

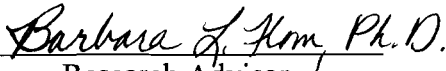
CREATING AN EFFECTIVE SOCIAL
SKILLS INTERVENTION

by

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ABSTRACT

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Social skills are thought to be amongst the most important skills one can acquire; they are linked to success in school and also necessary for daily functioning in society. The research on social skills interventions has provided inconclusive results. Yet, because these skills are so important, there is a need to determine what the components of an effective intervention are and how to implement this intervention to increase the social competence of students with social skills deficits. Researchers have identified several components that appear to contribute to the successes and failures of current interventions. Some of these components are a comprehensive assessment, generalization, and treatment integrity.

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Chapter I: Introduction

Social skills are essential for individual functioning. One cannot thrive in the world without having the ability to communicate and interact with others. Our society is becoming increasingly diverse, and the ability to adapt to new situations and interact with many different individuals is essential for one to be successful in life.

On a smaller scale, these skills are also essential for success in school. Research has shown that a lack of social skills can be very detrimental to children (Hansen, Nangle, & Meyer, 1998; Greene et al., 1999). Problems ranging from peer rejection and social withdrawal to an array of behavior disorders as well as deficits in academic performance are often common in the futures of these children who do not gain social competence (Elliott & Gresham, 1993). Academic performance and peer interaction are essential to success in school and therefore success after the school years are over. Social skills are among the most important building blocks for academic achievement.

Interacting with peers is an essential component of learning. Students need to learn to work together to solve problems, and effective social skills are essential for this to be possible (Warger & Rutherford, 1996). Beyond one's school days, social skills become important to success on the job. Schloss, Schloss, Wood, and Kiehl (as cited in Smith & Gilles, 2003) report that employee supervisors considered social skills more important than specific occupational skills.

If children are exhibiting social skill deficits, it is important that these deficits be remedied as early on as possible so these students have the opportunity to function effectively in society. If social skill deficits are left unaddressed, a person's skills remain

deficient and lead to not only academic difficulties but also the possibility of problems with psychopathology and adjustment issues later on in life (Elliott & Gresham, 1991).

In his book, *Emotional Intelligence*, Daniel Goleman (1995) stated that an “emotional quotient,” which is closely related to social competence, is a more reliable predictor of success in life than an intelligence quotient. He stressed the importance of teaching people emotional and social skills because these are the skills that assist people in achieving satisfaction and contentment in their lives. Along these lines, it is highly important for children and adolescents to have peer interactions in their lives. These interactions lead to emotional and behavioral adjustment and the development of a sense of belonging. Without these interactions, adolescents have a difficulty establishing a support system, maintaining a healthy level of self-esteem, and developing social and moral values (Christopher, Nangle, & Hansen, 1993). Furthermore, social skill deficits have been linked to internalizing behavior disorders, such as depression. In addition, social isolation and withdrawal often produce a downward spiral of isolation and limited opportunity for social interaction. Once the opportunity for social interaction is limited, one does not even have an opportunity to practice or improve their skills, which leads to further isolation (Hansen et al., 1998).

Psychological functioning is also related to social skill development. While children are growing up, they are faced with many developmental challenges that they must overcome, such as puberty and transitioning from childhood to adulthood. It is essential that these children develop the ability to interact with others and deal with their challenges in the healthiest way possible to avoid succumbing to other harmful influences that may face them. Studies (Christopher et al., 1993; Hansen et al., 1998) have found

that peer influence is a critical factor in one's beliefs and actions regarding substance abuse and smoking. This is one of many reasons why schools have adopted programs to teach students positive coping strategies in the face of harmful influences (Christopher et al., 1993). Those students with social skills deficits may experience even more difficulties coping with life's challenges and be at an even higher risk for maladaptive behaviors. For example, delinquency, teen pregnancy and substance abuse have been linked to a lack of social skills (Hansen et al., 1998). Furthermore, social impairment was found to be the only significant predictor of alcohol abuse, substance abuse, and smoking. A minimal level of alienation and impairment may be illustrated by some substance abuse, but as the individual spirals further down more alienation is present along with more severe substance abuse patterns. Seeking out these children in early years may provide an opportunity for early intervention and hope of reducing the child's risk of developing a substance abuse disorder (Greene et al., 1999).

