A STUDY TO IDENTIFY THE DEGREE OF SOCIALIZATION SKILLS OF STUDENTS WITH LEARNING DISABILITIES

by

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ABSTRACT

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The purpose of this study had three parts. First, to analyze the writings of the developmental theorists Erik Erickson, Jean Piaget, and Lawrence Kohlberg. Second, to analyze the research on the relationship between students with learning disabilities and social skill deficits and to connect this relationship to Erickson, Piaget and Kohlberg. Third, to provide recommendations for both parents and teachers on how to teach social skills.

Research indicates that there is a correlation between students with learning disabilities and social skill deficits. Results from peer ratings indicated that students with LD were rejected more than their non-learning disabled peers. They were also found to be shy, have fewer friends, be less cooperative and were picked last for activities.

Teachers found students with learning disabilities to have inappropriate social skills. Teachers also indicated that students with LD had fewer interactions with peers, and demonstrated withdrawn behavior, distractibility, and hyperactivity.

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Chapter One

Introduction

Most people have a variety of social interactions during a day's time. When more than one person is in a room together there is a chance for a social interaction. For most people this is a routine part of life and is not difficult for them. However, for a group of individuals with learning disabilities interacting socially is a challenge.

In the 1960's the field of learning disabilities was introduced. The focus at the time was the remediation and improvement of student's academic skills. Not until the 1980's did the focus turn to the importance of social skills on the development and the success of individuals with learning disabilities. Among researchers and educators there are questions as to whether social skills should be taught to students with learning disabilities. The people who support the theory that social skills should not be taught base it on the belief that academics are what need to be taught during a school day. Those who support teaching social skills believe that these skills must be taught due to the fact that students with learning disabilities acquire them in other ways. Evidence of this is partly supported by parents of students with learning disabilities who may have effective social skills yet their children suffer from learning these skills.

One of the reasons that children with learning disabilities have difficulty is that they are challenged to ask questions. Due to this fact, participating in social interactions is difficult, because the content of most initial conversations is asking questions. Another difficulty they have is that they say what they are thinking. They are unable to distinguish between what they should and should not say. Thus, they often say

inappropriate things at the wrong time. These are just two of the reasons that students with learning disabilities struggle with social skills and may end up isolated or rejected.

One approach to identifying social skills, which need to be taught, is to explore developmental theories, which provide a broad scope of social development. Amongst the many theorists who have researched developmental stages Eric Erickson and Jean Piaget represent two of the more popular views.

Erickson believed that there are eight stages of a person's development. He adapted Freud's five stages and adapted the genital stage into adolescence. He also added three adult stages.

The first stage is the oral-sensory stage. This stage deals with issues of trust versus mistrust and occurs during the first year to year and a half of a child's life. Secondly, is the anal-muscular stage, which occurs while children are between the ages of eighteen months to three years of age. This deals with the issues of autonomy versus shame and doubt.

Involving purpose versus fear of failure is the genital-locomotors stage. Age's three to five is when children experience this stage. The fourth stage is the latency stage. Children ages six to twelve years of age experience this stage. The issues involved in this stage are accomplishment vs. inferiority.

The fifth stage is adolescence. This stage begins with puberty and ends around eighteen to twenty years of age. The issues involved in this stage are identity versus role confusion. Throughout the stages of Erickson's model of child development the learning process of social skills are woven throughout it. This will be discussed in Chapter 2.

Another theory that relates to social development is Jean Piaget's theory of

cognitive development. Piaget believed that all children develop their ability to think in the same step-by-step process. He developed a four period theory. The first period is sensorimotor. This period deals with infants to toddlers at the age of two. It focuses mostly on a baby's sensory experience and coordinates that with motor skills. The second period is the preoperational thought period. The ages involved in this period are from two to seven years of age. Language and attaching it to objects is the primary focus of this period.

The third period occurs when a child is between the ages of seven and eleven years of age. Referred to as the concrete operations period it deals with a child's ability to reason. They are able to think more symbolically with words and numbers. The fourth and final period, which is the formal operations period, deals with understanding abstract ideas such as religious, moral, scientific and political. This begins at age twelve and goes through adolescence.

Lawrence Kohlberg has devised a stage theory of moral reasoning, which are the judgments of right and wrong. His theory of moral development is divided into three stages. First is the preconventional stage where a judgment is based primarily on a child's needs and perceptions. Second, is the conventional stage where the laws of society are more important in the thoughts of a child. Finally, is the postconventioal stage where judgments are based on more personal aspects than on society's laws.

Purpose of the Study

The purpose of this study was three fold. First to address the views of Piaget, Erickson and Kohlberg gained through their child development models. Second to critically review and analyze the research regarding the socialization skills of students

with learning disabilities. This study focused upon students with learning disabilities and the issues surrounding the teachings of social skills to those students. Finally, the researcher formulated a set of recommendations for professionals and parents concerned with students with learning disabilities.

Definition of Terms

For clarity of understanding this research project, the following definitions will be used:

Socialization Skills— "The ability to interact with others in a given social context in specific ways that are socially acceptable or valued and at the same time personally beneficial, mutually beneficial, or beneficial primarily to others" (Combs and Slab, 1977, p. 162).

Learning Disabilities— "... is a generic term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities, or social skills" (Gresham, 1992' OC.D. 1988).

Assumptions

There is one assumption apparent in this research. Students with learning disabilities have significant delays in the area of social skills.

Limitations

A limitation to this research is that students with only one diagnosis will be included. Students with cognitive and emotional disabilities will not be included in the study.

Chapter Two

Literature Review

From the birth of a child through the elementary school years and the sometimes-turbulent teen-age years a child develops along stages. Many theorists have conducted research in this area; and among these experts are Erik Erickson, Jean Piaget and Lawrence Kohlberg. Throughout this chapter their works are discussed in detail and contrasted to each other in regards to their relating to a child's social skill development.

