceptions. There is evidence from the literature to support the inclusion of students with SED into the regular education classroom. Students with SED can achieve positive academic and learning outcomes in inclusive settings. Studies on parental perception (Ryndak & colleagues 1995) and general education perceptions (Giangreco et al., 1993), as well as empirical documentation through experimental investigation (Hunt et al., 1994), suggest that students with SED are able to learn new skills in regular classrooms.

Students with SED realize acceptance, interactions, and friendships in inclusive settings. Parents report acceptance and belonging as a major positive inclusion outcome (Erwin & Soodak, 1995; Ryndak et al., 1995). Further there is evidence that more opportunities for interaction occur through IEPs written for students in inclusive classrooms (Hunt, Farron-Davis, et al., 1994), that more reciprocal interactions among students with and without disabilities and larger friendship networks can occur in inclusive settings (Fryxell & Kennedy, 1995; Hunt, Alwell, et al., 1996), and that meaningful friendships occur for students with and without disabilities in inclusive classrooms (Staub et al., 1994). It is therefore very critical for students with SED to be included in general education classrooms as much as possible.
Direct Instruction (DI)

Direct Instruction approaches are reviewed briefly due to its extensive use in social skills treatment packages (Cartledge and Kleefeld, 1994). Treatment procedures evolving from operant and social learning approaches have proven to be the most effective with children (Elliott & Gresham, 1993), and DI is shown to be an effective instructional method with difficult to teach populations such as students with disabilities or from low socioeconomic backgrounds (Binder & Watkins, 1990). DI approaches were employed in procedures of this study.

**Direct Instruction.** Direct instruction refers to the behavioral education model developed at the University of Oregon during the 1960s by Siegfried Engelman, Wes Becker, and associates (McCormick, 1997). Direct instruction is derived from basic behavioral principles and the research of effective teaching practices (Binder & Watkins, 1990). Direct instruction involves carefully designed instruction that is provided to students at a faster than average rate, and is associated with specific correction procedures (Becker & Carnine, 1981).

Direct instruction is used for initial teaching of skills and concepts, and is usually combined with Precision Teaching procedures to develop fluency (Binder & Watkins, 1990). DI teaching procedures feature (1) scripted presentations - which support quality control of instructions and ensures effective instructional sequences that have been field tested; (2) small group instruction; (3) unison responding - which maintains student attention and reduces the chances of one student copying another student's answer; (4) signals - ensure simultaneous responding by students during unison responding, and can be an evaluation tool to determine whether a student masters a skill; (5) rapid pacing of instruction - keeps students interested during instruction, and maximizes the amount of materials covered; and 6) correction procedures for different types of errors to ensure that students get the practice needed (Binder & Watkins, 1990).
The strategy used in this study which incorporated components of Direct Instruction were those described by Rosenshine (1976). The four defining characteristics were: (1) tasks systematically taught in small approximations to a specified mastery level; (2) active student responding; (3) immediate feedback on performance of task; (4) frequent direct interaction between the student and teacher. The principles of direct instruction have been used widely in instructional programs to develop social skills (Middleton, 1994; Middleton & Cartledge, 1996; Lin, 1996), directive teaching (Stephens, 1992; Goldstein, Sraflin, Gresham, & Klein, 1986), skillstreaming (Goldstein, 1988). The components of these models include instruction, modeling, role-playing, feedback, and transfer training, or homework. It incorporates reinforcement strategies such as, tokens, verbal praise, and primary reinforcers (Carter & Sugai, 1988; Sasso, et al., 1990). Teaching social skills through direct instruction is considered to provide a flexible and sensitive model for developing social competence in children who exhibit high rates of antisocial behaviors (Sasso, et al., 1990). These procedures were demonstrated to be effective with aggressive children and adolescents (Christopher, Nangle & Hansen, 1993), and in the generalization and maintenance of learned social skills in behaviorally disordered children (Sasso, Melloy & Kavale, 1990).

Evaluations of Research done in Project Follow Through, a longitudinal-evaluation study of different teaching approaches with economically disadvantaged students, validated the effects of direct instruction with primary grade students who were at risk for failure (Becker & Carnine, 1980). Research and application suggest that direct instruction in general education and special education classrooms produce greater academic achievement and self-esteem among students than traditional teaching methods (Carnine, 1976; Morgan, 1989; Williams, 1993). Evaluations of DI programs have demonstrated them to be effective in many variable circumstances including: normal students in general education classrooms; students with disabilities in inclusive settings;
withdrawal classes; and disadvantaged students (Condon & Blaney, 1995; Kinder & Carnine, 1991; Maher, 1990; McCormick & Fitzgeraia, 1997; Sommers, 1995).

The Use of Literature

The use of literature is briefly discussed here for the fact the social skill curriculum used for the instruction in this study is literature based. Literature has been one of society's important means of educating the young. Every culture has its folk tales and choice stories which are loved by generation after generation of children and are a potent influence in bringing older and younger generations together and in developing cultural unity and continuity (Caswell, 1943).

In discussing the value or importance of literature in her book, Langer (1995) states that through literature, students learn to explore possibilities and consider options for themselves and humankind. They come to find themselves, imagine others, value differences, and search for justice. They gain connectedness and seek vision. She also believes that literature can empower all students to reflect on and potentially reshape themselves and their world.

Literature plays a critical role in our lives, often without our notice. It sets the scene for us to explore both ourselves and others, to define and redefine who we are, who we might become, and how the world might be (Langer, 1995). Writers as diverse as Wayne Booth (1988), Jerome Brunner (1990, 1992), and George Kelly (1955) suggest that stories provide us with ways not only to see ourselves but also to re-create ourselves. As we read and tell stories through the eye of our imagined selves, our old selves gradually disappear from our recollections, our remembrances of yesterday become firmly rewritten, and our new selves take on a strength and permanence that we believe was and is who we are.
All literature both the stories we read as well as those we tell provide us with a way to imagine human potential. According to Langer (1995) literature in its best sense, is intellectually provocative as well as humanizing, allowing us to use various angles of vision to examine thoughts, beliefs, and actions. In addition, she believes that literature permits us to create new combinations, alternatives, and possibilities, to understand characters and situations in ways not necessarily suggested when we take things as they are. Furthermore, the use of literature permits us to become fuller, more thoughtful, and more informed members of this world. With all these values and benefits of literature, no wonder the writers of the Working Together curriculum employed literature-based approach as their model.

Summary

Student antisocial acts and violence are major concerns for educators and the larger community. School personnel disturbed by escalating violence can choose from a number of empirically validated curricula. A body of research exists attesting to the efficacy of special prevention and intervention programs that teach students appropriate alternatives to violence and aggressive behaviors. One such approach combines social skills instruction and parent participation. Social skills instruction includes a combination of instruction, coaching, modeling, rehearsal, feedback and reinforcement. Social skills instruction with aggressive students assumes that these children lack skills for interacting appropriately with peers and adults. Given that aggression is a broad configuration of behaviors, children may not improve in their social interactions without assistance from their natural environment, namely, with assistance from parents, teachers, and peers, whom children usually hold in high esteem. Parents are a child's first teacher and can be trained to model, monitor, and manage appropriate social behaviors. Parents have been noted to effect changes in their child's attitude, academic performance, and social interaction. Parental involvement is an essential component of effective schooling. From
a variety of participant perspectives and methods, the active involvement of committed parents emerges repeatedly, whether the report is directly about parent perceptions (e.g., Erwin & Soodak, 1995; Ryndak et al., 1995) or parents are identified by others as key participants (e.g., Staub et al., 1994; York-Barr et al., 1996). With the assistance from parents in social skills instruction, children can be taught to exhibit appropriate behaviors, such as nonviolent methods for dealing with aggression.

Teachers of students with SED do not need to be sold on the need for social skills instruction. In addition to what is intuitively obvious to classroom teachers, we have ample empirical data showing high correlation between academic success and classroom survival skills such as paying attention, volunteering answers, communication with the teacher, following directions, staying on task, and appropriate ways of interacting with both peers and adults. In order for a student with SED to be successful in an inclusive classroom setting at all, he or she must be able to exhibit acceptable social behaviors in relation to the inclusive environment, their teachers, and their peers.

Students who cannot share, take turns, handle teasing, or control their aggressive impulses are in continual conflict with classmates. Similarly, a student who cannot respond to adult authority, find appropriate ways to gain teacher attention, or make his or her wants known, is continually in conflict with the adults in school. Therefore, before students with SED are mainstreamed, they should be taught social skills that will enhance their success in the inclusive setting in a systematic and structured manner.

Limitations in the Literature

The scientific literature documented separately the beneficial effects of parental involvement on the academic and social behaviors of their children, and of social skill instruction on altering antisocial behaviors. Few, if any, published studies investigated interventions where social skills instruction and parent participation are combined. This
study employs a packaged social skills curriculum that integrates skill-training procedures with parent participation to reduce antisocial behaviors and increase prosocial skills in intermediate elementary-aged inner city students.

Results reported in most of the literature on antisocial behaviors, social skills instruction, and parental involvement have been limited to the following: (1) clinical settings, (2) group methodological procedures, (3) males, (4) minority populations, (5) low- socioeconomic groups, (6) single sources for data collection, and (7) limited social validity to determine whether behavior change enhanced the quality of life for the child and therefore justified the outcome.

The effects of peer modeling within general education classrooms has received little investigation as a method for developing prosocial skills. Instructing teachers (general and special education) to use cooperative learning, and training in effective strategy of inclusive education will enhance their ability to focus on teaching strategies that promote the maintenance and generality of newly learned behaviors. The literature is limited in providing a practical and concrete list of critical factors that will enhance the success of students with challenging behaviors in the inclusive setting. More research is needed to identify more clearly and specifically the factors that are likely to predict successful integration of students with challenging behaviors.
CHAPTER 3

METHOD

This chapter describes the methods of the study. It is divided into the following sections: participants, settings, researcher and observers, definition and measurement of dependent variables, training, interobserver agreement, materials, experimental design, and procedures.

Participants

Target Students. The target students for this 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 (Grasham & Elliott, 1990) and direct observations. These students were selected because they lacked appropriate social skills both in the SED classroom and in the general education classroom (e.g., controlling their temper in conflict situations, respecting teacher and peers), and exhibited problem behaviors, (e.g., arguing with teachers and peers, fighting, non-compliance). These four students were selected from a group of 10 students according to the selection process, which is described in the next section. All the target students were in fifth grade at the time of the study. The target students are referred to as Student 1, 2, 3, or 4 to maintain confidentiality. At the beginning of the study the ages of the four students ranged from 10.7 to 11.11 years with a mean of 11.2 years. All the target Students were African American males and they all qualified for free lunch according to federally defined family economic guidelines. That is, the students were eligible for free or reduced lunch.
All the target students had been identified as students with SED except Student 3 who was identified as at risk for SED. Student 1 was a 12-year-old African American male who resided with his mother. According to his school record, he is described as being argumentative, defiant, cruel, demanding, disobedient, destructive to self and others, and very hostile towards the teacher and classmates. His classroom behaviors included inappropriate noises, blaming others for his own difficulties, negative attitude, talking at inappropriate times, making derogatory or critical remarks about other people, and appearing disinterested in classroom activities. Student 1 was functioning at second grade level and his Behavior Evaluation Scale (BES-2) rating was at the higher percentile range with a behavior quotient of 55, this indicates a significant behavior problem.

Student 2 was a 12-year-old African American male who resided with his mother and five siblings. The description of his classroom behaviors included exhibiting frustration, being defiant, and disobedient. He would insist on exercising his will, often resorting to bullying and threatening to gain influence. He also had difficulty following directions and easily lost his temper. He frequently talked out and tapped his pencil on his desk. Academically, Student 2 was functioning at a lower second grade level in most of the content areas. At the time of the study Student 2’s score on the BES-2 rating scale was not available in his record.

Student 3 was a 12-year-old African America male who resided with his mother and 4 siblings. This student had not been formally identified as having a disability was considered to be at-risk for SED. His classroom behaviors included excessive talking, disrespect of others, excessive temper, class disruption, and throwing objects. In a one-month period he received three suspension letters. Student 3 was functioning at grade level in most of his academic content areas except in reading in which he was functioning slightly below grade level.
Student 4 was an 11-year-old African American male who resided with his maternal grandmother and his brother. His classroom behaviors included being easily frustrated, excessive crying, and temper tantrums. He also exhibited aggressive behaviors toward peers and teachers. He was expelled from school at the beginning of this current school year for assaulting a staff member. Student 4’s academic records indicate that he was functioning at a second grade level in all of his academic content areas. Student 4 was also identified as having Developmental Handicap (DH). Student 4’s BES-2 score was not available. Table 2 gives demographic information on the target students.

