SOCIAL SKILLS IN STUDENTS WITH DISABILITIES: IS THERE A NEED FOR INSTRUCTION?

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Introduction

Students with special needs often struggle fitting in with their peers. Many of these students do not understand the hidden curriculum within classroom instruction. Also, many students with disabilities typically struggle with conversation skills, which often lead to their inability to recognize both verbal and nonverbal subtleties. Because of these recognizable deficits, our intent is to identify the need for social skills instruction as well as practical strategies to teach social skills.

As educators in the field of special education, we see first hand the need for social skills instruction. Many of our students are rejected by their nondisabled peers because of their inability to interact appropriately. Often students with disabilities are removed from the social group because of physical appearance, poor communication skills, and their egocentric attitude.

Based on our experiences, we see a need for social skills instruction in school. This instruction can benefit all students, particularly students with disabilities. Our project looks at the research indicating deficits of social skills in students with disabilities. We have composed a social skills handbook entailing activities centered on four themes: (a) Getting Along With Others, (b) Community Independence, (c) Personal Independence, and (d) Basic Survival Skills.

What are social skills?

Social skills are complex; they are abstract and difficult to define. There is not one definition that encompasses the entire idea of social skills. Rather, there are many definitions, which are strongly based on personal perception. Therefore, many researchers have developed their own definitions of social skills. Gresham and Elliot’s (1984) definition includes those behaviors which, within a given situation, predict important social outcomes such as: (a) peer acceptance and popularity, (b) significant others’ judgment of behavior, or (c) others’ social
behavior known to correspond with peer acceptance or others’ judgments. McGinnis and Goldstein (1984) defined social skills as: behaviors that students must demonstrate in order to engage in effective and satisfying social interactions across many different situations (e.g. in school, during play, and at home).

Social skills have been described as specific abilities that enable a person to perform competently at particular social tasks (Mc Fall, 1982). Schumaker and Hazel (1984) developed their own all–inclusive definition, which deals with both the cognitive and behavioral aspects of social skills. Social skills are the verbal and nonverbal behaviors accompanied with the intellectual, emotional, and interactive components.

It is evident that many definitions exist, yet there is not one conclusive definition of social skills. Personal opinion plays a significant role in what is perceived to be acceptable and unacceptable behaviors. With this in mind, most people cannot define social skills, but they are most often able to detect their presence or absence.

Why teach social skills?

Learning, playing, and working today almost always require social interactions among people. Each individual brings their own capacities, attributes, beliefs, and behaviors to social situations or settings. Social skills are an essential part of interactions, and in effect, enable people both young and old to achieve many of their goals. With this in mind, it is vital to formally teach social skills to all children, specifically to students with disabilities.

Bryan (1974) found that students with disabilities are more often rejected than students without disabilities. Continuing, students with disabilities were: (a) chosen less often than their non-disabled peers when playing games, (b) considered less popular, and (c) viewed as being lower classed citizens (T.H. Bryan & J.H. Bryan, 1978; Sipperstein, Bopp & Bak, 1978; Hutton
& Polo, 1976; Garret & Crump, 1980). Based on these findings, students with disabilities need social skills training to help them gain more acceptance from others.

More recent research has built on the earlier findings and identifies sociometric status as a basis for training. In general, developmental theorists focus on four groups of sociometric, or peer status (Wentzel & Asher, 1995). Sociometric categories are identified as: (a) popular adolescents, (b) neglected adolescents, (c) rejected adolescents, and (d) controversial adolescents. Kennedy noted that peer perception of social status across these groups had immediate and long-term effects on individual performance (1990).

Popular adolescents are students who are rarely disliked by their peers. These individuals are frequently identified as best friends. Socially, these students’ social skills are appropriately practiced in most situations. Therefore, removal from social groups is most often based on maladjusted social skills (Wentzel & Asher, 1995).