Students with learning disabilities have significant learning problems throughout these stages of their lives. The research in this chapter explores to what degree these learning problems occur. Connections are drawn to how these problems affect the process of learning social skills.

Erik Erickson

Erik Erickson developed a total of eight stages, in which five of them deal with childhood through adolescence. He believed that "if at any of the stages the individual does not develop the required capacity, there will be problems of varying degrees of severity later on" (Pettijohn, 1992, p. 66).

In the oral-sensory stage a baby's first contacts are with his or her parents. "If a mom and dad can give the newborn a degree of familiarity, consistency, and continuity, then the child will develop the feeling that the world—especially the social world—is a safe place to be, that people are reliable and loving" (Boeree, 2000, p. 6). Therefore, for an infant the first social achievement would be the ability to let his mother out of sight for the first time without incurring anxiety. By doing this the infant has established that the mom has become something certain and something to rely on. This is the beginning

stage of ego identity by which there "is an inner population of remembered and anticipated sensations and images which are firmly correlated with the outer population of familiar and predictable things and people" (Erickson, 1963, p. 247).

Trust has now been built for the child. It becomes a feeling of not only trusting the outside care providers, but also trusting oneself. This act of trust versus mistrust is the first task for the ego. Trust further develops in a child when he feels secure about himself.

Therefore if parents do not care for their child appropriately and perhaps even harm the child, then the child will develop mistrust. This will later lead to problems of dealing with other people. On the other hand, in situations where the parents are overly protective and respond to a child's every cry, then the child will learn to be overly trusting and believe that no one would harm them. This can then lead to boundary problems and lack of knowledge about personal safety.

In the anal-muscular stage, which are children ages eighteen months to three years caregivers consist of not only parents but also other adults. If all of the caregivers allow the child to explore and manipulate his environment then s/he will develop a sense of independence. A balance is required which means a child should not be discouraged or pushed by a parent. "People often advise new parents to be "firm but tolerant" at this stage, and the advice is good. This way, the child will develop both self-control and self-esteem" (Boeree, 2000, p. 6). If parents come down hard on any attempts to explore and be independent, then the child will give up thinking that they can perform activities on their own. This will create a sense of shame and doubt within the child. Shame is an

emotion by which an individual feels as if he is being exposed and watched by others. Shame is an early impulse to hide oneself from a situation. Often this is displayed by putting one's head down. Doubt, on the other hand, is a child's feeling that he is not so powerful and that others can not only control him, but do other things better than he can. Other ways that children acquire feelings of shame and doubt are if parents give the child an unlimited amount of freedom, or if parents do things for their child before the child can do it for itself.

Shame and doubt are not all bad and can be beneficial. Without shame and doubt individuals develop impulsiveness. However, with too much shame and doubt in a person's life they develop compulsiveness. "The compulsive person feels as if their entire being rides on everything they do, and so everything must be done perfectly" (Boeree, 2000, p. 7). When a balance of autonomy and shame and doubt is achieved then a person acquires willpower or determination.

The genital-locomotor stage, which involves children three to six years of age, is the third in Erickson's theory. This stage deals with learning initiative without too much guilt. "Initiative means a positive response to the world's challenges, taking on responsibilities, learning new skills, feeling purposeful" (Boeree, 2000, p. 8). Initiative is a very essential part of a person and he needs initiative in whatever he does.

Parents should encourage their children to try out their ideas and by doing this they encourage initiative. Fostering a child's fantasy, curiosity, and imagination should not only be encouraged, but also accepted. By using this creativity children are able to

imagine the future. By using initiative children learn to make something that is non-real into a reality.

At this stage children are also capable of planning and being responsible. They also learn to feel guilt if they have done something wrong. When a child does something wrong it is the parent's responsibility to teach the child to learn from their mistakes, to move on, and to not make the same mistake again. By doing this the parents encourage the child to grow up. However, if it is done too harshly then the child will develop guilt around how he feels.

Having too much initiative and too little guilt can lead a person to be ruthless. People who are ruthless are focused on what they want and do not feel guilty about doing what they think they need to do to accomplish their goals. Although being ruthless is hard on others it is not difficult on the ruthless person. What is difficult, however, is for a person to feel inhibited. Feeling this way puts limits on the ruthless person.

A healthy balance between initiative and guilt brings strength of purpose. Strength of purpose is something that people want in their lives. People achieve their own purpose through imagination and initiative.

In the fourth stage, the latency stage, children are between the ages six through twelve. This is the stage where children must keep their imaginations in check and dedicate themselves to school and learning social skills that are set by society.

In this stage, a child's social circle has expanded outside of the parents and other family members to teachers, peers, and other members of society. They all help the child by the parents showing support, the teachers caring and the peers accepting. Throughout

these interactions a child learns success socially. Success can also be achieved academically.

A child may feel inferior if teachers are too harsh or peers are not accepting. Also, discrimination can cause feelings of inferiority. Many people experience a sense of inferiority in a specific subject such as math. A child may think that if he cannot do it now then he will never be able to achieve it. It is at this point that both his family and school should assist him in changing this line of thinking. They need to encourage him to continue to try and to succeed.

Another area in which children may experience inferiority is in social skills. If they do not learn the correct ways to interact with people then they may become withdrawn and not interact at all. Hence, the importance of children learning appropriate ways to interact with their peers.

Also, at this stage a child learns that by accomplishing something he receives recognition. By receiving this recognition he is motivated to do more. This desire to accomplish work is called industry. Soon the desire to accomplish in this area of life leads the child to reduce the amount of play and to increase the amount of work time. Goals to achieve become a part of a child's life.