As previously noted, there are many shocking and sometimes frightening activities that have become commonplace in our schools. Daily challenges regarding preventing violence, drug abuse, suicide, and teen pregnancy are some of the obstacles facing educators and scaring parents. For these reasons among others, there is a need for schools to provide more direct instruction in social skills training.

The development of social skills begins in infancy with the nurturing an infant receives from his or her caregiver. As children grow into adults, they continue to build on the skills they have previously acquired. Therefore, it is of utmost importance that a child learns appropriate skills early on to set the stage for further development later in life (Goleman, 1995). In the past, it has been assumed that children will learn good listening

and communication skills by example. However, the research suggests that this is not the case and there is a need for instruction (Baty, Sorenson, Pancini, & Pasier, 2000). One possible reason research results have indicated this is due to the structure of today's families. The changing demands of the working world make it less common for children to be raised in families that sit down to dinner each night; often times parents are forced to work shifts that are not always conducive to raising children. It is also more common than ever for both parents to be working outside of the home. The structure of today's families has also changed. Children are being raised in less traditional homes and are not receiving the type of attention and education about life that they need to become well adapted, successful adults. This change in family systems and the changing demands placed on working parents has led to a decreased responsibility and/or opportunity by parents to have the ability to instruct their children in social skills, and as a result the social skills of children are suffering (Baty et al., 2000).

There are many reasons why it is important to teach social skills in the school setting. First, major pushes toward inclusive classrooms have highlighted the need for social skills instruction for students with developmental delays and disabilities (Guglielmo & Tyron, 2000). In addition, schools are also faced with the challenge of making schools safer against acts of violence, which is often began by teaching social competence to students (Schwartz, 1999). One final reason is the fact that the school setting is the place where students tend to display the most problematic behaviors. Often times, these are related to peer relations. Parents also express the most concerns about this setting; therefore, it would make the most sense to intervene in this setting (Evans, Axelrod, & Sapia, 2000).

There is no doubt that there is a need for students to receive social skills instruction in the school setting and there are many advantages to teaching social skills in this setting. The biggest advantage to instructing students in this setting is generalization. Generalization is the major challenge associated with social skills training. If a student learns a new skill in the same environment that the student is expected to display the skill in, it is more likely the student will exhibit the skill in the desired setting (Christopher et al., 1993; Evans et al., 2000). Within the school day, many social opportunities are present and provide optimal opportunities to teach social skills in a naturally occurring context. The adults in these situations also have control of the situation, creating a valuable learning context. Within this context, social reinforcement can be used often and in many situations throughout the school day (Sheridan, Hungelmann, & Maughan, 1999).

Another advantage of social skills interventions in the school setting is the fact that curriculum based approaches can be very efficient. They are affordable and can meet the needs of many students at one time and, of course, in their natural environment (Guglielmo & Tyron, 2001).

In response to the need for teaching social skills, numerous programs and approaches have been developed, with inconclusive results as to the successes of the programs (Elliott & Gresham, 1993). It appears as though the major criticism concerning all interventions is the lack of generalization. Many social skills instructors teach social skills in a setting that is far removed from the environment that the skills need to be applied in. Studies have shown that the maintenance and generalization of social skills beyond the intervention setting is limited. This factor along with a comprehensive

assessment regarding what skills a particular child is lacking and the ability to provide social validation appear to be some important considerations for designing and effective social skills interventions (Hansen et al., 1998). It is important to examine the importance of all the above mentioned components and take them into consideration in order to develop an intervention that is successful at teaching students the social skills that they need to know to be successful in life. In doing so, the hope would be that we can remedy the social skill deficits before they lead to further complications in a student's life.

Statement of the Problem

Social competence is a critical factor in one's ability to function effectively in today's society. It is important not only to one's educational experience but also to his or her psychological functioning. Due to the changing world we live in, it has become the schools' responsibility to provide this social skills instruction to students. However, there is inconclusive evidence regarding the effectiveness of these interventions. There is a need to know more about what the components of an effective intervention are and how to develop an appropriate intervention based on these factors.

Purpose of the Study

The purpose of this study is to examine the different social skills interventions that have been used and to determine which components of an intervention are the most effective. Those components found to be effective in an intervention will be discussed in detail in terms of their role in an effective intervention.