<table>
<thead>
<tr>
<th>Student</th>
<th>DOB</th>
<th>Gender</th>
<th>Grade</th>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3/4/86</td>
<td>Male</td>
<td>5</td>
<td>African American</td>
</tr>
<tr>
<td>2</td>
<td>5/9/86</td>
<td>Male</td>
<td>5</td>
<td>African American</td>
</tr>
<tr>
<td>3</td>
<td>4/15/86</td>
<td>Male</td>
<td>5</td>
<td>African American</td>
</tr>
<tr>
<td>4</td>
<td>7/16/86</td>
<td>Male</td>
<td>5</td>
<td>African American</td>
</tr>
</tbody>
</table>

Table 2. Demographic Information, Target Students

Selection process. Criteria for selecting target students in this study include (a) diagnosis as student with SED or at risk for SED, (b) received some or all of his academic instruction in a mainstream classroom, (c) selected by the classroom teacher and verified through direct observations of exhibiting higher than average rates of antisocial behaviors, (d) teacher social skills rating on the Social Skills Rating System (SSRT-T, Gresham & Elliott, 1990) showing problem behaviors above the 75th percentile and social skills below the 25th percentile, (e) records of good daily attendance, and (f) parental permission to participate in the activities. Criteria for selecting socially competent students included (a) teacher nomination, (b) teacher social skills ratings
(SSRS-T) above the 70th percentile in social skills and below the 25th percentile in problem behaviors, showing lower than average rates of antisocial behaviors and higher than average rates of socially appropriate behaviors, (d) records of good daily attendance, and (e) parental permission for student participation.

Teacher ratings. In this study, the Social Skills Rating System (Gresham & Elliott, 1990) was used to obtain parents and teachers ratings of the students' social skills. The Social Skills Rating Scale-Teacher (SSRS-T, Gresham & Elliott, 1990) was completed by the teacher as one measure of social skill assessment. The SSRS is standardized and reports subscale reliability coefficients that range from .75 to .88 for the teacher form. Social skills are rated on a 3-point scale of 0, 1, or 2. A rating of 0 indicates that the behavior never occurs, 1 indicates the behavior occurs sometimes, and behaviors that occur often receive a rating of 2. This instrument is designed to assess three performance areas: (1) social skills within the categories of cooperation, assertion, and self-control; (2) problem behaviors labeled as internalizing, externalizing, and hyperactive behaviors; and (3) academic competence. Students with ratings that fell below the 25th percentile in social skills, and above the 70th percentile in problem behaviors were selected for direct classroom observation. The SSRS-T includes a measure of academic competence, however, student ratings of academic competence were not considered in the selection criteria. The classroom teachers were asked to rate social skills on two dimensions: (a) frequency and (b) importance. Instructions on how to complete the form were given by the researchers. The teachers were advised that the researchers wished to study the social skills of the students with SED within the mainstream setting. Prior to completing the ratings, the teachers were asked to observe the students informally for one week after instructions before completing the scales. Expected time for each student-rating instrument is 5-8 minutes. The general education teachers completed rating scales on a total of 35 students and the teacher of the SED...
students completed rating scales for all the students identified as having SED and who brought a signed permission letter from the parents. Sixteen of the 35 students met the initial criteria for either target students or their competent peers. These students were observed in their classrooms by the researcher and her assistants to further verify their eligibility. Although student 3 fell slightly below the specific criterion of 75th percentile or above for problem behaviors, his low social skills rating and classroom behaviors indicated he was a good candidate for this project. See Table 3 for Raw Scores and Percentile Ranking in Social Skills and Problem Behaviors on the Social Skills Rating System-Teacher.

<table>
<thead>
<tr>
<th>Student</th>
<th>Social Skills</th>
<th>Problem Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Raw Scores</td>
<td>Percentile Ranking</td>
</tr>
<tr>
<td>1.</td>
<td>26</td>
<td>25</td>
</tr>
<tr>
<td>2.</td>
<td>26</td>
<td>25</td>
</tr>
<tr>
<td>3.</td>
<td>22</td>
<td>16</td>
</tr>
<tr>
<td>4.</td>
<td>26</td>
<td>25</td>
</tr>
</tbody>
</table>

Table 3: Raw Scores and Percentile Ranking in Social Skills and Problem Behaviors on the Social Skills Rating System-Teacher

**Direct observation.** The researcher, assisted by 2 university graduate students majoring in special education, directly observed the students' behaviors in the classroom and recorded the observed behaviors on an observation record form (see Appendix F). Over a period of 30 days (four days a week and a session per day) the students (both target students and competent peers) were observed in the classroom for 30, 10-minute sessions following their lunch period. Students who exhibited an overall average of two physically aggressive behaviors (e.g., hitting, pushing, biting, kicking), verbally aggressive behaviors (e.g., teasing, name calling, threatening, swearing, shouting),
antisocial behaviors (e.g., reacting to social initiations by refusing to cooperate, making annoying noises, cutting in line), or initiated a severe disruptive confrontation, such as a fight, during the observation period, were selected as potential target students for the study. In addition, students' socially appropriate behaviors (using kind and courteous words such as thank you, please, may I, excuse me, I'm sorry; or interacted appropriately with peers - no aggressive or antisocial behaviors), were observed during the same period of time.

School attendance. School attendance records were reviewed by the primary researcher to determine the child’s attendance record and interviewed the classroom teacher. The target students in this study were required to maintain a good school attendance.

Parent permission. Parents of the potential participants were contacted by letter to obtain written consent for their children to participate (See Appendix B). Children were eliminated as potential participants if their parents refused permission. Seven African American male students met the criteria for participation based on (a) diagnosis of SED, (b) placement in mainstream setting, (c) teacher nomination, (d) SSRS-T ratings, (e) direct observations, (f) parental consent, (g) good attendance rate, and (h) parent’s willingness to participate.

Competent peers. The general education participating teachers were asked to identify 4 students who exhibited social competence and had no classroom problem behaviors. These students were observed for 10 minutes in the classroom over a period of three weeks to verify the teachers' nomination. Nine students were selected as competent peers. They ranged in ages from 11.1 to 12.6 years with a mean of 11.5 years, and were in fifth grade. Two of the students were males and seven were females. All the competent peers were African Americans. These students were observed to exhibit appropriate behaviors, interact well with peers, and were liked by others. In addition, these students
were observed using assertive behaviors (e.g., telling another student to apologize for yelling at him).

<table>
<thead>
<tr>
<th>Comp. Peer</th>
<th>Social Skills</th>
<th>Problem Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Raw Scores</td>
<td>Percentiles</td>
</tr>
<tr>
<td>1.</td>
<td>54</td>
<td>87</td>
</tr>
<tr>
<td>2.</td>
<td>43</td>
<td>39</td>
</tr>
<tr>
<td>3.</td>
<td>49</td>
<td>66</td>
</tr>
<tr>
<td>4.</td>
<td>56</td>
<td>93</td>
</tr>
<tr>
<td>5.</td>
<td>49</td>
<td>66</td>
</tr>
<tr>
<td>6.</td>
<td>47</td>
<td>73</td>
</tr>
<tr>
<td>7.</td>
<td>53</td>
<td>82</td>
</tr>
<tr>
<td>8.</td>
<td>52</td>
<td>79</td>
</tr>
<tr>
<td>9.</td>
<td>45</td>
<td>66</td>
</tr>
</tbody>
</table>

Table 4: Raw scores and percentiles ranking in social skills and problem behaviors on social skills rating system-teacher for competent peers

Teachers

Five teachers volunteered to participate in the study; however only three teachers directly participated since the students with SED were mainstreamed into the general education classrooms (the three general education teachers and the teacher of the students with SED who was involved in the selection process). The four participating teachers were European American females. Two of the teachers were certified in Elementary Education, one in Art Education working toward her SED certification and, one was certified in Special Education K-12 in the area of Developmental Handicaps (DH). These teachers had from 2 to 11 years of teaching experience for an average of 6.6
years. None of the teachers has master's degree, but all were taking post Baealaurate courses to renew their certifications. All the teachers had taken at least one course in behavior management and participated in workshops related to social skills. See Table 2 for demographics on the participating teachers.

<table>
<thead>
<tr>
<th>#</th>
<th>Years of Exp</th>
<th>Degree</th>
<th>Certificate</th>
<th>Gender</th>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>12</td>
<td>BS</td>
<td>Sp.Ed</td>
<td>Female</td>
<td>European American</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>K-12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>BS</td>
<td>Elementary</td>
<td>Female</td>
<td>European American</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Gr. 1-8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>12</td>
<td>BA</td>
<td>Elementary</td>
<td>Female</td>
<td>European American</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Gr. 1-8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>BS</td>
<td>Art Ed</td>
<td>Female</td>
<td>European American</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>K-12</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 5: Demographic information, participating teachers

Parents

Parents participating in the study were all African American females, who were single parents head of the household. One of the parents was a grandmother who had a custody of her grandson. All the families resided in low-income public housing and none was employed outside the home at the time of the study. The parents agreed to participate in the study after receiving a letter that explained the study and requested consent for their child to participate (see Appendix B), and requested to schedule a conference with the researcher.
**Experimenter and Observers**

The experimenter was a Ph. D. candidate in the Special Education program within the School of Physical Activity and Educational Services at The Ohio State University. The experimenter was an international student, who had 5 years of experience working with students with serious emotional disturbance within the Columbus Public Schools and 5 years teaching general education students in both elementary and high school settings in Nigeria. The experimenter provided the instruction for all social skills training sessions to the students during the study. The experimenter also was the primary data collector throughout the study. Two graduate students majoring in special education at The Ohio State University assisted with the social skills instruction and direct observations. One of the assistants was European American and the other one was an international student from Taiwan.

**Setting**

The setting for the study was an urban public elementary school located in a large metropolitan center within the mid-west of the United States. The school had an average enrollment of 360 students in kindergarten through fifth grades. Approximately three-fourth of the school's enrollment resided in the immediate area of the school and the other one-third of the school population was enrolled through the school's lottery system. The school was identified as an “alternative school” with an emphasis on math and science. The racial composition of the students attending the school was 95% African American, 3% European American, and 2% representing a mixture of the other ethnic groups. Of the students attending the school, 98% qualified for free lunch under federal economic guidelines. Social skills instruction took place in a quiet area in one of the rooms not currently occupied by students on Mondays, Wednesdays, and Fridays and in
the library on Tuesdays because the school psychologist occupied the other room. In most instances during instruction, only the researcher, a student assistant from the university, and participating subjects were present. On a few occasions when the instruction took place in the library, the librarian was present. During the instructional sessions, the students were taught in sets of four, seated facing the experimenter for the entire session except for periods when skills were enacted. See Figure 1 for instructional setting.

![Instructional setting diagram](image)

Figure 1: Instructional setting

Note: X represents students

Data collection to measure the dependent variables occurred in the general education classrooms. The observers sat in a corner or at the back of the classroom so they had full view of the target students. Observation in the classroom (approximately 700 square feet)
occurred three to four times a week during periods of regular instruction by the classroom teacher. Students were most often engaged in small group or dyadic activities sitting either at a rectangular table or on the floor. Student activities included working on small group projects such as making the planets or the solar system with balloon and paper mache, science experiments, researching, problem solving, playing games, using flashcards to practice math facts or spelling words, or some cooperative academic activities such as completing worksheets. On some occasions students watched movies related to their science or health topics. See Figure 2 for observation setting.

Note: There was no permanent assigned seat for the students in the general education classrooms.

Figure 2: Observation setting
Definition of Dependent Variables

Two classes of behavior were measured as the dependent variables in this study: (1) the percentage of intervals target students engaged in antisocial behaviors during a 10-minute observation and (2) the percentage of intervals target students engaged in socially appropriate behaviors during a 10-minute observation period. The behaviors, which define the dependent variables that were measured, are as follows:

♦ Antisocial behaviors were defined as any unacceptable social action characterized with violation of rules such as non-compliance, inappropriate interaction with others, refusing to share, and tantruming and making annoyance noises. Specific behaviors included hitting, kicking, pushing, punching, head butting, striking another with self or object, throwing inappropriate objects, and forcefully taking objects from others, arguing, swearing, threatening, teasing in an annoying or hurtful manner, name calling in a profane manner, and making threatening gestures with body parts.