Neglected adolescents are students who are infrequently chosen as best friends. Typically, these individuals are not overly liked or disliked by their peers. Furthermore, students within this group are found to have higher levels of anxiety and lower levels of social competence. In fact, females within this category are up to five times as likely to report problems with depression as females in the popular category. It is further noted, that peers of neglected females frequently view them as uncooperative and likely to break school rules (Patterson, Varden, & Kupersmidt, 1991). Thus, lack of social competence impacts interaction and peer acceptance.

Rejected adolescents are identified as somebody’s best friend, but not necessarily a friend someone chooses. Often, these students are actually disliked by their peers. Research shows that rejected individuals tend to display aggressive behavior, struggle with conversation skills, and
possess lower self-esteem regarding education. These conditions frequently lead to more serious adjustment problems later in life (Kennedy, 1990). Based on these findings, deficits in social skills exist. However, social skills’ training with neglected children creates optimistic outcomes (Parker, 1987; Luthar & McMahon, 1996; Oden & Asher, 1977; & Cowen, Peterson, & Babigian, 1973).

Lastly, controversial adolescents are viewed as both somebody’s best friend and disliked by almost all peers and adults. Individuals in this category display deviant behavior, with females showing a higher rate of early pregnancy (Underwood, Kupersmidt, & Coie, 1996). By investigating sociometric status, evidence suggests a need for social skills training.

Other current research pinpoints different reasons for social skills training. Typically, most students with a learning disability are perceived to be socially unappealing by many adults and peers (Vaughn, 1985). One suggestion for negative perceptions is that students with disabilities struggle with appropriate verbal communication. To begin with, research indicates these students use more competitive statements during social interaction (Bryan, Wheeler, Felcan, & Henek, 1976). They also tend to be more egocentric by using phrases that revolve around themselves (Soenksen, Flagg, & Schmits, 1981). These students do not use others’ responses to adjust their statements when conversing, so they respond inappropriately and appear to be inattentive. Similarly, they frequently do not question unclear text. In turn, they seem to be insensitive or uncaring (Bos & Filip, 1984).

Not only do they struggle with decoding verbal conversations, students with disabilities display difficulty interpreting social situations (Bruno, 1981). Students with disabilities fail to recognize the perspective of others, thus creating a more negative interaction (Wong & Wong, 1980). These individuals also display more unappealing non-verbal behaviors that make social
situations uncomfortable (Bryan & Perlmutter, 1979). For example, students with disabilities use less eye contact and smile less often when conversing (Bryan & Sherman, 1980). Also, these students demonstrate problems with grooming, clothing style, posture, and hygiene (Shumaker, Wildgen, & Sherman, 1982).

Overall, students with disabilities have deficits in social perception and social cognition, which inhibits successful interaction (Mattis, French, & Rapin, 1975; Weiner, 1980). These findings indicate a need for social skills training.

It is clear there is a need for social skills training, however, who should be responsible for teaching it? Social skills should not be entirely taught by school systems. Social skills training should begin at home, however, why is it not happening? One explanation may be that parents do not see the need for good social skills behavior.

Kemp and Carter (2002) report that parents rated their children as having better social skills than did principals or teachers. They also explain that teachers spend more time with students and have the opportunity to see students in a different context.

In another study, Silver and Young (1985) compared adolescent boys with learning disabilities to boys without learning disabilities on ratings of social competence. There was no significant difference on peer or parent ratings; however, teachers rated the non-disabled students as higher on the social scale.

In their research, Haager and Vaughn (1995) also found discrepancies between teachers and parents ratings of students’ social competencies. They also theorize that parents do not observe their children in school settings, therefore the teachers have a better understanding of the students social skills as they relate to school. Parents often do not see their child interact with his/her peers or other adults.
Another reason children are not learning social skills at home may be they do not have the opportunity. Elksnin and Elksnin (1998) found five factors that affect students in the acquisition of social skills, including: (a) interfering behaviors, (b) lack or opportunity, (c) lack of feedback, (d) lack of sensitivity to environmental cues, and (e) lack of reinforcement. These issues must be addressed in order to successfully obtain necessary skills.