Assumptions of the Study

The proposed study is assuming that an effective social skills intervention can be created by attempting to correct the failures of previous studies and building off of the

successes. This study assumes that by researching the available literature and finding key aspects to creating a social skills intervention and then applying these aspects to a small group of students, the students' behavior will change and they will exhibit more positive behaviors in the areas that were previously deficit. There will be a significant difference between the ratings that parents and teachers provide prior to the intervention and after the intervention.

Definition of Terms

The following terms were defined as such for the purposes of this study.

Generalization- Ability to apply what is learned to numerous situations.

Social competence- Ability to use social skills effectively as judged by significant others.

Social skills- "Acceptable learned behaviors that enable a person to interact with others in ways that elicit positive responses and assist in avoiding negative responses" (Elliott & Gresham, 1993, p. 287).

Social validation- Acceptability and feasibility of goals, treatment, and outcomes of an intervention (Hansen et al., 1998).

Treatment integrity – The extent to which the intervention is implemented as it was designed to be implemented.

Limitations of Study

This study may be limited in its applicability in the sense that it may not be highly generalized outside of the sample population used. This study may also be limited to the specific social skills intervention used and also to the specific social skills that are being taught in the intervention.

Importance of the Study

This study may be able to provide important information for educators about the components of an effective social skills intervention. It may provide insight into effective ways to assess social skill deficits and also effective ways to apply an intervention. The study may prove to be valuable in helping students learn new social skills and generalize them to a larger environment, therefore, improving their social competence and in turn their academic achievement and psychological functioning.

Chapter II: Literature Review

The following literature review will focus on what types of social skills interventions have been used in the past including the criticisms of these interventions. In addition to this, effective suggestions for selecting students, assessing social skill deficits, creating social validity, programming for generalization, investigating treatment integrity, and assessing the outcomes of treatment will be discussed.

Over the years, there has been a great deal of research done on social skills training programs. The research has shown mixed results as to the effectiveness of these programs (Gresham, Sugai, & Horner, 2001; Guglielmo & Tyron, 2001; Hansen et al., 1998). There are many factors that can interfere with the effectiveness of a social skills intervention. Some of the factors may be beyond the control of the facilitator alone. For example, family problems, influences from peer groups, externalizing behavior disorders, and cognitive ability are all factors that cannot be controlled for within the treatment setting. They are also factors that cannot be remedied by social skills interventions alone. However, they do play a role in judging the effectiveness of an intervention (Hansen et al., 1998). In addition to this, Gresham et al. (2001) found that there were five main variables that contributed to the effectiveness of an intervention. These variables were the characteristics of the populations used, whether or not the treatment was matched to the type of deficit, assessment, generalization, and treatment integrity.

With regard to the above variables related to effectiveness, it appears as though there is little significance in what approach is used to teaching social skills. The majority of social skills interventions will fall within four categories, operant conditioning, modeling, coaching, and social cognitive approaches. When data from all four

approaches were analyzed, no one approach was found to be more effective. The effectiveness varied dependent upon subject differences related to type of deficit (Elliott, Sheridan, & Gresham, 1989). Therefore, it appears as though the significance and effectiveness of an intervention lie in whether or not an appropriate assessment was done and whether or not the study programmed for generalization. The remaining portions of this paper will focus on the flaws of previous interventions along with suggestions and necessary components for creating a more effective intervention.

Selection of Students

The first step in creating an intervention involves identifying the students who will participate. Research has suggested that some common ways of identifying students are through teacher nominations, social skills rating scales, and a documentation of deficits on an Individualized Education Plan (Lane, Menzies, Barton-Arwood, Donkas, & Muntion, 2005). Other research suggested using school wide programs that cycle all or most students through the program, being sure to include students deemed at risk for social difficulties, those rejected by peers, and those that exhibit continuous behavior problems (Elliott & Gresham, 1991).

It has been thought that social skills can be taught at any point in time (Goleman, 1995); however, others have suggested that after age eight one can only hope to manage behavior rather than remediate it (Kazdin, 1987 as cited in Gresham et al., 2001). Therefore, beginning an intervention early on in a child's life may lead to more appropriate behavior in later years.