♦ Socially appropriate behaviors were defined as any age appropriate, socially acceptable behaviors which promote positive interpersonal relationships, initiating positive interactions with peers and adults, such as using courteous words, sharing, helping others, following directions, and turn-taking.

Measurement of Dependent Variables

Data collection to measure the dependent variables was conducted four times a week (Monday, Tuesday, Wednesday, and Friday) in the mainstream classrooms. Data collection occurred immediately following the small group session and each session lasted for 10 minutes for each group. A 10-second partial-interval recording was used to measure the two independent variables: antisocial and socially appropriate behaviors. With partial-interval recording, the observer coded the target behaviors if they occurred
at any time during the interval. Each target student was observed for 10 seconds immediately followed by a 5-second period to record the observed behaviors. Data were collected on each participant in alternating 20 seconds across 10-minute teacher directed student controlled activities. Each student was observed for a total of 10 minutes during each observation. An audiotape signaling a continuous 10-second observes and 5-second record was used to code the number of antisocial and socially appropriate behaviors emitted by the students. Observers scored a maximum of one behavior per interval. Instances where two or more behaviors occurred within the same interval, the antisocial behavior superseded the prosocial behavior, and no prosocial behavior was scored. See Appendix F for a sample of data collection form.

Measures of Interobserver Agreement

To prevent observer drift and ensure that accurate data were being collected based on the target behaviors defined, the researcher and the interobservers discussed identified behaviors recorded on the observation forms at the end of each day. Interobserver agreement measures were collected during direct observation by the researcher and two student assistants in the classroom. Interobserver measures were taken for 50% of all the sessions for each condition (i.e., baseline, instruction, and follow-up). Reliability checks were conducted for two out of four sessions per week throughout the entire study, by having the researcher and student assistants independently and simultaneously observe the target students. Reliability was determined as a percent of agreement that the behavior occurred, by calculating the number of agreements, and the number of disagreements. The number of agreements was divided by the number of agreements plus disagreements, and multiplied by 100.

\[
\frac{\text{Agreements}}{\text{Agreements} + \text{Disagreements}} \times 100 = \% \text{ of Agreement}
\]
Training

Observer training Interobserver training was provided before conducting the pre-baseline observations. The principal researcher and university assistants were responsible for all data collection. The principal investigator in this study served as the trainer for the university students assistants, the parents, and the teachers. The trainees received a written description of the study, definition of dependent variables, and a recording sheet prior to data collection. The trainees were required to learn the definitions and the symbols of each dependent variable and the way in which observations will be transcribed into the data sheets. A cassette tape player and an audiotape were used for cueing the observations. The principal researcher was responsible for making the tape ahead of time for training.

The initial interobserver training took place in early November by having pairs of observers watch sequences from videotapes simultaneously but independently coding behaviors until interobserver agreements reached at least 90% for each category of social behavior. Observers were trained for a period of two weeks. The training was conducted by direct instruction and role-playing. In the final step of training, the observers received practice in the actual environment (i.e., study classroom). The training was followed immediately by observations and training continued until a pre-established criterion (i.e., .90 or higher) was reached.

Parents

Parents participating in the study were not familiar with social skills instruction. For the most part, they indicated during their interview with the experimenter that social skills were children using good behaviors, and being nice. Parents met with the researcher individually for one session of approximately one hour to discuss the study, review the procedures they would follow at home in using the "GAB sheet" (Gaining Appropriate Behaviors sheet) (Appendix D), and to discuss simple reinforcement
techniques to be used at home (i.e., verbal praise and tangible rewards given immediately after a desired behavior to increase the likelihood of the child repeating the behavior). Follow-up was provided to the parents during phone calls and/or notes.

**Teachers**

All participating teachers were familiar with social skills instruction and emphasized making good choices in their classrooms. However, none of the teachers taught social skills specifically, as a regular part of their curriculum. Prior to commencing the study, teachers were given a written description of the proposed study which include the methods to be used. The researcher gave a verbal summary of the study, presented the materials to be used and answered questions to ensure that teachers understood the methodology for the study. Apart from prompts and suggestions on praising the target students when they engage in socially appropriate behaviors in the classroom or anywhere in the school, there was no other training provided to the teachers.

**Materials**

The social skills instruction was based on the curriculum, *Working Together: Building Children’s Social Skills Through Folk Literature* (Cartledge & Kleefeld, 1994), which consists of a teacher presentation manual with scripted lessons, sticker record sheets, skill posters, parent letters, and audio cassette tapes of the folk tales. *Working Together* is a packaged training program in social skills for children in both general and special education classrooms, grades three through six. This curriculum provides specific strategies for social skills instruction considered critical for the development of young children.

The curriculum addresses the behavioral, cognitive, and affective components of social skills and is based on social learning theory. *Working Together* was field-tested at
selected sites that represent young children from different geographic locations, economic levels, and cultures. The packaged curriculum was specifically used to instruct the target students in the following social skills lessons: (1) ignoring or leaving a bad situation, (2) asking for help in bad situations, (3) negotiating conflict, and (4) controlling one's temper. The curriculum was supplemented with additional teacher made sticker cards for each participant, response cards, and worksheets. A parent note was developed by the researcher for the purpose of communicating with the parents the social skills that they were to practice with their child and to record the child's performance. The parent note was called, "The GAB Sheet."

Experimental Design

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 (Cooper, Heron, & Heward, 1987). Changes in performance were noted while maintaining baseline measures of all other students. When data indicated a trend in the behaviors exhibited for Group 1, the independent variable was then applied to Group 2, Group 3, and then to Group 4 on a staggered schedule. The experimental conditions included baseline, social skills instruction, and follow-up. All data were analyzed using a graphic format according to the standards of a functional relationship (i.e., changes in behavior when the intervention was applied) in applied behavioral research. During baseline, target students were not aware that data were being collected on their behavior. They were told that the researcher and observers were there to observe the class. The students were introduced the intervention in small groups of four students,
which consisted of one student with SED, one at-risk student, and two socially competent peers.

**Procedures.**

The study began with the selection process as previously described. After participants were identified as target students for the study, baseline data were collected and the intervention introduced according to procedures for a multiple baseline across subjects design, in order to determine if a functional relationship between the intervention and the behavior would exist.

**Baseline**

The target students were observed directly for 10, 10-minute sessions over a three-week period. All baseline observations were conducted in the mainstream classrooms. Antisocial and socially appropriate behaviors were recorded on the student observation record form. The total number of identified behaviors observed during each of the ten, 10-minute sessions were recorded as baseline data for Student-1. Baseline conditions continued an additional three weeks (6-weeks and 20 observations) for Student-2, who was a student from a different classroom. Student-3 who was in the same class with Student 1 had a total of nine weeks of baseline with 27 observations. Student-4 remained in baseline condition for a total of five weeks with 18 observations. Student 4 did not start baseline until 7 weeks after intervention began. This was due to the fact that the original Student 4 had to be removed from the school to a more restrictive setting and the current student was substituted for Student 4.
Social skills instruction

Social skills instruction focused on teaching students alternatives to aggressive and other antisocial behaviors. The researcher and one university graduate student conducted social skill instruction for 16 weeks. Sessions were held in one of the rooms not currently occupied at the time of the study on Mondays, Wednesdays, and Fridays, and in the school library on Tuesdays. Each instructional session lasted for 20 to 25 minutes. Three of the four social skills instructional groups included one target student (student with SED), two competent peers, and one at-risk student. The fourth group consisted of one target student and three competent peers. Each group was taught separately.

The social skills instruction was based on the curriculum, Working Together: Building Children's Social Skills Through Folk Literature (Cartledge & Kleefeld, 1994). Each lesson included: (1) an introduction to the skill through listening to the prerecorded 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 (during this practice students used the scripted story or a made-up story by the students); and (7) reinforcement (Appendix E includes copies of the lesson plans developed for instruction). Skill lessons were repeated as necessary using strategies suggested from the curriculum and strategies developed by the researcher to insure that students had learned the skill components prior to moving to a new lesson. As additional practice, students used real life situations that they had seen or had experienced.

All practice included coaching by the instructor, verbal praise (e.g., good job, great), and stickers which students collected to exchange for "surprises" (e.g., match-box cars, finger puppets, small board games) that cost them 4 stickers each. Stickers were
initially given to students each time a component of the social skill lesson was
demonstrated appropriately, such as, not looking at or talking to a person as a way to
ignore verbally aggressive behaviors. The schedule of tangible reinforcement was
reduced each week so that students earned one sticker per instructional session if
performance was determined by the instructor to be satisfactory, that is, the student was
able to perform the skill components during the role-play, or was able to describe
appropriate skills.

When a student did not receive a sticker, because performance was unsatisfactory
(e.g., laughing at others or did not remember skill components), the student received a
verbal explanation of why a sticker was not earned. During each session, a student could
earn a bonus sticker for presenting a real life situation that was judged by the researcher,
to be an excellent example of the social skill lesson. New social skills lessons included
situations that required participants to use some of the previously learned skills. All
students, target and competent peers, received the same social skills instruction and
reinforcement.

In the classroom, observers entered quietly and sat in an area away from student
activities during the 10-minute observation period. Following the observation period if
inappropriate behaviors were noted, students were coached or prompted to interact
positively with peers. Occasionally students were directed to practice the appropriate
response repeatedly to ensure correct responding. Prior to each new social skills lesson,
the classroom teacher received a copy of the lesson plan for the skills to be taught and
was asked to reinforce students with stickers and verbal praise when they exhibited
appropriate social skills. Teachers were not instructed on how to address inappropriate
behaviors. However, the researcher verbally communicated with the teachers on a regular
basis about the students' behaviors and thanked them for awarding stickers to the students
for "good" behavior.
Parents of the target students who consented to participate in the study received training in one-hour instructional and interview session. They were contacted by phone, and through letters, to schedule an individual session with the researcher. The parent session included the completion of the SSRS-P, and a discussion and demonstration of the following: (1) importance of prosocial skill development to the students, (2) how parents influence their child's behavior through reinforcement, and (3) social skills instruction using the Working Together curriculum. Parents also reviewed the parent note, "The GAB Sheet," that would be sent to them, via the target students, at the beginning of each new lesson. New lessons always started on a Monday. "The GAB Sheet" listed questions or activities that were to be conducted with the student as homework, and a process to evaluate the child's performance.

The questions or activities listed in the parent note related to the skill components of the social skills lesson taught. Parents were asked to talk with their child about the questions after the child had given the answer, or completed the activity, and to praise the child for completing the tasks. When incorrect answers were given to the parent by the child, the parent was told to mark the box which indicated that the child did not get the correct answer, then say to the child, "good try, but the answer is..." The child repeated the correct answer and that ended the homework session for that day. Homework sessions were scheduled for four days a week. The researcher telephoned the parents on Monday evenings to insure that they received the note and understood the task. For parents without a telephone, the note indicated that they should contact the researcher (by using a neighbor's phone, pay phone, coming to the school, or sending a note), as soon as possible, if they had questions. "The GAB Sheet" was returned to the child's teacher on the following Monday of each week, and collected from the teachers by the researcher. During the first week of the student's participation in the intervention, an extra sticker could be earned for taking the note home, and one for returning the note at the end of the
week. Thereafter, students only received verbal praise from the researcher and encouraged parents to do likewise. "The GAB Sheet" was sent home eight times during the intervention phase of the study.

Follow-up

Follow-up consisted of four, 10-minute observations. One observation was conducted in the classroom, one in the cafeteria during an award ceremony, one on the playground during a softball game, and one in the school library with all three fifth grade classes watching a movie. During follow-up, instruction, classroom coaching, and parent participation were not provided. At the conclusion of the study, all participating students received a "Certificate of Completion," acknowledging their completion of the social skills instruction project (see Appendix K). The teachers and parents who participated in the study also received a certificate of appreciation.

Social Validity

Schwartz and Baer (1991) describe social validity as a measure of acceptance of an intervention effort. They suggest that social validity data may enhance a program's "viability." Therefore, social validity questionnaires that had been developed by the researcher were given at the conclusion of the study to assess the subjective views of participants: target students, competent peers, teachers, and parents (see Appendix H). All students read the questions and asked to answer in their own words. The student questionnaire assessed their feelings about participating in the study, the activities, the materials used, and what they learned. Questions posed to the teachers and parents assessed their awareness of changes in the students' behavior and feelings about social skills instruction. They were also asked to share any comments they had about the study.
Procedural Integrity
Two independent observers recorded procedural integrity on at least 30% (n=22) of the study. A checklist was used to assess the procedural integrity (See Appendix G) The procedural integrity checklist contained 12 items that asked questions on the procedures of the study.
CHAPTER 4

RESULTS

This chapter presents the results of the study on the effects of social skills instruction and parent participation on antisocial and socially appropriate behaviors exhibited by elementary-age students with SED in the mainstream setting. Data are presented on the Social Skills Rating System - teacher form and parent form. Results of the experimental conditions are given for each target student, along with graphic displays common to single-subject design research. Interobserver agreement measures are presented, as well as a summary of the responses received from the social validity questionnaires completed by the students, teachers, and parents.