The fifth stage is identity vs. role confusion, which begins with puberty and ends around eighteen to twenty years of age. The task during this stage is to achieve ego identity and avoid role confusion. "Ego identity means knowing who you are and how you fit in to the rest of society. It requires that you take all you've learned about life and yourself and mold it into a unified self-image, one that your community finds meaningful" (Boeree, 2000, p. 9).

There are a variety of ways that this can be done to help adolescents. One is to have good role models and open communication that will build young people's respect for the adult world. Another way is that society should have certain ways to show distinction between the child and an adult. Without these two factors adolescents will suffer from an identity crisis.

An adolescent can have too much ego identity. This is when a person becomes so involved in something that he believes that his way of thinking is the only way. On the other hand, adolescents can have a lack of identity. This is when they give up their identity by joining with individuals that will define their identity for them. An example of this would be a religious cult.

If an adolescent finds a balance between ego identity and role confusion then he develops the ability to live by societal standards. This means that the person has found a way to live in the community and contribute in their own way. Success is in this person's future.

Jean Piaget

Jean Piaget, who studied the development of children for over sixty years, is another popular theorist. "Piaget believed that cognitive development occurred in a child because the developing mental structures were challenged by events that the child observed in his or her environment" (Pettijohn, 1992, p. 60). Piaget studied the ways that children obtain certain concepts and organize ideas and he identified the organized stages of development. Piaget believed that the foundations of logical thought are motor development and exploration of the environment.

The first period is sensorimotor. This period occurs during the first two years of a child's life. It is called the "... sensori-motor stage because the infant lacks the symbolic function; that is, he does not have representation by which he can evoke persons or objects in their absence" (Piaget, 2000, p. 3). This stage of development is very important, because it sets the building blocks for the later developmental stages.

Throughout this stage there is a succession of steps. An infant begins with spontaneous movements and reflexes and moves into habits. There are two ways by which this occurs. The first process by which this occurs is called association which is "... a cumulative process by which conditionings are added to reflexes and many other acquisitions to the conditionings themselves" (Piaget, 2000, p. 5). The other process is called assimilation. This is when new information is added to already existing information. This prior knowledge is a scheme and it is any motor response that is used to interact with the environment. The importance of assimilation is that a child can only assimilate new information according to what knowledge already exists.

Reflexes are a part of a newborn's life. An important reflex is sucking. Initially a newborn gets stimulated for the reflex to activate. A newborn doesn't suck initially until something touches its lips. However, soon a baby will begin to suck when it is hungry. Another important reflex is the palmar reflex, which leads to the grasping of objects. "During this period infants go from trial and error reflexes to more deliberate manipulation of the environment" (Pettijohn, 1992, p. 61). Hence, this leads to the very active life of a young child.

The next step is for a baby to acquire primary circular reactions. This occurs when a baby attempts to move the body to meet needs such as thumb sucking. At first

the baby may accidentally put the thumb in the mouth. Due to a positive feeling he will attempt to put the thumb back in the mouth again. This may take many attempts to get the movements of the body to work together.

Then comes the acquisition of secondary circular reactions. This refers to a baby reacting with the outside environment. Through bodily movements such as the hand shaking a crib toy the baby will make the same movement to make the toy shake again.

The next step is called the sensori-motor stage. This is when a child puts two schemes together to create a means to an end. An example would be if an object was in front of a ball the object could be removed to get the ball. Following this step would be for a child to achieve a response from one movement such as reaching over the object and getting the ball. Finally, imitation becomes a means for a young child to act. The child sees some action and then attempts to repeat it.

Another area that develops during this period is referred to as object permanence. Up to eight months a child will not look for an object if it is removed from sight. However, when object permanence is developed then the child will realize that the object still exists even if it cannot be seen. The child then searches for the object.

Preoperational thought is the second period in Piaget's theory of development. Children experience this stage from the ages of two to seven years of age. At this time children learn language. They learn to represent their environment with symbols and objects.

During this stage children are very egocentric. They are only able to see things from their own viewpoint. Children play alongside another child, but not with the child.

Also, when playing with someone two children will talk at the same time, but about totally different topics.

Another part of egocentrism is moral judgment. When playing a game two children will claim that they are the winners. They will follow the rules of an adult and will not challenge the rules or try to change them.

Another characteristic of this stage is animism. This is when life is attributed to all objects. Children will place feelings to inanimate objects. They will characterize life to an object that moves.

The third period is concrete operations. Children are seven to eleven years of age during this period. The ability to reason and solve problems is easier during this stage. They are able to think more symbolically with words and numbers during this period. They are able to put objects into hierarchies of different classes such as relations. For example, they are able to identify that their dad's brother would be their uncle and that their dad's dad would be their grandpa. They are also able to put objects into order by using size or some other simple criterion. Children also develop conservation, which is "the ability to recognize that properties of objects do not change even though their appearance does" (Pettijohn, 1992, p. 62). The emergence of conservation marks the onset of logical thinking.

Also, at this stage children are able to interact with their peers. They are able to realize other people's points of views. They are able to see that their way is not the only way of looking at things. Children are able to consider their listener's point of view in a conversation.

The fourth stage of Piaget's developmental theory is the formal operations period. This period deals with children who are twelve through adulthood. At the beginning of this period children are able to see how abstract politics, religion, moral and scientific ideas are. Children are also able to understand hypothetical thinking. Although individuals remain in this stage throughout their adulthood Piaget believed that the fundamentals of formal operations are mastered by age fifteen. Adolescents are able to derive a variety of thoughts on the problem and then are able to eliminate those that will not work.

In regards to the social world adolescents during this stage are able to think about the future. They are able to plan for what they want to do when they enter the adult world. It is at the point when they enter into adulthood that some of their thoughts from adolescence become more grounded into reality.