To begin, students with high anxiety may avoid social situations. Furthermore, impulsive students may be unable to acquire or perform the appropriate skills (Elksnin & Elksnin, 1998). Interfering behaviors can overshadow social skills instruction.

Next, lack of opportunity and lack of feedback also affect students learning of social skills. Students must be put in a setting where the use of certain skills are appropriate and then be given feedback on their actions (Elksnin & Elksnin, 1998). For example, students who fail to work in groups may not know that listening and taking turns talking are important for successful group work. Also, if students do not act appropriately, they need to be told how to properly act.

Furthermore, students may also have difficulty knowing when to use social skills. They lack sensitivity to environmental cues. Due to this, they need to be exposed to different cues and situations. Students need to observe and rehearse signals (Elksnin & Elksnin, 1998).

Finally, students may experience a lack of reinforcement. Students should be told or rewarded when they have performed appropriate social skills. This provides needed positive feedback (Elksnin & Elksnin, 1998).

In summary, social skills play a necessary role in maintaining relationships with others. They are an essential part of a student’s academic and functional life. It is necessary that social skills be taught. Students with disabilities show a greater need for this instruction. However, where the skills are to be taught is not mutually agreed upon by educators and parents.
What skills should be taught?

All social skills are important. Students need to understand and use the appropriate social skills in all situations. However, for the basis of our paper, we narrowed the skills to: (a) Getting Along with Others, (b) Community Independence, (c) Personal Independence, and (d) Basic Survival Skills.

*Getting along with others*

In order for students to be successful in and out of the classroom, it is important that they develop skills, which permit them to build relationships and become members of groups. These interactions will create positive social experiences and help build lasting friendships. The skills necessary for getting along with others will help students as they develop these personal bonds.

In 1998, Elksnin and Elksnin listed interpersonal behaviors and communication skills as two of the most important skills that students need to be successful in the classroom. They went on to define interpersonal behaviors as: friendship-making skills, such as introducing yourself, joining in, asking a favor, giving and accepting compliments, and apologizing (1998). Communication skills include listener responsiveness, turn taking, giving the speaker feedback, and maintaining attention during conversations (1998). Because students with disabilities exhibit many deficits in expression and understanding of verbal and nonverbal communication it is important to examine the ways to improve these deficits (Vallance, Cummings, & Humphries, 1998).

Other contributing factors to getting along with others are an individual’s self-concept and social competence. However, negative self-concept and lack of social competence are characteristics held by many students with disabilities (Salmivalli, 1998). In comparison with their non-disabled peers, students with disabilities are: (a) viewed more negatively, (b) rejected
more often, (c) more often perceived as bullies, (d) more aggressive, (e) more likely to suffer from personality problems, and (f) have more difficulty attending to groups (Nabuzoka & Smith, 1993; Martlew & Hodson, 1991; Whitney, Smith, & Thompson, 1994; Swanson & Malone, 1992). Therefore, raising self-concept and social competence is necessary.

In order to strengthen social interaction skills of students with disabilities individual deficits must be addressed. One way to meet the needs of these students is through membership. Ferguson (1994) defines membership as “the idea that people care about what happens to each other” (p.15). However, membership includes much more. Membership is about belonging to a group which is defined by its members. It examines the interactions of the child with the peers in the group. Non-members can initiate membership, but may not be accepted by the group. That is, students may desire to become part of the whole, but peers within the group may not welcome them. Therefore, real group membership requires a group willing to make exceptions to equally include all participants (Schwartz, 2000). For example, students may allow peers to have more than one attempt at a task.

Membership may be categorized into four smaller domains, which include: (a) small groups, (b) classroom, (c) school, and (d) outside of school activities. Each of these groups is unique and necessary. Small groups may be teacher or peer created. Within schools, these groups can be seen in the form of cooperative learning/teaching groups, students playing basketball at recess, or children socializing during lunch. Classroom membership includes more than just being physically present. It includes having a locker, desk, or duty just like everyone else. School membership involves students with disabilities being included in activities with their non-disabled peers. It implies that they have access to all events and publications in the school. Lastly, outside of school activities includes membership within the community.
Children with disabilities need to be active members in non-school organizations, such as, sports, music, religion, or scouting groups (Schwartz, 2000).