Social Skills Rating System (SSRS)

SSRS-T

During the selection process, teachers completed the SSRS-T on selected students. Ratings obtained by the target students in the social skills category of the SSRS-T ranged from a percentile rank of 16 to 25, with a mean percentile rank of 22.8. Mean scores on the social skills category of the SSRS-T indicate that 78% of the students in the SSRS-T standardization comparison group received higher social skills ratings than these students. In the category of problem behaviors on the SSRS-T, the target students received ratings from a percentile rank of 81 to 84, with a mean percentile rank of 79. The mean rating for problem behaviors was extremely high for the target students in comparison to the standardization group, and indicates that only 25% of the comparison
group ranked higher. In the category of *academic competence* the target students were rated from 2 to 53, with a mean percentile rank of 29. The target students mean ranking at the 29%ile in academic competence placed the students 70% lower than the comparison group. Table 3 illustrates the SSRS-T raw scores (RS), standard scores (SS), and percentile ranks (%ile) for the target students. Figure 3 illustrates the SSRS-T percentile scores for the target students. Scoring norms were in comparison to similar age, handicapped peers. The SSRS is not designed to be used as a pre-/post- assessment, or to assess short-term intervention effects of student behaviors, therefore ratings were not completed during, or at the conclusion of the study.

<table>
<thead>
<tr>
<th>Student</th>
<th>Social Skills RS / SS / %ile</th>
<th>Problem Behavior RS / SS / %ile</th>
<th>Academic Comp. RS / SS / %ile</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>26 / 90 / 25</td>
<td>28 / 104 / 81</td>
<td>23 / 95 / 37</td>
</tr>
<tr>
<td>2</td>
<td>26 / 90 / 25</td>
<td>22 / 115 / 84</td>
<td>27 / 101 / 53</td>
</tr>
<tr>
<td>3</td>
<td>22 / 85 / 16</td>
<td>19 / 108 / 70</td>
<td>26 / 89 / 23</td>
</tr>
<tr>
<td>4</td>
<td>26 / 90 / 25</td>
<td>22 / 115 / 84</td>
<td>12 / 70 / 2</td>
</tr>
</tbody>
</table>

Table 6: Social Skills Rating System – Teacher, Raw Scores (RS), Standard Scores (SS), and Percentile Scores (%ile) on Target Students

SSRS-P

Parents were asked to complete the Social Skills Rating System-Parent, during an interview with the researcher. The parent form rates students in the categories of social skills and problem behaviors. Due to health problems a parent rating was not completed for Student 1. Student 2 obtained a percentile rank of <2 in social skills and >98 in problem behaviors. Student-3 was ranked at the 23rd percentile in social skills and 84th
in problem behaviors. Student-4 received a percentile rank of <2 in social skills and 96 in problem behaviors. Figure 4 gives the target students' percentile rankings on the SSRS-P.

<table>
<thead>
<tr>
<th>Student</th>
<th>Social Skills</th>
<th>Problem Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>RS / SS / %ile</td>
<td>RS / SS / %ile</td>
</tr>
<tr>
<td>1</td>
<td>Not Available</td>
<td>Not Available</td>
</tr>
<tr>
<td>2</td>
<td>28 / 66 / &lt;2</td>
<td>28 / 134 / &gt;98</td>
</tr>
<tr>
<td>3</td>
<td>45 / 89 / 23</td>
<td>19 / 115 / 84</td>
</tr>
<tr>
<td>4</td>
<td>24/62/&lt;2</td>
<td>24/127/96</td>
</tr>
</tbody>
</table>

Table 7: Social Skills Rating System – Parent, Raw Scores (RS), Standard Scores (SS), and Percentile Scores (%ile) on Target Students

Antisocial Behaviors

Immediately following completion of the selection process, data collection began with the target students to establish baseline for the purpose of measuring the effects of the intervention. Figures 3 and 4 illustrate the experimental phases of the study for all students. The graphic display of the data was presented in a multiple baseline design across subjects. Figure 3 presents the percentage of intervals each target student engaged in antisocial behaviors during baseline, social skills instruction, and follow-up.

Student 1. For Student 1 during 10 sessions of baseline, the percentage of intervals that he engaged in antisocial behaviors ranged from 60 to 100, with a mean of 83. During the intervention sessions, the percentage of intervals when Student 1 engaged in antisocial behaviors ranged from 0 to 100, with the mean of 12.7. There was approximation reduction of 70% of antisocial behaviors during the intervention.

Student 2. During 18 sessions of baseline, percentage intervals of antisocial for Student 2 ranged from 60 to 100, with the mean of 83. The percentage of intervals when
antisocial behaviors were observed for student 2 during the intervention ranged from 0 to 60, with the mean of 16.9. This represents a 56% reduction in antisocial behaviors.

**Student 3.** Student 3 was observed for 27 sessions during baseline and his percentage intervals of antisocial behaviors ranged from 40 to 100 with the mean of 67.7. During the intervention condition, for Student 3, no antisocial behaviors were observed, resulting in a mean of 0. This indicates a 100% reduction of antisocial behaviors during the intervention.

**Student 4.** Student 4 was observed for 18 sessions for baseline condition and his percentage of intervals of antisocial behaviors ranged from 60-100 with the mean of 77.2. During intervention, Student 4 was observed for 10 sessions and interval percentages ranged from 0 to 60 for antisocial behaviors with the mean of 20. This represents a 52% reduction in antisocial behaviors.

**Socially appropriate behaviors**

Figure 4 presents the percentage of intervals of socially appropriate behaviors for each target student during baseline, intervention, and follow-up conditions.

**Student 1.** During the baseline, the percentage of intervals for Student 1 for socially appropriate behaviors ranged from 0 to 40, with the mean of 17. During the intervention phase, percentage of prosocial interval for Student 1 ranged from 0 to 100, with the mean of 87.7 and the mean was 100 for the follow-up phase. This represents a mean increase of 60% of socially appropriate behaviors during intervention and 83% mean increase during follow-up.

**Student 2.** For Student 2, the percentage of intervals of socially appropriate behaviors during 18 sessions of baseline ranged from 0 to 40, with a mean percentage of 20. During 26 sessions of social skills instruction, the percentage of intervals in prosocial skills ranged from 40 to 100, with a mean of 83, representing a mean increase of 63% over baseline.
Figure 3. Percentage of intervals of antisocial behaviors exhibited by target students during a 10-minute observation session.
The percentage of intervals of socially appropriate behaviors observed for Student 2 was 100 during the follow-up phase, which represented a mean increase of 27% over intervention.

Student 3. Student 3's the percentage of intervals of socially appropriate behaviors ranged from 0 to 60, with a mean of 31.9 for baseline. During 15 sessions of social skills instruction, the percentage of intervals for socially appropriate behaviors was 100. He engaged in prosocial behavior 100% of the time observed. This represents a mean increase of 69% over baseline. Likewise, his percentage of intervals of socially appropriate behaviors during follow-up condition was 100.
Figure 4. Percentage of intervals of socially appropriate behaviors exhibited by the target students during a 10-minute observation session.
During the intervention phase of the study, students were exposed to social skills instruction, parent participation through homework activities and classroom coaching. Students- 2, 3, and 4, were each given a total of 3 parent notes to take home. Student-1 was not given any parent note due to the illness of the parent. Students-2, 3, and 4 returned all the three parent notes. A total of nine notes were sent home by the researcher, and a total of nine or 100% were returned. Figure 8 illustrates the percent of correct and incorrect responses to questions and activities contained in the parent note, "The GAB Sheet," that were returned to the researcher by the students. All students achieved at least 70% correct responses on "The GAB Sheet."

<table>
<thead>
<tr>
<th>Students</th>
<th>Antisocial Behavior</th>
<th>Socially Appropriate Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Baseline</td>
<td>Intervention</td>
</tr>
<tr>
<td>1</td>
<td>83%</td>
<td>12.3%</td>
</tr>
<tr>
<td>2</td>
<td>80%</td>
<td>16.9%</td>
</tr>
<tr>
<td>3</td>
<td>67.6%</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>77.2%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Table 8: Mean Percentage of intervals for antisocial and socially appropriate behaviors for all target students
Figure 5. Percent of correct and incorrect student responses to questions and activities contained in the parent notes. (Data on student 1 unavailable).

**Interobserver Agreement**

Interobserver data were collected on student behaviors for 50% of the sessions during each condition of the study. Interobserver agreements were calculated by dividing the number of agreements by the number of agreements plus disagreements and multiplying by 100 to obtain a percent of agreement. Observer reliabilities were uniformly high across all target students, with agreements ranging from 85% to 100%, and a mean of 95% for Student 1; a range of 90 to 100%, and a mean of 90% for Student 2; a range of 80% to 100%, and a mean of 90% for Student 3; and a range of 70% to 100%, and a mean of 80% for Student 4. Interobserver agreements for Student 4 was
lower than the other target students because Student 4 tended to day dream in the classroom making it difficult to tell when he is day dreaming or attending. The overall mean for all students, across all behaviors was 90% agreement.

**Procedural Integrity**

Procedural integrity scores were obtained by having the trained observers complete the procedural checklist (See Appendix H). The procedural checklist was completed for 50% of the instructional sessions for a total of 28 sessions. All the 11 procedural items were checked as yes (meaning that the procedures of the study were implemented as designed) except one item dealing with sending a parent's note home, which took place on Mondays. The observer was not present on Mondays, so she could not verify this particular item, however, the returned notes from the parents document that this step was performed. All other steps were met for the study. (See table 6 for the results of the procedural integrity questionnaire.)
<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The instructor uses the recorded stories in motivating the student in the significance of a particular social skill.</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>The instructor presents the specific behavioral steps of each skill for the students.</td>
<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td>The instructor models the desired skill.</td>
<td>Yes</td>
</tr>
<tr>
<td>4</td>
<td>The instructor role-plays the target skill with the students.</td>
<td>Yes</td>
</tr>
<tr>
<td>5</td>
<td>The instructor provides at least five opportunities for the students to master the skill.</td>
<td>Yes</td>
</tr>
<tr>
<td>6</td>
<td>The instructor provided corrective feedback on the students' responses.</td>
<td>Yes</td>
</tr>
<tr>
<td>7</td>
<td>Maintenance activities are delivered as planned.</td>
<td>Yes</td>
</tr>
<tr>
<td>8</td>
<td>Specific prompts are used to remind the students of the learned skills.</td>
<td>Yes</td>
</tr>
<tr>
<td>9</td>
<td>Specific praise statements are used to reinforced the newly learned skills.</td>
<td>Yes</td>
</tr>
<tr>
<td>10</td>
<td>Working Together stickers are used to reinforced the learned skills.</td>
<td>Yes</td>
</tr>
<tr>
<td>11</td>
<td>Parent’s note is sent home on daily basis as planned.</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

Table 9: Interobserver responses to procedural integrity questions.

**Social Validity**

All participants in the study completed questionnaires: target students, competent peers, teachers, and parents. Students, and parents read each question and gave a response in their own words. Teachers were given the questionnaire with directions to rate each statement on a scale by circling, SA - strongly agree, A - agree, D - disagree, SD - strongly disagree, or NO - no opinion. The findings for each group of respondents to the questionnaire are presented below.
The students responded positively toward the social skills instruction. They all indicated that they liked working with the tutor (researcher), reading the animal stories and doing the role-plays. When the students were asked what did they learn, their responses varied and are repeated verbatim as follows:

- No fighting
- Don’t talk to people you don’t know
- If someone pushes you ask them to say sorry
- Ignore fights
- If someone hits you or teases you to get you in trouble, ignore them
- Say nice things, say excuse me, thank you and please
- Share stuff
- Respect yourself and others (this appeared on every student’s answer)
- Ignore people who try to get you in trouble and walk away
- Don’t look at the person who is bothering you
- Don’t pick on people, jump into fights, call somebody a bad name
- Don’t play rough
- Leave other people’s property alone and ask to borrow it.