Lawrence Kohlberg

Lawrence Kohlberg developed his model of child morality. Within his structure there are three levels and six stages. The first level, which embodies stages one and two, is pre-conventional morality. The first stage is obedience and punishment orientation. At this stage children focus on consequences. The result of a negative action is punishment regardless of the circumstances. "Kohlberg calls stage 1 thinking preconventional because children do not yet speak as members of society" (Crain, 2000, p. 150).

The second stage is individualism and exchange. At this stage children are able to understand more than one point of view. The thought on punishment is that it is a result

of a negative action. Children at this stage continue to think in a pre-conventional level. Thoughts are still on an individual basis versus society as a whole.

The next level, which includes stages three and four, is conventional morality. The third stage is good interpersonal relationships. Children who are entering their teen-age years at this stage think that people should live up to the expectations of their family and community. "Good behavior means having good motives and interpersonal feelings such as love, empathy, trust, and concern for others " (Crain, 2000, p. 151). Conventional morality is the philosophy that all would share the attitudes expressed.

The fourth stage is maintaining the social order. During this time a person is concerned with society as a whole. His concern is on obeying the laws and respecting authority. His beliefs according to his social status or religious affiliation are strong at this point of thinking.

The third level, which includes stages, five and six, is called post-conventional morality. The fifth stage is social contrast and individual rights. At this point a person questions what makes up a good society. There are two basic rights and values that a society should have. The first right is for every person to have the rights of liberty and life. The second right, is for society to have a democratic process. This would mean the ability to be able to change unfair laws and thus improve society. At this stage a person is able to look at the greater picture and see outside of their social status or religious beliefs.

The sixth stage is universal principles. Thoughts at this point are that there are principles by which we achieve. One very important principle is that all people should be

treated in an impartial way. By looking through another person's eyes and seeing their point of view a person can be treated more justly.

Comparison of Erickson, Piaget, and Kohlberg

All three of the theorists believe in a stage theory of development. Erickson's theory is based upon children developing through the stages with maturation and social pressures. Piaget's theory is based upon children progressing because they become curious and challenged. Kohlberg's theory is based upon children not progressing through the stages by any certain age. People in society such as teachers and parents do not teach the thoughts at this stage. Children move through the stages by social experiences and debates with others.

There are other comparisons that can be made with the works of Erickson, Piaget, and Kohlberg. Erickson believed that infants trust people. Then children develop the assurance that people will be there for them when they need help. Piaget believed that children put trust into objects. Children learned that objects were still there even if they could not see them.

For both Piaget and Erickson the first stage sets the basis for later development. Erickson thought that a child's imagination expanded the child's world. Piaget thought that anything is possible for a child because laws are not placed on the child. Kohlberg felt that in the younger years children focused on consequences from their actions.

In Erickson's second stage, children move beyond their sole relationship with their parents and interact with other adults. Both Piaget and Kohlberg focus on the role of rules at this stage. Piaget believes that during this stage of development children will

not challenge rules put forth by adults. Kohlberg agrees that children not only obey the rules, but also respect authority.

There are similarities in all of the theorists' third stage. As development continues, Erickson sees children as learning new skills and developing a purpose. Piaget also sees children beginning to reason and problem solve. Children are able to see other people's point of view. Kohlberg thinks that children are able to see the big picture in how all people should be treated impartially. Erickson, however, does not see children as developing the big picture until his last stage.

Learning Disabilities and Social Skill Deficits

Throughout the years children develop the ability to be social with others. Students with learning disabilities, however, have social skill deficits that make development difficult. This study shows the connection between a learning disability and social skill deficits. Chapter Three provides suggestions on how to teach social skills to children with learning disabilities with Erickson, Piaget, and Kohlberg's models as a guide.

Many children with learning disabilities are poorly accepted by their peers and even socially rejected. They have a range of deficits in the areas of social skills. Many questions have arisen overtime as to why this may be. To answer these questions there has been a great deal of research dedicated to students with learning disabilities and social skill deficits.

There are several agencies that have opinions on the relationship between a learning disability and social skills. First, the National Joint Committee on Learning Disabilities (NJCLD), states in their definition that, "Problems in self-regulatory

behaviors, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability" (NJCLD, 1981, pgs. 107-108). However, the Interagency on Learning Disabilities (ICLD) thinks that social skill deficits are significant enough to include when defining learning disabilities. A suggested modification in the definition would be, "Learning disabilities is a generic term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities, or social skills" (NJCLD, 1981. pgs. 107-108). Yet, another agency, the Learning Disabilities Association of America (LDAA), thinks that social skill deficits affect certain types of learning disabilities and that there are long-term affects (Gresham, 1992). Finally, the Association for Children and Adults with Learning Disabilities (ACLD) believes that throughout life social skill deficits can affect education, self-esteem, daily living skills, socialization skills, and vocational skills.

In the area of social skills there are both social skills and social competence. Social skills represent a learned set of situation related actions that result in positive interpersonal interactions. Deficits in the area of social skills may affect negatively the academic skills of students with learning disabilities. Some examples of social skill deficits include, interpersonal skills, social competence. self-concept, classroom behavior, the ability to communicate effectively, role taking and peer status.

The second area is social competence, which refers to an evaluation of how someone performs a social task. This often is conveyed as an opinion of others such as peers, teachers or parents or comparisons to a specific criterion such as the number of positive social interactions in a specific setting. There are varying views on social

competence. For example, Dodge and colleagues (Dodge, 1986; Dodge, Pettit, McClaskey, & Brown, 1986) viewed social competence as consisting of three components: (a) perceiving, decoding, and interpreting social cues; (b) selecting an appropriate response; and, (c) appropriately enacting the social response. In the same framework, Vaughn and Hogan (1990) identified four components of social competence as: (1) positive relations with others; (2) accurate and age-appropriate social cognition; (3) absence of maladaptive behaviors; and, (4) effective social behaviors.