When looking at creating a small group intervention, it is suggested that some students who are not exhibiting deficits be included in the group to help model and coach

other students in the group (Lane et al., 2005). These students can also serve as a common stimulus in other environments, which has been seen to promote generalization (DuPaul & Eckart, 1994). In addition to that, group sizes should be kept small to allow for maximum opportunity for practice and feedback (Lane et al., 2005).

Assessment

An assessment of a student's social skills is the first step in choosing and implementing a social skill intervention. Unfortunately, the research has indicated there are many problems associated with the assessments that are being done. First of all, the focus of most assessments is aimed at identifying the problem areas and then evaluating the treatment with little focus on linking the assessment and intervention (Warnes, Sheridan, Geske, & Warnes, 2005; Gresham et al., 2001). Most often, teachers will provide a list of students with a specific deficit in common when compared to other students in the class (Warnes et al., 2005). Other times, assessment will only consist of students completing a self report rating scale (Gresham et al., 2001), or an observation being done in one setting. The major problem with this type of assessment is the lack of consideration it gives to the context of one's social behavior. Teaching a child new behaviors will not impact their social functioning unless the new behaviors are meaningful within the child's environment (Warnes et al., 2005).

Finding out what behaviors are meaningful has posed a significant problem for researchers. Little is known about exactly what behaviors are needed for a child to be successful. In most interventions, professionals tend to choose behaviors that adults consider effective, when in fact there is little research to validate the effectiveness of these behaviors for students (Sheridan et al., 1999). Warger and Rutherford (1996)

suggested different ways to determine which skills should be taught. One way is to look at the classroom lesson plan and identify what skills students may need to successfully participate in classroom lessons. Along these lines, looking at the classroom rules and the skills needed to comply with them may be helpful. Another approach would be looking at those skills that have been determined appropriate for the child's developmental level. Finally, these researchers suggested creating a hierarchy of skills necessary for classroom success. One would begin with identifying the prerequisite skills that underlie all other skills on the hierarchy; then, one should determine where on the hierarchy the child is and teach skills from that point forward. This approach would focus on those skills that one needs to be successful in a particular classroom and, therefore, meaningful to the child.

Another approach was taken by Warnes et al. (2005). In this study the researchers assessed which behaviors were meaningfully important for students in second and fifth grades by asking parents, teachers, and students to generate a list of behaviors that they felt were important for social competence. The results indicated that there was a great deal of overlap in the responses; however, it was ultimately important to focus on those behaviors that students deemed meaningful, because their perspective is ultimately the one that determines social success in their peer group. This is very important, because many social skill problems are related to a peer group during childhood and adolescence. Therefore, it is suggested that one meaningful outcome of social skill interventions is peer acceptance. Focusing on those skills children need to be accepted provides a socially valid outcome and leads to success for the child, therefore making it a meaningful behavior (Evans et al., 2000).

To further complicate the assessment issues, behaviors that are successful in one environment may not be successful in other environments (Sheridan et al., 1999). This requires one to look at motivation from a child's perspective. There are different environmental factors in each setting that may be reinforcing a particular behavior. Furthermore, the school environment and the home environment require clearly different behaviors and likely have very different consequences for behaviors (Warnes, 2005). For this reason, observational data can be crucial to determining what the environmental expectations are as well as what the environmental reinforcements are. Gaining insight into the activities and behaviors that are common in different settings allows one to create an intervention with specific examples and situations to practice new or more appropriate skills in (Sheridan et al., 1999). Once an interventionist is aware of the environmental situation, he or she can focus on teaching the child behaviors that are meaningful to that environment and if the behaviors are meaningful to an environment they become naturally reinforcing (Warnes et al., 2005).

Once environmentally meaningful behaviors have been determined, interventionists need to assess the reasons for the social skill deficits. Forming hypotheses about the reasons for the deficits can provide insight into what need needs to be fed in order for the student to perform the desired behavior. An effective intervention cannot be created without this information because the reason behind each skill deficit requires a different approach to teaching (Elliott & Gresham, 1993).

Unfortunately, the majority of social skills training literature does not account for the types of skill deficits that a student may be exhibiting. In fact, often times it is not even documented as to whether or not this has been a consideration in assessment. This

leaves the question as to if the skills that are being targeted are actually skills that the student needs to be taught or not (Evans et al., 2000; Gresham et al., 2001).