When asked what they liked best about the project, the students indicated that they liked playing the board games, the stories, and role-playing. Target students were also asked if they did the homework sheets with their parents. Three of the four target students said they did most of them. The students were asked if they talked to their friends about the social skills project. Most of the students both target and competent peers answered in the affirmative to this question. To be exact, 90% of the students answered yes. The students were also asked how they would use the skills they learned. Most of the students said they will follow their teachers’ directions more and will respect themselves and others.
Finally, the students were asked if they would like to do the social skills instruction again, and they all said yes.

<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Did you enjoy participating in this project?</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>2 Did you like the stories used in the lessons?</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>3 Did you talk to any of your friends about this project?</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>4 Did you like the materials used in this project?</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>5 Did you do the GAB sheets with your parents?</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>6 Would you like to do this again?</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>7 What did you like best about this project?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 What do you like the least about this project?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 What did you learn from this project?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 How will you use the skills you learned from this project?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: The responses to the open-ended questions are discussed under the narrative section of the results.

Table 10: Target students responses to the social validity questions.

Parents

Parents were asked to respond to ten statements with directions on the questionnaires. Questionnaires were sent home after the completion of the study for each target student. Of the 4 target students, only 3 of them had parent participation. All participating parents indicated that social skills were important for children to learn, "so they will know how to act," and they all concord to the fact that parents should be included in social skills instruction. The parents indicated that they noticed a change in their child's behavior (e.g., wanted help with homework more, asked more questions,
spoke nice to siblings). The parents apologized for not following through on all of the homework sheets with their child but thought it was important. The three participating parents said that their child talked about the stories and the "surprises" earned with the stickers. Additional comments from the parents included statements that indicated that they were glad to help, thought the social skills instruction kept their children out of so much trouble, and wanted social skills instruction taught all year not just for special project.

<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you believe that social skills are important for children to learn?</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>2. Do you believe parents should be included in social skills instruction?</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>3. Did you notice any change in your child as a result of participating in the social skills project?</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4. Did you complete the homework (GAB) sheets with your child?</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>5. Did your child talk about the social skills project at home?</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>6. If a friend seeks your advise on similar project, will you encourage him or her to participate?</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>7. What will you say is the most beneficial aspect of this project?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. What aspect of this project do you dislike the most?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Would you like to see social skills instruction continued in your child’s class?</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>10. Do you have other comments about the social skills project?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Responses to the open-ended questions are discussed under the narratives of the results.

Table 11: Parents' responses to the social validity questions.

Teachers

The questionnaire given to teachers required that they rate 20 statements regarding social skills instruction and the students behavior (see Appendix H). Table 7 presents the
results of the teacher questionnaire. Three of the four teachers indicated that the target students' behavior had improved after social skills instruction, and one teacher indicated no change in the student's noncompliance behavior but the student had begun to talk more about his feelings. Overall, teachers indicated that social skills instruction and parent participation were important, and that the students enjoyed the social skills lessons. All four teachers expressed an interest in continuing social skills instruction with their students and suggested that the instruction start at the beginning of the school year in order to maximize its effectiveness. See the teachers' responses to the social validity questions below.

<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>SD</th>
<th>D</th>
<th>A</th>
<th>SA</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Social skills instruction is important for all students.</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>2. Parent involvement is important for the development of positive in all students.</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>3. Children learn social behaviors through models.</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>4. Children can learn appropriate social behaviors through social skills instruction.</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>5. Social skills instruction can only be taught in small groups.</td>
<td></td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>6. Social skills instruction is more appropriately taught in special education classrooms.</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>7. The students who participated in the social skills instruction project exhibited aggressive behaviors before instruction.</td>
<td></td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. The students who participated in the social skills instruction project showed improvement in their behaviors after the intervention.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>9. The social skills instruction project interfered with my instructional schedule.</td>
<td>1</td>
<td>1</td>
<td></td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Note: SA=Strongly Agree, A=Agree, D=Disagree, SD=strongly Disagree, and NO=No Opinion.
Table 12: Teacher responses to the social validity questions (Table 12 continued on next page).
Table 12 (continued).

<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>SD</th>
<th>D</th>
<th>A</th>
<th>SA</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Students need more than twice a week of social skills instruction.</td>
<td></td>
<td></td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>11. The social skills instruction project-classroom observations were intrusive.</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. The materials used are appropriate to the developmental levels of the students.</td>
<td></td>
<td></td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>13. According to your observations, the participating students enjoyed the social skills instruction project.</td>
<td></td>
<td></td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>14. Students who participated in the social skills project talked about the lessons.</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Students who participated in the social skills instruction project were observed using some of the skills learned.</td>
<td></td>
<td></td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Students who participated in the social skills instruction project decrease their aggressive and antisocial behaviors after the intervention.</td>
<td></td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>17. Social skills instruction and reinforcement (stickers) helped to increase appropriate social behaviors.</td>
<td></td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. I would like to see social skills instruction continued in my classroom.</td>
<td></td>
<td></td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>19. I will encourage my colleagues to participate in similar social skills research project.</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. I enjoyed participating in this research project.</td>
<td></td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER 5
DISCUSSION

This chapter discusses the results of the effects of a multi-component social skills curriculum on the antisocial and socially appropriate behaviors of elementary-aged students with SED and a student with at risk behaviors in a mainstreamed setting. The discussion of the findings is structured according to the research questions posed in Chapter 1. The limitations of the study are presented, followed by a discussion of the implications of the findings. Suggestions are given for classroom practice, further research and follow-up studies which might be conducted in the future to promote further knowledge in the field of social skills instructions to students diagnosed with SED or those presenting challenging behaviors.

Question 1. What are the effects of social skills instruction on the levels of socially appropriate behaviors exhibited by intermediate elementary-aged students with SED within a general education setting?

The percentage of intervals when socially appropriate behaviors were exhibited by the students during the instruction, compared to baseline conditions, indicated that the curriculum-based, trainer directed, and teacher/peer/parent reinforced social skills instruction was an effective strategy for students with SED in this study. The change in behavior was replicated at each level in the multiple baseline design. Socially appropriate behaviors exhibited during treatment by the group of target students (n = 4) increased by 73% when compared to baseline conditions of the study. All four of the target students showed
Increases in socially appropriate behaviors in the mainstreamed setting. During the instruction, as indicated by anecdotal report, the observers noticed that there was less out-of-classroom time out than during the baseline condition. One of the teachers who participated in the study attributes this to the effects of the study.

Student 1 showed a progressive increase of the level of socially appropriate behaviors throughout the training, resulting in a 70% increase over baseline by the end of the study. However, as seen in figures 4 and 5, there was a brief period where there was a dramatic decline in prosocial behavior for sessions 47 through 50. One possible explanation for this regression, was that Student 1 was experiencing a set of personal crises due to his mother's illness, who was in the hospital for a major surgery, and the school's decision not to permit him to participate in some highly desired school activities. These and other stressors most likely account for his being out of control during that week. After many coaching and booster sessions with him provided by the researcher, he was able to return to training level and was able to maintained 100% of socially appropriate behaviors during the follow-up phase.

Student 2's increase in socially appropriate behaviors over baseline condition was 63%. Student 2's increase was robust during the first-two weeks of training, after which decreases and lots of instability occurred in the data. The instability in the behavior change could be attributed to two possible reasons. One is related to the negative interaction between this student and the mainstream teacher. This particular student stated on numerous occasions (even in the presence of the general education teacher) that the general education teacher did not want him in her class. With this mind set, the student would do whatever it took to get sent back to the self-contained classroom for students with SED, where the structure and behavioral expectations were much more relaxed. In addition to feeling unwanted, this student undoubtedly was acting out in order to capitalize on the general education teacher's 'tendency to return him to the special
education classroom which was her form of discipline. When advised by the researcher of
the counter productive nature of this strategy, the teacher began to use measures other
than removal to address problems this student might present.

For Student 3, the results evidenced a 68% interval increase over the baseline. This
sizable gain in the level of socially appropriate behaviors was maintained throughout the
study, which might be attributed to the fact that Student 3 had been identified as at-risk
and not SED, and that immediately prior to this project he was involved with the Big
Brother Organization where many of the same social skills were stressed. This previous
instruction probably produced some “savings,” making it rather easy for Student 3 to pull
upon and actualize these formal learnings. This might explain why it was possible for
him to maintain 100% intervals of socially appropriate behaviors during intervention and
follow-up conditions.

For student 4, the results showed an increase of 62.8% over baseline, where gradual
but steady gains occurred. The fact that Student 4 showed the least amount in gain for
socially appropriate behaviors, is most likely due to his ordering in treatment and the fact
that he had less instruction and fewer opportunities to practice the behaviors at school or
home. Another consideration was the fact that this student had more difficulty with task
related (e.g., attending and following teacher directions) than interpersonal behaviors like
his target peers.

The results of this study add to the current research findings by Middleton (1994),
Middleton and Cartledge (1995), and Lin (1996) that a social skills instructional package
can be an effective tool for increasing prosocial and positive interpersonal behaviors in
students with special needs in general and students with SED in particular. This study
expands the previous research (Middleton, 1994; Middleton, & Cartledge, 1995) in
demonstrating the efficacy of these curriculum procedures with elementary-aged students
with SED whose defining characteristics include social skills deficits. An important
feature of this study was that it provided additional supporting evidence that systematic teacher directed social skill instruction can be effective in bringing about positive changes in social behavior of students with disabilities in the mainstreamed setting. Similar to the findings of Middleton and other researchers the students in this study showed convincing increases in their positive interactions with both peers and adults. This was evidenced in the high gains in the levels of socially appropriate behaviors for all the target students.

Question 2. What are the effects of social skills instruction on the levels of antisocial behaviors exhibited by elementary-aged students with SED in the mainstream setting?

Antisocial behaviors exhibited by the students in the study were shown to decrease greatly. There was a 65% reduction in the mean intervals of antisocial behaviors over the course of the study. Anecdotal reports from classroom teachers and parents as well as incidental observations by the researcher revealed that following intervention targeted students were now being recognized by others for positive actions that previously were considered uncharacteristic. For example, on one occasion the school principal shared with the researcher that Student 1 had returned a beeper he found on the playground when previously it would have been expected that he would have confiscated rather than returned it.

Student 1 demonstrated systematic, steady reduction in the level of antisocial behaviors most of the study. His results indicated a mean interval reduction of 70% during the intervention phase over the baseline condition. As discussed under the first research question, he regressed to baseline levels a week prior to the conclusion of the intervention phase due to a set of personal crises at that time. Student 1’s antisocial behaviors under baseline condition were largely aggressive behaviors. Classroom observations and comments from the classroom teacher and other staff indicated appreciable reductions in the aggressive behaviors in the classroom, lunchroom, and on
the playground. The teachers in the general and special education classes also reported progress on Student 2 who had exhibited high levels of aggressive and non-compliance behaviors under baseline condition. During intervention, these behaviors reduced by 66%. Although Student 2’s intervention data showed much instability, it should be noted that antisocial behaviors under this condition remained below baseline levels and the overall pattern of this student’s behavior was consistent with that of the other students and support the conclusion of this study. As discussed under question 1, Student 2’s sense of rejection and desire to return to the special classroom probably explains these data. Student 3 showed dramatic and consistent reduction in antisocial behaviors, while Student 4 evinced gradual but convincing decreases.

Question 3. What are the effects of parent participation on the maintenance and generalization of newly learned social skills in their elementary-aged children with SED?

Of the four parents, only the parent of Student 1 failed to participate fully in the social skill project. Her failure to participate was not intentional; it was due to her poor health. Another way which one can interpret Student 1’s data is that the parent might have been reinforcing the skills at home prior to her hospitalization because it was during her hospitalization that Student 1 regressed to baseline levels. Parents indicated that the students talked to them about the social skills lessons, enjoyed having their attention, and were observed using some of the skills at home. The following are some of the statement that were written by the parents; “I feel all students should be taught social skills”, another parent wrote “he acts more grownup and more respectful”, and one parent wrote, “he is controlling his temper better”. These reports by the parents, and the resulting effects, indicate that newly learned social skills probably generalized to other settings, and the parental involvement possibly helped to strengthen treatment effects. This outcome is consistent with the findings reported by Middleton (1994) and Middleton and Cartledge. Similarly, they corroborated the position of Maccoby (1992) that parent
participation is a critical component in the socialization of children, and as indicated by Sanders and Glynn (1981), and Hughes (1985), also point out that parents provide naturally occurring contingencies that can support generalization and maintenance of behavioral change.