In regards to social competence it is believed that there are three types. The first is a skill deficit where the individual may have not learned the needed social skills to begin with. An example would be if someone would say hi to someone else and the reply back would be, "Do not say Hi! To me". This student is lacking the skills necessary to respond to a greeting appropriately. Second, is a performance deficit, which is the failure to execute a social skill even though the skills are present. An example of this would be if a student is being introduced and he continues to keep his head down versus looking at the person. This would be a performance deficit, because the student knows that he should put his head up and look at the person that he is being introduced to, but is unable to for some unknown reason. The third type is called a self-controlled deficit. This is where a person demonstrates so many aversive behaviors that he is unable to perform the social skill successfully. An example of this would be if a student interrupts the class by fidgeting in her backpack for a pencil and then becomes angry when she cannot find one. She gets mad and throws an object versus asking for help in an appropriate manner.

Bursuck (1989) reported on the correlation of students with learning disabilities, students who are low achievers and students who are high achievers in three specific

areas of social competence. The three areas are sociometric status, behavior as rated by teachers and self-ratings of social competence.

The study involved 24 white students who attended an elementary school in rural northern Illinois. Out of the 24 students six students were taken from grades second, third, fourth, and sixth. Also, the students were divided into groups where eight students were diagnosed with a learning disability, eight students were determined as low achievers, and eight were determined as high achievers.

The sociometric measures used consisted of a rating scale and two inventories. The first one was called the friendship nomination inventory. It consisted of a list of the students in the classroom and each child was to cross out their own name and circle three names of students in their class that they especially liked. The number of friends a child had was derived from this measure.

The second measure was "play with" rating scale questionnaire. For this the students were given a roster of the students in their classes and next to each name was a five- point scale. The students were once again instructed to cross off their own names and then to rate each of their peers by how much they would like to play with the person at school.

The third measure was the peer behavior nomination. All of the students in the classroom were given five sheets of class rosters. They were asked to circle the names of people that acted a certain way. Each sheet was done separately and the categories were cooperates, disrupts, is shy, fights, and is a leader. Definitions for each category were given to the students.

The next type of measurement that was used in the study was the Behavior Problem Checklist (BPC). The BPC consists of 55 items that describe a child adjustment difficulty. There are three ratings that are used for each question which are no problem, a mild problem or a severe problem. There are three major areas of child maladjustment that are conduct disorder, inadequacy-immaturity and personality problems. In the category of conduct disorder some of the areas that are assessed are aggression, disruptiveness and other acting out behaviors. For the category of personality problems a couple of areas that are assessed are nervousness and fearfulness. The items under inadequacy/immaturity assess immature actions of children.

Teachers that were involved in the study also filled out Matson Evaluation of Social Skills with Youngsters (MESSY). This evaluation consist of 92 items that are rated on a five point scale which is 1=not at all and 5=very much. Some areas of social functioning that are addressed are conversation skills, making friends, and social isolation.

The last form of assessment that was used in this research was a means of self-rating. It is a part of the MESSY assessment. It contains the same format and questions filled out by the teacher, but are used for students to rate themselves. Some of the areas that are assessed by this method are inappropriate social skills, inappropriate assertiveness, impulsive/recalcitrant and overconfidence.

In the area of peer ratings the first area to be assessed was acceptance. The students with a learning disability were less accepted than were their low achieving and high achieving peers. In regards to friendship, the students with learning disabilities had fewer friends then both of the other student groups in the study. In evaluating the

behavioral concerns the research indicated that students with learning disabilities were more likely to be disruptive than their low achieving peers. Results also showed that students with learning disabilities were viewed as less cooperative and less likely to be a leader compared to their LA peers. Students with LD were evaluated by their peers to be less cooperative, more disruptive, shyer, and more likely to get into fights compared to their higher achieving peers.

MESSY teacher ratings found that students with learning disabilities were assessed to exhibit more inappropriate social skills than their higher achieving peers. The results of the BPC indicated that students with L.D. had more problems in the areas of conduct and inadequacy/immaturity than their higher achieving peers.

Finally, in the self-ratings there wasn't any significant difference found amongst the three groups. The conclusion reached by Bursuck (1989, p. 191) is that "as a group, the students with learning disabilities were less accepted, had fewer friends, and were perceived by their peers and teachers as exhibiting more negative behaviors and less prosocial behaviors." Bursuck recommended more research.

Gresham (1992) wrote a report that includes three hypotheses in regards to social skills and students with learning disabilities. The first is the causal hypothesis. This means that social skill deficits are due to a dysfunction in the central nervous system similar to what causes the academic deficits. One group of learners who have non-verbal perceptual-organizational-output disabled (NPOOD) have a significant dysfunction in the right hemisphere of their brain. However, their left hemisphere is well developed. Samples of these learners were tested using the Personality Inventory for Children. They scored higher in the areas of anxiety, depression, withdrawal and social skills.

Other research has found similar social skill deficits with other students with special needs such as behavior disorders and mild mental retardation as compared to their peers with learning disabilities. Overall, there is far from convincing evidence that a dysfunction in the CNS causes social skill deficits.

Gresham's second hypothesis is the concomitant hypothesis. There are three parts to this hypothesis. The first part is that students with learning disabilities whom have academic deficits may have social skill deficits as well. This means that social skill deficits can be a side affect to academic deficits. The second part is that social skill deficits for some children will lead to academic deficits and learning disabilities. The third part is that for some students with learning disabilities both academic and social skills occur simultaneously.

Research shows that some students with learning disabilities have social skill deficits, but not all students (Gresham, 1992). For example, up to 22% of students with L.D. are well accepted as their peers without a learning disability. These facts represent the idea that social skill deficits may co-exist with learning disabilities, but that they are not necessarily inevitable.