Researchers have proposed three types of social skill deficits (Elliott & Gresham, 1993; Sheridan et al., 1999). The first type of deficit is a skill or acquisition deficit. If a child has a skill deficit, the child does not have the ability to perform the skills necessary for a behavior. To determine if a child is exhibiting this type of deficit, one can observe the child and also use rating scales to determine if the child exhibits the behavior on any level (Sheridan et al., 1999). If a student is exhibiting a skill deficit, an intervention will need to focus on assisting that student to develop the skill. Suggested interventions are modeling and coaching with a small group of students (Gresham et al., 2001).

A performance deficit implies that a student has a skill but does not use the skill or uses it at levels that are ineffective (Sheridan et al., 1999). It is also possible that a student knows how to behave in a setting but struggles with getting themselves to behave this way (Evans et al., 2000). For this type of deficit, it is likely that the child will exhibit inappropriate behaviors in some settings and appropriate behaviors in other settings. If this deficit is suspected, it would be necessary to look at specific environmental factors that may be contributing to the presence of one behavior or another. This will also provide important information as to the function the behavior is serving. One may be able to determine another behavior to teach that helps the student meet the same need in an appropriate manner (Sheridan et al., 1999). It will be important for these students to practice in their natural environments. Facilitators can focus on manipulating the environment to allow for situational practice and reinforcement (Gresham et al., 2001).

The final type of deficit is a fluency deficit. In this case, a student likely knows how to use a skill but has difficulty or inexperience in performing the skill appropriately. In this situation, a student will need extensive practice and feedback (Gresham et al., 2001).

Elliott and Gresham (1993) proposed five common reasons why students exhibit social skill deficits. A lack of knowledge refers to a child who does not know how to behave appropriately because he does not understand social goals of interaction, or he does not know how to behave in order to reach social goals, or he does not know what behaviors are appropriate for what situations. Lack of practice simply refers to students who were taught new skills but lacked the opportunity to practice them and master them. Lack of cues is related to generalization. If a child is taught skills under limited circumstances, he or she may not understand where to apply them outside of the treatment setting if the same cues are not present. Children who do not receive adequate reinforcement for appropriate skills may not use the skills because they have not proven effective in reaching the child's goals. Interfering behaviors may interfere with a child's ability to either learn a skill or perform a skill. Determining the possible reason for the deficit is necessary in planning an intervention because it allows one to determine what specific approach to take in teaching the skills.

In order for a professional to effectively understand how to help a child develop skills in a particular area, the professional needs to be aware of the child's current level of functioning and skill. This information can be obtained through talking with teachers and adults and also through observation. One should look to gain information regarding the behaviors that are or are not occurring, peer responses to the behavior, and how other

peers are behaving socially (Evans et al., 2000). A successful intervention cannot be created without making a clear link between the assessment data and the intervention. Students who have a skill but are not using the skill would not gain anything from an intervention that simply teaches the skill because they already know the skill but not how to use it effectively (Gresham et al., 2001).

Any assessment measure used should be reliable, valid, and practical. The screening tools used by most professionals are of little use in an intervention; they have poor psychometric properties and are not always focused on the skills that are meaningful to a child. Should these tools be used, it is of utmost importance that many sources from many environments provide insight. A “multi-method, multi-source, multi-setting” assessment is the only way to enhance the validity of an intervention. A child’s behavior varies across settings and is highly dependent upon not only the skills but also the environmental context the child is behaving in (Elliott et al., 1989).

Social Validity

Social validity is another important component of a social skill intervention that ultimately contributes to its success or failure. Although closely related to identifying meaningful behaviors, social validity refers to “the acceptability of the goals, procedures, and outcomes of an intervention” (Hansen et al., 1998). In other words, social validity refers to the ways in which a person’s functioning is changed in all environments as the result of an intervention. All aspects of an intervention must be acceptable and lead to a meaningful change in person’s life in order for an intervention to be socially valid (Kennedy, 2002). It is important that the facilitator is tuned into the teacher’s, family’s, and the student’s expectations for an intervention. In order to increase social validity, a

student should have a great deal of input in setting goals for intervention. Involving the students in this process ensures the chance that they will be satisfied with the results and are more likely to adhere to the terms of the intervention (Hansen et al., 1998).