**Question 4. Will students respond favorably to intervention procedures?**

The students in the social skills instruction responded to a social validity questionnaire. The participants (target students and competent peers) indicated that they enjoyed the stories, the activities and earning stickers, which they used to buy "surprises" (i.e., small toys or a piece of candy). The followings were some quotes from the students' answers to the questionnaire, "I learn to respect myself and others", "I will not act mean to others any more", "I will treat people the way I want to be treated", and "I learn that fights don't solve problem". The students were usually eager to attend instructional sessions and upon request would promptly accompany the researcher to the instructional setting. When the students returned to the classroom after instruction they were often heard saying to other students, "we had fun today." Their enthusiasm was infectious in that many of the nonparticipating students often requested to attend the teaching sessions with the researchers. Some of the teachers indicated that students were excited about participating and looked forward to the instructional sessions.

**Question 5. Will teachers respond favorably to the intervention and find these procedures effective?**

The three general education teachers who directly participated in the study and the teacher of students with SED who was involved in the initial identification of the targeted students were requested to complete a social validity questionnaire to assess their perceptions of the effectiveness of the intervention. In terms of the outcomes of the study, three out of the four teachers indicated positive changes in the target students' social behaviors after the intervention. It is possible that the teacher who indicated that there
was no change in the behavior of her student was due to how Student 1 handled his mother's illness. Prior to this time, this teacher had mentioned to the researcher on many occasions how proud she was about the positive changes she observed in Student 1. The teachers also expressed opinions that social skills needed to be taught at school. Social skills training helps to increase students' appropriate social behaviors, and they would like to continue in their classrooms the procedures employed by the researcher. One of the teachers had placed an order in to purchase the curriculum used in the study. This is further indication that the teachers' favorable response to the study. All teachers indicated that they "strongly agreed" with parent participation. One teacher expressed the opinion to the researcher that if more parents were involved, especially with students with SED, teachers would have fewer discipline problems in the classroom, and that parents can help with instructional activities of any kind.

Question 6. Will parents respond favorably to the intervention and find these procedures effective?

Parents also completed a social validity questionnaire in which they were asked their opinions about social skills instruction. All parents noted improvements in their children's social behaviors and stated a desire to assist teachers by helping their children with homework, and that parents should be included in social skills instruction just as in academic instruction. Two of the parents were particularly happy with the daily contact by the way of the GAB sheet. They shared with the researcher that they had made attempts in the past to initiate daily written communication with the mainstreamed teachers but it did not work out. The parents were satisfied with the daily contact. Additional remarks by the parents indicated that they want to build a relationship with the school but were usually not asked, not trained, and not supported in providing assistance to their child. Some of the participating parents said that parents are mostly contacted
when there are discipline problems, and that social skills homework such as, "The GAB Sheet" could be used to help them help their child.

**Summary**

The results of this study indicate that social skills instructional procedures that include modeling, role-play, feedback and reinforcement may be effective in reducing antisocial behaviors for students within general education settings. This is especially important as we move increasingly toward inclusive classrooms and students with SED present the greatest challenges for inclusion (Turnbull & Turnbull, 1997). Students in this study were observed to exhibit substantially less aggression after social skills instruction. In comparison to baseline, these data represent a 65% reduction in antisocial behaviors during instruction and 100% reduction in antisocial behaviors during follow-up for all students. Despite the instability found in some of the data for Students 1 and 2, the patterns observed for all four students clearly point to a functional relationship between social skill intervention and the dependent variables. Students were taught skills for performing appropriately in specifically observed situations, such as being teased by a peer, as well as similar and unrelated situations. The skills taught addressed how individuals felt as well as thought about and effectively solved problem situations.

The purpose of this study was to investigate the effects of social skills training on the prosocial and antisocial behaviors of students with challenging behaviors in an inclusive setting. Using a multiple-baseline design, the findings showed that the three students with SED and the one student evidencing at-risk behaviors responded favorably to the treatment, displaying fewer antisocial and more socially appropriate behaviors within general education settings. The data obtained in this study support the existing research literature documenting social skills instruction to be effective with students with disabilities (Moore, Cartledge & Hackman, 1995; Elliott & Gresham, 1993), and as an

The fact that changes occurred in student behavior immediately following initiation of the intervention procedures, in the context of a multiple baseline design, suggests that the effects were a function of the intervention rather than of other extraneous variables. Consequently, this study adds to the body of literature which has demonstrated generalized social behaviors change in emotionally disturbed students.

The study also demonstrates that a social skills instructional package that incorporates competent peers, the principles of direct instruction, and uses mediated cognitive-behavioral problem solving strategies, can be effective in addressing antisocial behaviors. The instructional package used for this study incorporated the instructional strategies and skill components found to be successful with children with challenging behaviors (e.g., modeling, rehearsal, feedback and reinforcement).

The results of the study demonstrate a consensus with the body of research that hold the assumption that through systematic and direct instruction in social skills, students who are exhibiting challenging behaviors can develop the social response patterns necessary for establishing positive relationships while avoiding social rejection and isolation that might result from antisocial behavior patterns (Mathur et al, 1998). Social skills instruction prepares students to consider, or generate alternative responses to inappropriate behaviors, and then to initiate an appropriate response that will elicit a positive response from others. The students in this study were observed during and after instruction engaging in social interactions that supported their use of prosocial skills such as, respecting one another, accepting responsibility for their actions, helping one another, and cooperating with peers in dyadic interchanges and small groups during game playing and academic activities.
The results of this study also point to the importance of parent involvement. Though the effects of parent participation were not measured directly in the study, the fact that there was weekly communication between the researcher and parents contributed to the effects of the study. However, it is not possible to determine the exact impact of parents on the results obtained. At the conclusion of the study, the participants of the study (students, parents, and teachers) completed a questionnaire expressing their opinions and feelings on the social skills instruction. Parents and teachers were satisfied with the results of the study and indicated that social skills instruction was important. Students said that they liked the social skills instruction, especially the stories and the stickers. They also indicated that they learned, "how to keep from getting into trouble and how to respect other people." In addition to this, most of the students said the skills learned will help them in middle school (all the students both targeted and competent peers will be going to middle school) they all said they would participate again if given the opportunity.

The results of this study also suggest that social skills instruction may be an effective tool in the process of reintegration of students with SED back into the general education setting. Social skills instruction can serve dual purposes for students with SED and students with at-risk behaviors. As a remedial tool, social skills intervention can provide an environment where students with SED can be integrated successfully and at the same time used as a proactive or preventive measure to reduce the likelihood of problematic behaviors displayed by at-risk students developing into full-blown SED behavioral patterns.

Limitations of this Study

Although a functional relationship was assumed between the dependent and the independent variables, some extraneous variables might have influenced or limited the extent to which the results of this study can be generalized to other populations.
Limitations to this study include: the sample size, duration of the study, instructional procedures, measurement procedures, parent and teacher participation, time of year, observer bias, and follow up measures.

**Sample.** The sample of the study was restricted to only four students in the population studied, which limits the generality of the results to other populations. The sample was also limited to African American male students, though not by design, and therefore results must be interpreted cautiously for other ethnic groups and females. Due to the limited number of target students and their particular characteristics, it is not known to what extent the effects of the social skills instruction used in this study would have with other individuals with different skill levels, backgrounds, and personal traits.

**Duration of study.** After allowing time to obtain parental consent, complete the selection process, and acquire stable pre-baseline measures, there were 12 weeks left to conduct the study. This resulted in only three weeks of instruction for each target student. It is possible that had the instructional period been longer, allowing each student to participate in more instructional sessions, greater gains might have been recorded. Due to time restraints and the end of the school year activities, the researcher had to conclude the study after only several months. Another related limitation of the study in relation to time was the time of the school year during which the study was conducted. The study was conducted during the second semester of the school year. Many interruptions occurred due to end of year field trips, spring break, and city wide testing (e.g., California Achievement test, Proficiency testing). If the study had been conducted during the first semester or for a longer period of time, it might provide more valuable results.

**Instructional procedures.** The instructional procedures were limited to the use of a commercially marketed instructional package, which incorporated principles of social skills instruction found to be successful with young children. The package used stories to develop social competence in skill deficit students. It is not known whether another type
of instructional package, possibly one that used live video taped scenarios, or teacher
developed lessons alone would have increased the effects of the treatment. Instructional
procedures were also limited to small groups of no more than four students. Additional
research is needed to determine the effects of social skills instruction with large groups of
students with SED in a self-contained classroom setting. Another limitation of this study
that is related to the instructional a procedure was the absence of maintenance and
generality strategy apart from the parent notes which the teacher cannot verify if they
were implemented correctly. This is one of strong criticism of the way social skill study
was implemented.

Measurements. A partial-interval recording procedure was employed to measure the
target behaviors in this study. One of the advantages of this procedure is that it provides a
good choice for observing behaviors that occur moderately but at a steady rate, but
however, this measuring procedure it is not as beneficial for behaviors that occur with
relatively low frequency and also it does not provide an exact count of behaviors
(Merrell, 1994; Cooper, Heron, & Heward, 1987). Partial interval recording is not
concerned with how many times the behavior occurred during the interval or how long
the behavior was present. A more complete and continuous measurement such as event or
duration recording may need to be employed to enhance the accuracy of direct
observation. In addition to the above is the fact that observations were limited to one
setting and one time of the day during baseline and instruction, the degree to which
learned skills generalize to other settings and times is not known. Additional studies
identifying the classroom interactions of students with challenging behaviors are needed
across times of day and activities.

Another factor that could be viewed as a limitation of this study might be related
to the issue of observer bias. The researcher in the study was also the primary data
collector. There were occasions however when the primary data collector was not
available and the second observer collected data, producing student behavior records that were very similar, if not identical to that of the primary observer and there is no way of determining the extent to which this role affected data collected or may have influenced students behavior when the trainer/observer was present in the general education classroom.

**Parent and teacher participation.** Parent participation was limited to only one training session, weekly notes and telephone calls. More extensive training and monitoring of parent participation may have strengthened the treatment effects. Teacher participation was limited to casual observation of newly learned social skills in students, and irregularly scheduled awarding of stickers for appropriate behaviors. Teachers might have actually implemented the social skills instruction as a part of their instructional schedule. By doing so, could it determined if behavior change would be achieved at a higher rate, and if the constant presence of the teachers would effect the maintenance and generality of newly learned skills by serving as a stimulus prompt.

**Follow-up measures.** Due to time constraints, there was no lapsed time between treatment and follow-up procedures. Follow-up procedures were implemented a few days after the conclusion of the study. The students were only observed for a few sessions, which were not enough. To determine conclusively those treatment effects last over time, a longer period of time, involving more opportunities for direct observation of student behaviors, is needed. Time constraints did not permit the experimenter to assess the durability of treatment effects.

**Implications for Classroom Practice**

One practical implication of this study is that if classroom teachers systematically teach social skills as a part of their curriculum, they will be able effect the behavior change they desire in their classrooms. When the participants of this study saw the researcher either in the school or store, they talked about the skills that were being taught
and how they used the skills or how they plan to share and use the skills. The researcher is convinced that if teachers teach social skills regularly in their classrooms, especially teachers of students with SED, they would be able to cut down on the amount of time that is being spent on problem behaviors and at the same time help the students develop appropriate social behaviors that will enhance their social adjustment in the inclusive setting.

Another implication of this study is that curriculum-based teacher directed and peer/parents mediated social skills training which employs teacher directed strategies can be effectively adapted for classroom used with students with challenging behaviors. Approaches to reducing social skill deficits related to antisocial behaviors have been developed and implemented by a number of researchers (Abrams & Segal, 1998; Bienert & Schneider, 1995; Coie, Underwood & Lochman, 1991; Graham & Hudley, 1992; Guerra & Slaby, 1990; Hammond, 1993; Mehas et al, 1998; Middleton, 1994; Middleton & Cartledge, 1995; Lin, 1996; Schmid, 1998; Walker, 1998). The present study adds to the current knowledge base on the effectiveness of particular approaches, namely instructional packages, for ameliorating problematic behaviors in children.