Another theory that co-exists with the concomitant hypothesis is co-morbidity. This refers to the process of having more than one diagnosis at a time. An example of this would be having a learning disability with either attention deficit hyperactive disorder or a conduct disorder. The question with this duo diagnosis would be to which diagnosis would a social skill deficit be attached or would it be to both?

Gresham's third hypothesis is the correlational hypothesis. This theory states that both a social skill deficit and a learning disability co-exist together, but there isn't an

implication that one causes the other one. In a study conducted by Gresham and Elliott (1990) a group of students with learning disabilities were contrasted to a group without a learning disability. They had students, parents, and teachers use the Social Skills Rating System (SSRS). The findings showed that "…social skill deficits were characteristic of children with LD across all three raters, however, teachers tended to rate more children with LD as being socially unskilled (relative to NLD children) (75%) than parents (70%) and students themselves (63%)" (Gresham and Elliott, 1990, n.p.).

In conclusion, all of the evidence reported in the above-mentioned report favors the correlational hypothesis. There isn't enough evidence to prove that social skill deficits represent a specific learning disability.

Vaughn, Zaragoza, Hogan, and Walker (1993) conducted a four-year longitudinal study of the social skills and behavior problems of students with learning disabilities. The study began with students that were classified into three different groups. The first group were students that in the second grade were identified as having a learning disability. The second group were students who tested low in both the areas of reading and math on an achievement test. They were classified, for reasons of the study, as low achievers. Finally, there were the students who tested in the 60th. percentile or higher on the achievement test and were put into the category of average/high achievers.

There were two rating scales used for the purpose of the study. The first one was the Social Skills Rating Scale for Teachers (SSRST). This scale consists of 27 items that assess student's social behaviors. The scale used a three point grading system that consisted of 0=never, 1=sometimes true, and 2=very true. Higher scores indicated better social skills.

The second tool of measurement used was the Revised Behavior Problem Checklist (RBPC). This scale consists of 88 items and is filled out by the teacher. The test consists of six independent scales. They are conduct disorder, socialized aggression, attention problems, anxious-withdrawn, psychotic behavior and motor excess. The area of psychotic behavior was eliminated due to the ages of the students. This scale has a three point grading system, which is 0=not a problem, 1=a mild problem, and 2=severe problem. The teachers completed both of the scales in the fall and spring of the students kindergarten and first grade years. The mean was determined from both of the scores combined. During the students second and third grade years the teachers filled out both of the scales in the spring.

In the area of social skills there were two main areas that were assessed and they were outgoing/initiating and cooperating/responding. The A/HA group tested out with higher social skills than the L.D. and L.A. students. There was no significant difference in scores between the students with learning disabilities and the low achievers. In the area outgoing/initiating the scores did not significantly change. In the area of cooperating/responding the scores remained the same for kindergarten to first grade and first grade to second grade, but increased significantly from grade two to grade three.

In regards to behavior problems, the A/HA groups scored lower which indicates less behavior issues. Between the L.D. and the L.A. groups there wasn't a significant difference in the scores. The lowest score, which means it was the least problematic behavior, was conduct disorder. Then came motor excess, socialized aggression, anxious withdrawn and attention problems. In regards to attention problems, the LA group scored higher than either the L.D. or the A/HA groups did. There was also significance in the

time effect of the behaviors. The scores from the RBPC decreased from kindergarten to grade one and then increased from grade one to grade two and then decreased from grade two to grade three. The last change was the most significant.

"The students with LD did not differ significantly from their LA peers, and the A/HA students were distinguished by demonstrating significantly better social skills and fewer behavior problems" (Vaughn, Zaragoza, Hogan, Walker, 1993, p. 408). Social skills improved over time for all three groups of students. The most significant increase was between the second and third grade for the LD and LA students. This increase was mostly in the area of cooperating/responding social skill. The A/HA students came to school with these behaviors and by third grade the other students understood the rules of the classroom and what was expected of them in the school environment and hence the increase.

The study found that the students with LD did not differ significantly in the area of behavior when compared to the A/HA peers. This finding contrasts to other research that has been conducted.

The conclusion drawn in the report was that there wasn't any significant difference between the students with LD and the students with LA in regards to social skills and behavioral issues. Hence, the difficulties might be due to their low academic achievements. More research has to be done to see if there are any other connections between the LD and LA students.

Kavale and Forness (1996) conducted a meta-analysis on the connection between social skill deficits and learning disabilities. They researched 152 studies and drew

conclusions on this knowledge base. They determined that 75% of students with learning disabilities have social skill deficits.

There are three prominent ways that the research was conducted. These included assessments performed by teachers, peers and students with learning disabilities. The teachers determined that the most prominent problem is the lack of academic capability. Another area of deficiency, in the eyes of teachers, was that students with learning disabilities interacted less than their non-learning disabled peers. More than eight out of ten display academic incompetence and less social interaction (Kavale and Forness, 1996).

Other areas of concern for teachers were distractibility problems, hyperactivity, and adjustment problems. Seven out of ten students with learning disabilities had difficulties in these areas of social skills. Lack of tact, personality problems, and withdrawn behavior were exhibited in six out of ten students. Teachers also indicated concern about their students with learning disabilities having a higher rate of anxiety. Seven out of ten students had anxiety according to their teachers.

Peer assessments were the next indicators of social skill deficits in students with disabilities. Peers in this report were referred to as students without a learning disability. They ranked rejection of their LD peers as eight out of ten. The next area that scored high was limited acceptance. Students with LD were considered not to be friends with their NLD peers seven out of ten times. They were also picked less often for activities. Peers also indicated that students with LD had a lower social status. "There was a clear indication that peers do not socialize with students with LD and that they are perceived as

less popular, not as competent in communication (verbal and nonverbal), and not as cooperative" (Kavale and Forness, 1996, p. 232).