Social validity has been typically assessed in two ways. Subjective evaluation involves asking others to describe changes in a child's behavior since an intervention has taken place. This can be done with checklists and rating scales. Social comparison can be done by comparing a child to another peer who exhibits appropriate behaviors. This would be done through observation. The problems with this type of an assessment of social validity is that the assessment is done by people who are not the child's peers and do not have as much understanding as to what behaviors are valid. Therefore, the intervention may appear to be socially valid to adults but not with the child's peers (Fox & McEvoy, 1993; Sheridan & Walker, 1999).

Lane et al. (2005) recommended that social validity be assessed both prior to an intervention and after an intervention. This allows for one to determine how receptive participants are to the intervention, and it also provides a framework for interpreting the results of an intervention. Rating scales are suggested for the assessment of this component.

Generalization

The most common failure of social skills training is the inability of the programs to show evidence of generalization. The reasons suggested for this are due to their failure to program for generalization and teaching the skills in settings that are far removed from the natural environment, such as pull out, small group settings (Gresham et al., 2001). Very few of the standardized curriculums program for generalization. Instead, many use

the “train and hope” (DuPaul & Eckert, 1994, p. 117) philosophy. This approach is focused on providing an intervention and training behaviors in a treatment setting and then measuring behaviors to see if they have been generalized after treatment. This has been proved to be the least effective strategy (DuPaul & Eckert, 1994; Hansen et al., 1998).

One study focused on students with Attention Deficit Hyperactivity Disorder and their parents. The participants underwent a ten week social skills training using a variety of methods. Within this study, the results showed a great deal of variability in the student outcomes, but there was little effect on the child’s skills in their natural environment. Yet, all students showed gains in the treatment setting (Sheridan, Dee, & Morgan, 1996).

DuPaul and Eckert (1994) reviewed generalization literature and found that the strategies producing the most gains were changing environmental consequences, training in a variety of settings, and incorporating common stimuli into both training and natural environments. Other research has shown that using peer mediated interventions may be effective in increasing generalization; however, confidentiality has been an issue (Christopher et al., 1993).

One problem associated with generalization that cannot be as easily programmed for is the possibility of competing behaviors. It is possible, especially in students with disabilities, that a new skill will be overpowered by a competing behavior because it is more efficient than the new skill. In this case, professionals need to look at altering environmental contingencies that allow this competing behavior to continue and focus on reinforcing the new behavior (Gresham et al., 2001).

In order for generalization to occur, interventionists need to be aware of its necessity and plan for it throughout the intervention process, beginning with assessment. The training process should provide a variety of opportunities and situations for the students to practice in. This, again, should be clearly linked to assessment data, reiterating the importance of assessing the child and the environment. The more information one has about the environment the better one will be able to program for generalization (Sheridan et al., 1999).

In order for social skills interventions to be successful, facilitators need to focus on programming that directly strives for generalization (Hansen et al., 1998). Eventually, students will need to be able to use their skills in the real world. In preparation for this, adults should be trained to assist the child in finding the environments where the skills should be used. It is possible that these adults may need to coach a child with this until it becomes natural (Sheridan et al., 1999).

If skills are taught in their natural environment, their generalization to that environment is more likely to occur even after treatment is complete. Incidental learning may be an effective strategy for generalization. In this situation, naturally occurring events are used to teach and reinforce behaviors (Gresham et al., 2001). Sheridan et al. (1999) suggested other strategies for providing a training environment that is conducive to generalization. Programming common stimuli involves incorporating common activities and situations from the natural environment into the treatment environment. General case programming is also suggested. In this scenario, students are taught skills that may be appropriate in numerous settings. The skill is highlighted in many different contexts with the students practicing how to adapt it to each situation. The final example

presented by these researchers was training sufficient exemplars. This involved training one skill that can generalize to numerous situations. This allows a student to become competent in one skill rather than having to learn how to determine which skill is appropriate for which setting.

Another successful generalization study used a curriculum-based social skill training program in a preschool for disabled and non disabled students. It was found that training presented along with classroom reinforcement led to effective generalization. Once the training was complete, the classroom reinforcement was able to maintain the display of appropriate social skills over time (Guglielmo & Tyron, 2001).