This study shows that school personnel (e.g., teachers and counselors) can use a social skills instructional package, Working Together, as an effective tool for reducing antisocial behaviors, and increase socially appropriate behaviors in students with SED. This instructional package incorporates the essential components of social skills instruction found to be successful with students with challenging behaviors; is user friendly, does not require a lot of preparation time, thereby not creating additional work for educators, is easy to implement, provides for flexibility, and the stories are fun and interesting and at the same time very educational for children. Another implication for this study is that before any instruction strategy can be effective, there must be structure and consistency in the implementation of the strategy.
This study shows that parent participation is important, though the parents in this study only played a limited role, there is an indication that there is a need for consistent contact between parents and teachers. Parents can help teachers achieve positive results in students that may last over time thus benefiting the student, the school, and the community. This study also implied that if Students with SED were taught social skill, it would assist them in displaying socially appropriate behaviors that will enhance their interpersonal interactions in the inclusive setting thereby making their social adjustment more successful. At the same time if students with at-risk behaviors are exposed to appropriate social interaction skills, this will prevent them from being placed in the SED classroom because the social skill intervention will serve as a proactive or preventive measure for students with the at-risk behavior.

In addition to the above mentioned implications of the study, the results also indicated that direct instruction can be effective in teaching students with challenging behaviors prosocial skills that will enhance their social adjustment in the inclusive setting.

**Direction for Future Research**

This study involved elementary-aged students attending an urban public school. The students were all African American males from low socioeconomic families. Future research might study antisocial and socially appropriate behaviors of students in suburban school settings, from middle and upper income families and from various ethnic backgrounds and of each gender. Data obtained from additional research that takes into consideration these student characteristics could be compared to previous research studies to ascertain whether differences exist in resulting behavior changes. Hammond and Yung (1993) present a case for cultural sensitivity in the development of social competence. They state the need to emphasize different skills for different cultures of peoples. Feng & Cartledge (1996) discussed the issue of culture and gender in their study that was
conducted to assess the relative social skills and behavior problems of European, Asian, and African American students as viewed by teachers, peers, trained observers, and the students themselves. They suggest that standardized or European American-based social skill assessments may not adequately reflect the social competence of culturally different students. The same caution should be used when generalizing the results of this study to students with challenging behaviors from different cultural background.

This study used a social skills trainer (not the teacher) to implement social skills instruction and make contacts with participating parents. Since special education teachers are increasingly viewed as professionals delivering specialized services other than classroom teachers, a timely study might be to employ a special education teacher in the same way as the trainer in this study. If similar results are obtained, this might point to a new and critical role for teachers of students with SED.

The students in this study were motivated to use newly acquired social and appropriate behaviors in other settings through differential reinforcement procedures. Evidence from the literature suggests that constructive reinforcement contingencies can be arranged to teach appropriate behavior even to students whose behavior is seriously disordered (Colvin, Sugai, & Patching, 1993; Kerr & Nelson, 1989; Morgan & Jenson, 1988; Weber & Scheuermann, 1991; Walker, 1995, 1998) Students received stickers and verbal praise at all instructional sessions, and periodically in the classroom. Further study might investigate other motivating factors for the students, and the effectiveness of other schedules of reinforcement or conduct the same study without the reinforcement component.

Finally, the study used a small sample of four students (three students with SED and one student at-risk for behavior problem) for approximately 16 weeks. Using a larger population with a different disability (e.g., a whole class of students with developmental...
disabilities or specific learning disabilities), over an entire academic calendar year, additional information might be acquired relative to the effectiveness of social skills instructional strategies on antisocial and socially appropriate behaviors.
List of References


Band, L. Peterson, G.R., & Reid, J. B. (1987). Delinquency prevention through training in family management. The Behavior Analyst, 10 (1), 75-82


137
severe intellectual disabilities must attend the schools of their brothers, sisters, friends, and neighbors. Journal of the Association for Persons with Severer Handicaps. 14, 1-5.


Reid, J. (1993) Prevention of conduct disorder before and after School entry: Relating interventions to developmental findings. Development And Psychology, 5 (1), 243-262


Appendix A

Letter to parents
September 15, 1995

Dear Parent:

I am a professor in the college of education at The Ohio State University. My doctoral student, Mrs. Veronica I. Adedapo, and I will be conducting a research project in your child’s school. The project is designed to study the social behaviors of students with special needs. Specifically, we are interested in how we can help children best develop skills to communicate and get along with each other. In this study, your child’s social behavior will be rated by the classroom teacher. This means the classroom teacher will complete a 40-item rating form, indicating the degree to which the teacher feels your child does or does not perform certain social behaviors. My university students also will assess your child’s social interaction skills using a social interaction assessment instrument and direct observations of your child’s social interactions with peers in the classroom. Both of these procedures will simply involve observing your child while he or she is engaged in regular school activities. A third assessment is the parent rating. We would like for you to rate your child’s social skills on an instrument (Social Skills Rating System) that we would provide to you at the beginning of the study. We wish information on how parents view their children’s social development. All school assessments will be completed in the child’s classroom at a time that is convenient with your child’s teacher. We will need to review your child’s school records to obtain information such as age, birth date, and number of years in school, and academic achievement.

Following these assessments, my doctoral student and another university student will work with the classroom teacher to select and use teaching activities to teach important social skills to your child. We are particularly interested in helping children to interact in socially appropriate ways with their classmates. We will teach the children in small groups and encourage them to use the skills they were taught throughout the school day. We also plan to send home to you notes that describe the skills that were taught and request that you reinforce these behaviors at home.

We will continue to observe the children throughout the study to determine if they are improving in their social interaction skills. Acquiring these social interaction skills are critical for your child’s overall development. This instruction is considered to be part of your child’s regular school program and will be conducted in collaboration with your child’s teacher. This project is experimental only in that my doctoral student and another university student will be observing your child to determine if this instruction is effective. That is, they will note specifically improvements in your child’s interactions with other students in the class.
This project will not cause your child to miss any regular classroom instruction and all information collected about your child will be confidential. After completing this project, the data will be used as part of Mrs. Adedapo's dissertation. Your child's name will not be used and any reference to your child will be destroyed. No one other than the researchers will use this information and your child will not be identified in any way to others.

We are requesting your permission for your child to participate in this project. Parents of children in this project will be used to monitor their child's social skills at home and to complete daily parent notes on the skills taught in school. Attached is a copy of a sample parent note. 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 project. If you have questions, please feel free to contact me at 292-5629. Thank you for your attention and cooperation.

Sincerely,

Gwendolyn Cartledge, Ph.D.
Professor
APPENDIX B

Parent/Guardian Consent Form
Dear parent,

Several classes at our school have been selected to participate in learning activities that will be taught by graduate students from The Ohio State University, College of Education. Your child, ________________________, has been chosen to participate in a project called “GAB” in which children learn to use social skills that will help them in school and home. Social skills help children to play well with others, and to handle conflicts in an acceptable manner.

The “GAB” program will require that your child participate in small group instruction for 20 minutes, 4 times a week. Your child will be observed in the class to determine how well the instruction works. You will be asked to help your child during the project, and to meet with the GAB teacher, for about 45 minutes, to learn how to help. Your child will not miss any regular instruction and all information collected will be confidential.

So that we may begin the GAB program, your permission is needed. Please complete the form below and return it to your child’s teacher. If you have any questions regarding this, please feel free to contact me.

Thank you,

Principal

The GAB Program
(Check one)  I give permission  I DO NOT give permission for my child, ________________________, to participate in the social skills instruction project.

(Check one)  I will participate  I WILL NOT participate with my child.

Parent’s signature _________________________________________ Date __________________________

Mailing address __________________________________________________________

City & Zip Code ___________________________________________________________

Home Phone __________________ Work Phone ____________________________

The best time to contact me by phone is _________________________________________
APPENDIX C

Letter To Teacher And
Definition Of Target Behaviors
Social Skills Instruction
The Ohio State University
Graduate Research Project

Dear Teacher,

Thank you for your willingness to assist with the social skills project that will be conducted by graduate students from The Ohio State University, College of Education. The project is titled "The effects of social skills instruction on the antisocial and socially appropriate behaviors of students with SED and At-risk behaviors in the mainstreamed setting," will begin as soon as parent permission is obtained and will continue through the end of the school year.

The project is not complex and will not create additional work for you. You will be requested to complete a rating scale for all the students with SED mainstreamed into your class and two other students who you feel are socially competent. Students must obtain certain scores on the rating scale to participate. Students identified as participants for this project will be observed for 10 minutes, four times a week in the classroom during times when social interaction is most likely to take place (Monday, Tuesday, Wednesday, and Friday afternoons). Once we begin it will be important to keep the days and times constant. After the students have been observed for about four weeks, social skills training will commence. During the training we will work with the students outside the classroom for 20-25 minutes, in a group of four (one target student, one student who is considered to be at-risk, and two students who are identified as socially competent). We ask that if you notice the student exhibiting appropriate target behaviors, that you provide positive reinforcement.

I believe that this project will not disrupt your regular schedule of activities, and that ultimately the students will benefit by developing positive social interaction skills with peers and adults. If you have any questions, concerns, or suggestions, please feel free to call me. Again, thanks.

Sincerely,

Veronica Adedapo
Doctoral Candidate
DEFINITIONS

Socially appropriate behaviors  any socially acceptable behaviors that foster good peer and adult relationships (e.g., friendly, like by others, kind and courteous, make good choices during conflict situations) student is said to be socially competent.

Antisocial Behaviors  any behavior that is considered to be rudeness, annoyance of others, and are troublesome to others in social interaction including both verbal and physical aggression.

Physical Aggression  hitting or striking another person or object; pushing, kicking, biting, pinching, spitting on/at, throwing something inappropriate (e.g., pencil, spitball, crayon); taking something from someone by the use of force, and without their permission.

Verbal Aggression  arguing, shouting, yelling, or talking loudly, name calling in a profane manner; teasing in an annoying and hurtful manner; making a fist or threatening gesture with body parts (i.e., the finger sign); making unpleasant faces to another; criticizing; antagonizing; and swearing.

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 others.

Parent Participation  any activity in which a parent of a student takes an active role in assisting a child to learn, or practice a social or academic skill.
Appendix D

Parent Notes- The GAB Sheet
THE G. A. B. SHEET

Dear parent,

This week your child, _________________________, will participate in the social skill listed below. Remember to talk with your child about the activities and practice the skills through the week. If your child without your help completes the skills, place an X on the “Happy Face”. If the child needs help with a skill, mark an X on the “Star,” tell the child the correct answer, then have the child repeat the correct answer to you. Please call me at 855-9043, anytime you have a question. Thanks for helping your child do a good job! Don’t forget to return this letter to your child’s teacher on Monday.

Thanks,

Mrs. Adedapo

Lesson #1

Monday
What do you learn in GAB program today? (Answer - Leaving or Ignoring bad situations).

Tuesday
What are the steps in leaving or ignoring bad situations? (Answer - 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, and if necessary, call for help).

Wednesday
Tell me what you would say and do in this situation:
On the playground, some classmates tease you and call you names (Answer - I will not talk or look at the person, I will get away from the person, and I will tell the teacher).

Friday
Tell me the steps for leaving or ignoring bad situation (Answer - 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, and if necessary, call for help).

Comments:
Dear parent,

This week your child, ____________________________, will participate in the social skill listed below. Remember to talk with your child about the activities and practice the skills through the week. If your child without your help completes the skills, place an X on the “Happy Face”. If the child needs help with a skill, mark an X on the “Star,” tell the child the correct answer, then have the child repeat the correct answer to you. Please call me at 855-9043, anytime you have a question. Thanks for helping your child do a good job! Don’t forget to return this letter to your child’s teacher on Monday.

Thanks,
Mrs. Adedapo

<table>
<thead>
<tr>
<th>Lesson #2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monday</strong></td>
</tr>
<tr>
<td>What do you learn in GAB program today? (Answer - Asking for help in bad situations).</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Tuesday</strong></td>
</tr>
<tr>
<td>What are the steps in asking for help in bad situations? (Answer - Go to a safe place, find a trusted adult, and ask for help).</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Wednesday</strong></td>
</tr>
<tr>
<td>Tell me what you would say and do in this situation: On the playground, some classmates tease you and call you names (Answer - I will not talk or look at the person, I will get away from the person, and I will tell the teacher).</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Friday</strong></td>
</tr>
<tr>
<td>Tell me the steps for leaving or ignoring bad situation (Answer - 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, and if necessary, call for help).</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Comments: 
Dear parent,

This week your child, ____________________________, will participate in the social skill listed below. Remember to talk with your child about the activities and practice the skills through the week. If your child without your help completes the skills, place an X on the “Happy Face”. If the child needs help with a skill, mark an X on the “Star.” Tell the child the correct answer, then have the child repeat the correct answer to you. Please call me at 855-9043, anytime you have a question. Thanks for helping your child do a good job! Don't forget to return this letter to your child's teacher on Monday.

Thanks,

Mrs. Adedapo

---

**Lesson #3**

**Monday**

What do you learn in GAB program today? (Answer - Negotiating Conflicts).