Students with learning disabilities assessed themselves. More than seven out of ten ranked themselves as having social deficits. The most prominent problem was academic incompetence. Eight out of ten students thought of themselves as having academic problems. The next area that they assessed themselves high in was the inability to read non-verbal communications. Eight out of ten students with LD said that they had problems in this area. Social problem solving was another area of concern. Eight out of ten students had difficulties in role- playing answers to social problems they were given. Finally, eight out of ten students indicated problems with social competence.

There were several conclusions that were drawn from this data. First, was the correlation of both the teachers and student's perception of academic performance amongst students with learning disabilities and their social interactions. Students with L.D. appeared to have lower acceptance and greater rejection from their peers, which correlated to less interaction by the students with L.D. Second teachers indicated that students with L.D. appeared to be poorly adjusted. Indicators of this were higher levels of activity, anxiety, and distractibility. Third a factor that may contribute to social skill deficits in students with learning disabilities is low self-esteem. Approximately 70% of students with LD showed signs of low self-esteem. Low self-esteem manifests itself in students thinking that they are mostly lucky at what they achieve. Seventy percent of the students with L.D. contributed their failure to lack of ability.

The data has proven that there is a connection between learning disabilities and social skill deficits. Although there has been clear results as to how these social skill

deficits manifest themselves it is not clear as to the cause of the deficits. Kavale and Forness (1996) stated that "...the available research provided limited insight into how perception, memory, cognition, and language interact to influence social competence." Their needs to be more research into how social competence interact with social behaviors to create the social skill deficits (p. 234).

As the above data has shown there is a strong correlation between students with learning disabilities and social skill deficits. It is also clear from the research that even though the correlation exists the causes are not known. There is one more avenue of research to be explored. An article written by Miguel, Forness, and Kavale (1996) explored "the hypothesis that social skill deficits among children with learning disabilities are associated with high rates of undetected psychiatric diagnosis" (p. 253).

The research indicates that there is a debate as to whether learning disorders lead a person to other disorders or whether other disorders lead to low achievement (Miguel, Forness, and Kavale, 1996). The areas that this report investigates are, ADHD and depressive or dysthymic disorder. Research shows that 3-5% of the childhood population has ADHD (Barkley, 1990). Furthermore, research shows that fewer than 10% of students with ADHD qualify for a learning disability when strict learning disability requirements are used. "If an individual has a learning disability and ADHD, the consequent hyperactivity, distractibility and/or impulsivity may interfere with school, peer interaction and family life" (Miguel, Forness, and Kavale, 1996, p. 254).

The next area of disability is depression. Research shows that depression is prevalent in 2% of our childhood population and increases to approximately 10% in adolescence. (Maag and Forness, 1991) One study investigated 53 students from age's

eight-eleven who were identified with having a learning disability. The research item used was the Children's Depression Inventory (CDI). The results were that 35.9% of the children scored in the depression range (Kovacs & Beck, 1977). Other research determined that of all of the children who committed suicide in the Los Angeles County within a three-year period of time 50% were identified as having a learning disability (Peck, 1985). Finally, depression affects children so that they are unable to communicate effectively at time and also maintain peer relationships.

The conclusion of the research is that the co-morbidity of learning disabilities with ADHD and/or depression may lead to social skill deficits. Students with a duo diagnosis will need more help then just from the educational environment. Therapeutic approaches, psychotherapy, and psychopharmacology will need to be involved to help these students.

Chapter Three

Summary, Conclusion and Recommendations

Introduction

This chapter reviews the purpose of the study and summarizes the information found in the literary review section. Conclusions are drawn based on the research. Recommendations on how to teach social skills to students with learning disabilities are addressed.

Summary

The purpose of this study was to explore the areas of social skill development through the child development theories of Erik Erickson, Jean Piaget and Lawrence Kohlberg. Second, to explore the literature on the connection between students with learning disabilities and social skill deficits. Finally, to draw conclusions and recommendations based upon the findings.

Conclusion

Social skill development is woven through child development. Erickson, Piaget, and Kohlberg all indicate this through their research. The first social contact for a child is with his parents. When the child indicates he needs something by crying and the needs are met appropriately then a child develops trust. This initial stage of development is seen as the building blocks for the rest of a child's development.

As a child develops interactions expand to other adults as caregivers. At this point it is a time for a child to begin the road to independence by exploring his environment. At this point it is best for a child to be encouraged to try new things. By a

child being encouraged a child develops initiative, which is a feeling of purposefulness. It is very important for encouraging success. If a child is discouraged then he will develop doubt and give up trying.

The next stage of development is when a child enters school. At this point a child's social circle increases to teachers, peers, and adults. He learns to interact with his peers and to consider their points of view. Continued encouragement will help the child to be successful both socially and academically.

The final stage of development is for a child to mature to and through adolescence. During this stage a person learns to achieve an ego identity, which is a sense of who a person is and how he fits into society.

Kohlberg's theory weaves in and out of both Erickson and Piaget's theories. Kohlberg focused more on the idea of consequences and punishment. He thought that initially children focus on consequences, and that the results of a negative action will be punishment no matter what the reason for the action. Then a child progresses into learning the rules of society and obeying them as well as respecting authority. Finally, a person questions what makes up a society. A person is able to look at the greater picture and treat all people in an impartial way.

There have been several studies conducted on the link between students with learning disabilities and social skill deficits. One study indicated that 75% of students with learning disabilities had social skill deficits. Another study indicated that there are two areas in regards to social skill development. The first one is a social skill that refers to a learned set of actions that result in a positive social interaction. The second one is

social competence that refers to how someone performs a task. Of both of these areas social competence was addressed the most in the research.