Some school-wide/classroom based programs are examples of training that occurs in a natural setting. Usually the focus of this training is directed at skills that are necessary for school success (Sheridan et al., 1999). Planning an intervention that takes place in natural environments is essential to the success of the intervention. Schools provide many opportunities for teaching not only academics but also social skills. Implementing some of the strategies named above is very feasible within the school setting, the key is to program for generalization from the onset of treatment.

Treatment Integrity

Treatment integrity is a valuable component of a social skills intervention. The focus of this aspect is whether or not an intervention was implemented as it was designed (Lane et al., 2005). Unfortunately, treatment integrity has not been well documented in the social skills literature. The lack of documentation does not allow one to know if an intervention is ineffective because it was not implemented as planned or because the intervention failed (Gresham et al., 2001). If treatment integrity is closely monitored, one

can objectively review the results of an intervention and then form some hypotheses as to why the intervention failed. One can look at particular components of an intervention and determine where changes need to be made to make the intervention stronger and possibly more successful (Lane et al., 2005; Peterson & McConnell, 1996).

There are many factors that can influence the extent to which an intervention is implemented as it was designed. The amount of time, materials, and people involved can play a large role. Additionally perceptions of the effectiveness of an intervention and the motivation of facilitators will also play a role in treatment integrity (Lane, Bocian, MacMillian, & Gresham, 2004). Those treatments that facilitators believed to be acceptable were implemented with higher levels of integrity than those not rated as acceptable (Kazdin, 1981 as cited in Peterson & McConnell, 1996). It has been found that there is a strong positive correlation between intervention integrity and the outcomes of the study. In one study, teachers who provided higher levels of treatment integrity resulted in children showing higher levels of social competence. It is important that one review the levels of treatment integrity when judging the effectiveness of an intervention (Peterson & McConnell, 1996).

In order to measure treatment integrity, Peterson (as cited in Peterson & McConnell, 1996) developed an intervention rating scale for the purposes of his study. This rating scale consisted of a Likert scale on which observers rated the facilitators as to how closely they implemented the intervention with regards to the intervention manual. Although direct observation and feedback is an appropriate way to measure treatment integrity, it is not always feasible. The process requires that the observer is very knowledgeable about how to implement the intervention, that all of the components of an

intervention are operationally defined, and that the observer pay close attention to detail. Furthermore, the availability of an observer is not always possible. However, this is possibly the most desirable method for assessing treatment integrity. Frequent feedback and support from an observer have been shown to increase the treatment integrity of interventions (Lane et al., 2004).

Additional measures for assessing treatment integrity are also suggested. Self monitoring and self report can be used in the form of behavior scripts or behavior checklists. In this case, the facilitator would simply check off the components that were or were not present during treatment. This method, however, has been shown to inflate the treatment integrity levels (Lane et al., 2004).

Treatment integrity should be monitored throughout the intervention process (Lane et al., 2004). Lane et al. (2005) suggested reviewing the instructions on implementing an intervention if the ratings fall below eighty to ninety percent. The outcomes of an intervention should then be interpreted with regard to the treatment integrity ratings.

Assessing Intervention Effectiveness

When assessing a student's behavior after an intervention, one needs to be sure that the instruments used are reliable and valid, just as in assessing behavior prior to an intervention. Teacher rating scales, self report rating scales, and direct observation are the common ways of measuring treatment outcomes (Lane et al., 2005).

Sheridan et al. (1999) provided some additional ideas for assessing the intervention through observation. Social comparison is a common way to measure the success of the treatment. Here, one would compare the behavior of the child who

underwent treatment to the behavior of one of the child's peers. Template matching refers to using input from others as to specific information about the behavior targeted and then observing the child in his natural environment and determining if the post treatment behavior more closely matches the template than the pre-intervention behavior. When using direct observation, one needs to be sure to focus specifically on the behaviors that were targeted during treatment. These behaviors should be operationally defined to avoid any bias in data (Lane et al., 2005).

Once post-intervention behaviors are measured, one can compare these to pre-intervention behaviors and look for significant differences. It may also be helpful to compare the data to the treatment integrity data and search for a relationship (Lane et al., 2005).