**Tuesday**

What are the steps in negotiating conflicts? (Answer - Listen to the other person's side, tell your side, try to find a solution you both like, follow the plan, if you can't agree, stop arguing and if necessary, find someone to help).

**Wednesday**

Tell me what you would say and do in this situation: One student has taken a book from the reading corner. Another student wants the book to finish a book report. The first student likes the book and wants to finish reading it. The second student insists on being given the book now. What should the students do? (Answer - They should negotiate, they should tell their side, come up with a plan, take turn, they should stop arguing, and if necessary, they should get help).

**Friday**

Tell me an example of a conflict situation and how you will negotiate the situation. (Answer - Review Tuesday's answer if necessary).

**Comments:**
APPENDIX E

Lesson Plans
Lesson Plan #1

Goal: To have students become aware of the importance of avoiding situations that may cause a problem for them or others.

Objectives:
Student will choose to ignore behaviors initiated by others, that may get them into trouble, in 100% of role-play situations.

Students will demonstrate control of their aggressive and antisocial behaviors by using cognitive-behavioral and problem-solving strategies in at least 90% of role-play situations.

Materials:
- Audiocassette 4, Side A: “A Lot of Silence Makes a Great Noise”.
- Poster 20: “Ignoring or Leaving Bad Situations”.
- Stickers.
- 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 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 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 return to his tree?
3. Presentation of the skill steps using the skill poster and the scripted lesson in the curriculum.
4. Students will identify situations that will require that they use ignoring.
5. Students will identify situations that make them angry and practice controlling their anger.

Evaluation:
1. Stickers for appropriate responses and participation in small group.
2. Direct observations of students in classroom and small group.
4. Teacher comments.
Homework/Practice:
1. The Gab sheet activities.
2. Teachers watch for skill usage, prompt students as needed, provide corrective feedback, and use positive reinforcement of target behaviors.

Lesson Plan #2

Goal: To have students become aware of the importance of asking for help in bad situations.

Objectives:
Students will identify situations when assistance is needed with 100% accuracy.
Students will practice asking for help politely in appropriate situations in 100% of trials.

Materials:
Audiocassette 4, Side A: “The polecat and the Rooster”.
Poster 21: “Asking for help in bad situations”.
Working Together Teacher’s Guide.
Stickers.
Audiocassette player

Skill Steps:
• Go to a safe place.
• Find a trusted adult.
• Ask for help.

Activities:
1. Introduce the lesson by listening to the story.
2. Discussion of the story using the following questions:
   * Why did the polecat want the rooster to come down from the tree?
   * What did the polecat tell the rooster to get him to come down?
   * What did the rooster do about his problem?
3. Discussion of the story in relation to the skill
4. Discussion of the skill steps using the poster and the scripted lesson.
5. Students will identify when and how to ask an adult for help.
6. Students will come up with situations needing adult help and demonstrate appropriate way for asking for help in their role-plays with prompts as necessary.

Evaluation:
1. Stickers for appropriate responses and participation in small group.
2. Direct observations of students in classroom and small group.
Lesson Plan #3

Goal: Negotiating Conflict

Objectives:
Students will identify conflicting situations with 100% accuracy.
Students will apply the skill steps to negotiate conflicting situations with 90% accuracy during role-play activities.

Materials:
Audiocassette 4, Side B: “The Two Rivers”
Poster 22: “Negotiating Conflict”
Blackline Master 22.1, “The Two Rivers”, one for each student

Skill Steps:
• Listen to the other person’s side.
• Tell your side.
• Try to find a solution you both like.
• Follow the plan.
• If you can’t agree, stop arguing.
• If necessary, find someone to help.

Activities:
Introduce concept through the story.
Discussion of the content of the story and skill identification.
• Why did the two rivers argue?
• How did they decide to settle their argument?
• Which river woke up first?
• Who reached the sea first?
Discussion of the story in relation to the skill using the poster.
Discuss the meaning of negotiating and conflict.
Generate list of conflicting situations.
Role-play negotiating conflicts.

Evaluation:
1. Stickers for appropriate responses and participation in small group.
2. Direct observations of students in classroom and small group.
Lesson Plan #4

Goal: Students will be made aware of ways to control their temper.

Objectives:
Students will say the five steps of the skill 100% accuracy.
Students will demonstrate the steps 90% of trials during role-play situations.
Students will demonstrate the skill in the class and small group, 100% of observed time.

Materials:
Audiocassette 4, Side B: "The Lion and the Goat".
Audiocassette player
Poster 23: "Controlling your temper"
Blackline Master 23.1, The Lion and the Goat", one for each student.

Skill Steps:
• Stop what you are doing.
• Take a deep breath and count to ten.
• Think about what you could do.
• Choose the best thing to do.
• Do the best thing.

Activities:
Introduce the concept with the presentation of the story.
Discussion of the content of the story based on these questions:
*Where did the lion and the goat meet?
*What did they argue about?
*What did they see when they looked up?
*Why do you think the lion and goat grinned and stopped their arguing as soon as they saw the vultures?
Discussion of the story in relation to the skill using the following questions:
*How did the lion and goat feel before they saw the vultures?
*How did they feel after they the vultures?
*What did they do?
Presentation and discussion of the skill steps using the poster and the scripted lesson on page 124 of the Teacher's guide.
Students will suggest situations calling for them to control their temper.
Role-play student developed vignettes.

Evaluation:
1. Stickers for appropriate responses and participation in small group.
2. Direct observations of students in classroom and small group.
4. Teacher comments.

Homework/Practice:
1. The Gab sheet activities.
2. Teachers watch for skill usage, prompt students as needed, provide corrective feedback, and use positive reinforcement of target behaviors.
APPENDIX F

Recording Form
### OBSERVATION RECORDING FORM

Group ___________________ Observer ___________________ Date ______ Setting ______

Teacher ___________ Condition ___________ Time: Start _____ Stop ______

### OBSERVED BEHAVIORS

<table>
<thead>
<tr>
<th>INTERVAL #</th>
<th>STUDENT 1</th>
<th>STUDENT 2</th>
<th>STUDENT 3</th>
<th>STUDENT 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
</tr>
<tr>
<td>2</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
</tr>
<tr>
<td>3</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
</tr>
<tr>
<td>4</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
</tr>
<tr>
<td>5</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
</tr>
<tr>
<td>6</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
</tr>
<tr>
<td>7</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
</tr>
<tr>
<td>8</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
</tr>
<tr>
<td>9</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
</tr>
<tr>
<td>10</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
</tr>
<tr>
<td>11</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
</tr>
<tr>
<td>12</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
</tr>
<tr>
<td>13</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
</tr>
<tr>
<td>14</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
</tr>
<tr>
<td>15</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
</tr>
<tr>
<td>16</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
</tr>
<tr>
<td>17</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
</tr>
<tr>
<td>18</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
</tr>
<tr>
<td>19</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
</tr>
<tr>
<td>20</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
<td>PS AS</td>
</tr>
</tbody>
</table>

Explanation of codes:   
PS = Socially appropriate behaviors  
AS = Antisocial Behaviors

NOTE: For specific behaviors of each behavior class, see the attached definitions.
APPENDIX G

Procedural Reliability Checklist
1. The instructor uses the recorded stories in motivating the student in the significance of a particular social skill. Yes  No  NA

2. The instructor presents the specific behavioral steps of each skill for the child. Yes  No  NA

3. The instructor models the desired skill. Yes  No  NA

4. The instructor role-play the target skill with the child. Yes  No  NA

5. The instructor provides at least five opportunities for the child to master the skill. Yes  No  NA

6. The instructor uses corrective feedback about the student’s presentation. Yes  No  NA

7. The instructor provides at least five opportunities for the child to master the skill. Yes  No  NA

8. Maintenance activities are delivered as they are planned. Yes  No  NA

9. Specific prompts are used to remind the students of the learned skills. Yes  No  NA

10. Specific praise statements are used to reinforce the learned skills. Yes  No  NA

11. Working Together stickers are used to reinforce the learned skills. Yes  No  NA

12. Parent's note is sent home on daily basis. Yes  No  NA
APPENDIX H

Teacher Opinion Questionnaire
Thank you for participating in the social skills instruction project. Your opinion about the project and additional information will be greatly appreciated. Please take a few minutes to complete the following questions. Your answers are important and you will not be identified specifically in any reports of the information.

Name (Optional) __________________________________
Number of years taught, including 1997/98: ___ Number of years at present school ___
Highest degree earned: _______________________________________________________

Area(s) of certification: _______________________________________________________
If you are not certified in special education, have you taken (check all applicable):
__ special education courses at a college or university
__ inservice training in special education or related services
__ social skills instructional methods/strategies
__ behavior management training
__ parent involvement training
__ special training in working with at-risk students
__ multicultural awareness training
__ others (please list) _____________________________________________________

Total Number of students in your class: ___
African American ___ Asians ___ Caucasian ___ Hispanics ___ Others ___
Approximate percent of students qualifying for free lunch ________

Rate the following statements by using the scale provided. Circle your answer please.
SA=strongly agree A=agree D=disagree SD=strongly disagree NO=no opinion

1. Social skills instruction is important for all students. SA A D SD NO

2. Parent involvement is important for the development of positive behaviors in all students. SA A D SD NO

3. Children learn social behaviors through models. SA A D SD NO

4. Children can learn appropriate social behaviors through social skills instruction. SA A D SD NO

5. Social skills instruction can only be taught in small groups. SA A D SD NO

6. Social skills instruction is more appropriately taught in special education classrooms. SA A D SD NO

5. The students who participated in the social skills instruction project exhibited
aggressive behaviors before instruction.

8. The students who participated in the social skills instruction project showed improvement in their behaviors after instruction.

9. The social skills instruction project interfered with my instructional schedule.

10. Students need more than twice a week social skills instruction.

11. The social skills instruction project-classroom observations were intrusive.

12. The materials used are appropriate to the developmental levels of the students.

13. According to your observations, the participating students enjoyed the social skills instruction project.

14. Students who participated in the social skills instruction project talked about the lessons.

15. Students who participated in the social skills instruction project were observed using at least some of the skills.

16. Students who participated in the social skills instruction project decrease their aggressive and antisocial behaviors after social skills instruction.

17. Social skills instruction and reinforcement (stickers) helped to increase appropriate social behaviors.

18. I would like to see social skills instruction continued in my school.

19. I will encourage my colleagues to participate in similar social skills research project.

20. I enjoy participating in this research project.

Please add any additional comments about the social skills instruction project that you feel the researcher should know or that would be helpful to the researcher for future projects.
APPENDIX I

Parent Opinion Questionnaire
Thank you for participating in the social skills instruction project. Your opinion about the project and additional information will be greatly appreciated. Please take a few minutes to complete the following questions. Your answers are important and you will not be identified specifically in any reports of the information.

Student’s Name _____________________________________________

1. Do you believe that social skills are important for children to learn? _____

2. Do you believe parents should be included in social skills instruction? _____

3. Did you notice any change in your child as a result of participating in the social skills project? If yes, please describe the change. _____________________________________________

4. Did you complete the homework (GAB) sheets with your child? ____

5. Did your child talk about the social skills project at home? ________

6. If a friend seeks your advice on similar project, will you encourage him or her to participate? ________________

5. What will you say is the most beneficial aspect of this project?
_______________________________________________

8. What aspect of this project do you dislike the most?
_______________________________________________

9. Would like to see social skills instruction continued in your child’s class? _____

10. Do you have other comments about the social skills project? Please write your comments below:
_______________________________________________
_______________________________________________
_______________________________________________
_______________________________________________
_______________________________________________

180
APPENDIX J

Student Opinion Questionnaire
Name ________________________________

How old are you? ___  What grade are you? ___

1. Did you enjoy participating in this project? ________

2. What did you like best about this project? _______________________________________

3. What did you like the least about this project? ______________________________________

4. What did you learn from this project? _______________________________________

5. How will you use the skills you learn from this project? ______________________

6. Did you like the stories used in the lessons? ________

7. Did you talk to any of your friends about this project? ________

8. Did you like the materials used in the project? ________

9. Did you do The GAB Sheets with your parents? ________

10. Would you like to do this again? ________
APPENDIX K

Certificate of Completion
APPENDIX L

Certificate of Appreciation
Certificate of Appreciation

Presented to

in appreciation of your valuable contribution to

this ___ day of _____________
in the year ____________.

Signed ____________________________________

110 ©1999 TREND enterprises, Inc. St. Paul, MN 55164 Made in USA