Throughout the research there are three primary methods of evaluation. They are peer ratings, teacher ratings, and self-ratings. The peer ratings consisted of ways to evaluate friendships, peer associations and behavioral issues. The teacher ratings consisted of the Behavior Problem Checklist (BPC), The Matson Evaluation of Social Skills with Youngsters (MESSY), and the Social Skills Rating Scale for Teachers (SSRST) and the Revised Behavior Problem Checklist (RBPC). Finally the self-ratings consisted of the Matson Evaluation of Social Skills with Youngsters (MESSY) for students.

The results from the peer ratings consisted of students with LD having both limited acceptance and rejection from their peers. They also were said to be shy and to have fewer friends. Peers also viewed students with learning disabilities as having difficulties with communication. Finally, LD students were viewed as being less cooperative and were picked less often for activities.

Teacher ratings demonstrated many concerns in regards to students with learning disabilities. The biggest problem that teachers indicated was the lack of academic capability. They also indicated inappropriate social skills. Some of the areas are less interaction with peers, withdrawn behavior, distractibility and hyperactivity. A lack of tact, personality problems and anxiety were also social concerns of teachers.

The final area of evaluation was a self- rating by students with learning disabilities. One report did not find any significant differences between students with LD and their peers. Other research indicated academic incompetence was an issue. Other

issues included social skill deficits, inability to read non-verbal communication and difficulty with problem solving social situations by role-playing.

The research indicated that social skill development improved as a child grows older. This is mainly sited for a child learning the rules and what is expected of him. Also, shown was that students with learning disabilities and students that were low achievers did not differ significantly from each other.

Another theory was based on three hypotheses. The first one was the causal hypothesis, which connected a social dysfunction in students with learning disabilities to a dysfunction in the central nervous system. There was no evidence to substantiate this.

The second hypothesis was the concomitant hypotheses and it was based on three thoughts. The first one being that social skill deficits can be a side effect of academic problems. Secondly, those social skill deficits led to academic deficits and learning disabilities. Thirdly, those academic and social skills occur simultaneously. Once again there isn't enough data to support this hypotheses.

The third hypothesis was the correlational hypothesis. This theory is that social skill deficits and learning disabilities coexist together. The author supported this hypothesis.

Another theory for the connection between learning disabilities and social skill deficits was the co-morbidity theory. This revolved around the idea that students with learning disabilities may have another diagnosis as well such as ADHD or depression. The correlation of LD with either diagnosis would bring on more social skill difficulties.

In all of the research reviewed the authors recommended further research be done into the correlation between learning disabilities and social skill deficits. There is a notable connection, but the cause for the deficits has yet to be discovered.

Recommendations

Recommendations are made based upon the conclusions derived from the comprehensive review of literature and research. These include ideas for both teachers and parents of students with learning disabilities. The recommendations may be chosen to fit the needs of the individual child.

1) Provide for an infant needs right away so that the child can learn to develop trust in people.
2) Encourage children to do their best. If an error is made help them to learn from it and move on.
3) Observe your child/student in a variety of social settings. Take mental notes on the child's performance and then address both positive and negative points with the child at a later time.
4) Social skill information should be ongoing. There are many opportunities throughout the day in which social situations can be addressed. An example would be if a family is in the grocery store and a child cuts in line to buy an item. This would be a good opportunity to teach about lines and how a person needs to wait in them.
5) When teaching social skills it is a good idea to work on one skill at a time. Learning the one skill and practicing it with role-playing needs to be accomplished before another skill is introduced.

6) The language of feelings can be very difficult for people. It is important that children are taught to identify their feelings, such as," I am mad, because you took my candy." Positive ways to deal with feelings should be encouraged.
7) Social involvement is important for children. There are many ways that children can be involved during the school day, but other ways need to be pursued outside of school. There are some wonderful organizations that foster socialization. Some of these organizations include, Girl Scouts, Boy Scouts, 4-H, dance troupes, and religious youth programs. A lot of times the groups are smaller than in school settings and hence can draw students closer together. Also, if a child has difficulties in one area it might be a good idea to have the child involved in a group in another area.
8) Using signals in a social situation will help a child learn appropriate skills. An example would be if a child is talking way too much in a social setting then a parent can give a agreed upon signal such as a touch of the nose. This signal indicates to the child that he must stop what he is doing. Later the social situation should be discussed (Lavoie, 1994).
9) Encourage a child to discuss social situations. First, hear the child's version of what happened and then offer words of encouragement and suggestions on how the situation could be dealt with differently.
10) Social stories are a good way to teach appropriate social interactions. A social story lays out a scenario on how a particular situation is to be acted out. The story is then rehearsed through role-play. A booklet can be made up with a variety of social stories in it for reference for a student.

11) Children often copy what adults do and so role modeling good social behaviors is important. Accentuating some situations such as introducing a new person will also be helpful.

12) For some children it is easier for them to have a friendship with a younger child then with their same age peers. This is okay and should be encouraged. Social skill learning can take place in this setting as well.

13) When working with a child with a learning disability do not force the child into a big group. Start off by partnering the student up and then slowly add another student. When finding the partner choose a child that is very accepting of others. By adding children slowly to the group the child with the disability gets the chance to a relationship slowly.

14) Students with learning disabilities often have difficulties with transition. A positive way to deal with this is to explain the change ahead of time. An example would be if a staff member is absent and a subject such as work-study has to be cancelled that the student be told ahead of the scheduled time.

15) Anxiety was a concern for students with learning disabilities as noted in the research. Social situations should not be taught during high times of unusual anxiety. After the child had calmed down then the situation should be discussed.

16) Positive reinforcement is the best way to teach social skills. Verbal praise should be used often. Punishment should only be used if the behavior is intolerable or dangerous. If punishment is used at other times then a child will shy away from the social situation all together.

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