Chapter III: Summary and Implications

The following analysis will focus on summarizing the previously reviewed research and indicating any limitations of this research. In addition to this, it will focus on areas that need to be explored in future research.

Summary of Literature Review

The current literature on social skills interventions has suggested that although there has been a considerable amount of research done, many interventions fail to integrate all the necessary components into an intervention. For this reason, the results of many studies indicated that social skills interventions are not successful in producing a positive behavioral change over a long period of time and in multiple settings.

The research has indicated that when professionals are designing a social skills intervention, they fail to perform an adequate assessment of the student's current level of social skills. These professionals also fail to consider the context of a student's behavior. Behavior tends to vary from situation to situation and is highly dependent upon environmental conditions that may be reinforcing it. In order for an intervention to be successful, one must properly assess the student's behavior as well as the student's environment.

Furthermore, in order for a social skills intervention to be successful, one must consider social validity. If an intervention is not seen as meaningful by the student, the student is less likely to either willingly participate or to maintain the use of behaviors taught in the intervention. Behaviors that are taught must be meaningful to the child. One needs to teach behaviors that lead to positive outcomes, as judged by the student.

One of the strongest criticisms of the current social skills interventions is the failure of these trained behaviors to generalize to settings outside of the intervention setting. Students typically display the behavior adequately during an intervention but fail to use this behavior in “real world” settings such as in the classroom or on the playground. The literature has suggested that teaching behaviors in the context that they are likely to be used is key to remedying this issue. Another suggestion has been to allow the students numerous opportunities for practice and role play in situations that are likely to occur in the student’s everyday environment.

Current research indicates the need for assessing treatment integrity. If the treatment integrity of an intervention is not assessed, one does not know where to attribute the successes or failures of an intervention. If an intervention was implemented with high levels of integrity and the intervention failed, the professional can then look at specific components of the intervention and find ways to improve these components and the intervention’s success as well.

Limitations of Research

The research on social skills interventions indicates that one essential component to creating a successful intervention is social validity, specifically identifying which behaviors are meaningful to teach and will lead to positive outcomes (Hansen et al., 1998; Warnes et al., 2005). The research indicates that there are recommended paths to take for assessing what skills to teach, but these assessment techniques often lead researchers to identify behaviors that are deemed effective by adults (Sheridan et al., 1999; Warnes et al., 2005). There is not a sufficient amount of research available identifying which behaviors are meaningful to students.

Although there is considerable research on social skills interventions, the majority of the current literature fails to report results in the context of treatment integrity (Gresham et al., 2001). The literature suggests that this is an essential component for success; yet, it is largely ignored by many researchers. This does not allow one to understand the reasons for an intervention's failures or successes (Gresham et al., 2001; Lane et al., 2005; Peterson & McConnell, 1996).

There is a wealth of literature available concerning leading researchers' recommendations for creating effective interventions (Gresham et al, 2001; Lane et al., 2005; Hansen et al., 1998) yet, there appears to be a very limited amount of research available detailing exactly how each essential component was created and assessed in an intervention. This limits the interpretations of this research as well. One cannot fully assume that research results are valid without considering specific information regarding the necessary components of an intervention. One also cannot replicate a successful intervention without a thorough understanding of how the successful intervention was created and implemented.

Implications of Current Literature for Future Research

Based upon the aforementioned limitations it is important that future research aim at attempting to identify which behaviors are deemed meaningful from a child's perspective. This research should look at what behaviors lead to success in school and in the peer group. It is already known that children and adults value some of the same behaviors; yet, these behaviors may be valued in different contexts. If we are to focus on making a child successful with peers, we need to focus on what other peers view as desirable.

It is also important that future research be directed at interpreting study results in the context of treatment integrity. Facilitators need to be aware of the importance of treatment integrity and assess the levels of treatment integrity in an intervention. The levels of treatment integrity should be reported and the results should be interpreted within this context.

Social skills interventions have come a long ways in the past decades. Current research shows promising directions for future interventions. There is a wealth of literature available detailing important components of an intervention and suggestions for programming and implementing these components. Researchers need to be aware of this information and use it in attempts to create more successful interventions. Findings should be reported and analyzed to promote future progress in understanding how to assist students in achieving social competence.

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