Relationships are an integral part of a membership. Relationships involve interactions between two members of a group. Relationships are based on the different roles that children play, which include: a) play/companionship, b) helpee, c) helper, and d) conflictual.

The play/companionship relationship involves children interacting while playing, working together in class, or just spending time together. These interactions may occur during both structured and unstructured times. While these behaviors are friendly, the children may not identify each other as friends (Schwartz, 2000).

The helpee relationship is built upon the child with disabilities receiving help from a peer. It can be task related, such as, helping to open a locker or providing general assistance, like carrying a lunch tray (Schwartz, 2000). Typically developing children who play the role of the helpee may benefit considerably from this role (Staub & Peck, 1994/1995).

The helper relationship is based on the student with disabilities being the person providing help. This type of relationship establishes a sense of mutuality and equality among children in the same classroom. For example, a student with disabilities may assist a non-disabled peer with computer support or homework help (Schwartz, 2000).

Lastly, conflictual relationships are categorized as disagreements between children or students. Students with disabilities as well as their non-disabled peers must learn to solve conflicts quickly and independently. In order to do so, students must experience these relationships. Adults in turn, should provide support and instruction to help them resolve these issues (Schwartz, 2000).
Community independence

Almost everything we do, it seems, involves either interacting with other persons or inhibiting interactions with other persons. If we fail to follow the often unspoken rules about these interactions, the consequences will be clear: Others will judge us to be socially incompetent (St. Peter, Ayres, Meyer, & Park-Lee, 1989). Success is not only measured by academic standards, but also through community acceptance. Therefore, understanding the social rules of a community is vital to membership to this group.

Communities, like schools, are based on interactions between people. Types of interactions vary among age and environmental situations. Social skills that are important in a school setting will also be needed in the employment arena.

Deficits in social skills affect children long after they leave school. Strain and Odom (1986) stated that deficits in childhood social skills were the single best predictor of significant problems in adulthood. Furthermore, Danielson (2002) reported when employers were asked what skills they valued the most in employees, they often stressed the value of social skills. She also stated, that employers fired most people due to an inability to get along with others. Gresham (1982) found that adults lacking social skills were more likely to receive bad conduct discharges from the military and to have mental health problems.

Different programs have been designed to support adolescents entering the work field. These curriculums focus on social skills highly valued by prospective employers and co-workers.}

Elksnin, Elksnin, & Sabornie (1994) compiled the following data:

<table>
<thead>
<tr>
<th>AUTHORS/YEAR</th>
<th>JOB-RELATED SOCIAL SKILLS</th>
<th>INFORMATION SOURCE</th>
</tr>
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<tbody>
<tr>
<td>Greenan (1983)</td>
<td>Work Behaviors</td>
<td>Vocational Educators</td>
</tr>
<tr>
<td>Greenan &amp; Smith</td>
<td>1. Work effectively under supervision</td>
<td></td>
</tr>
<tr>
<td>(1981)</td>
<td>2. Work without need for close</td>
<td></td>
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supervision
3. Work cooperatively as a member of a team
4. Get along and work effectively with people
5. Show up regularly and on time
6. Work effectively under pressure
7. See things from another’s point of view
8. Engage appropriately in social interactions
9. Take responsibility for one’s own judgments, decisions, actions
10. Plan, carry out, and complete activities at one’s own initiation

Instruction/Supervisor
Conversation Skills
11. Instruct/direct someone in performance of task (continued)
12. Follow instructions/directions
13. Demonstrate how to perform a task
14. Assign others to carry out specific tasks
15. Speak in a relaxed, confident manner
16. Compliment/provide constructive feedback
17. Handle criticism, disagreement, disappointment
18. Initiate and maintain conversations

Montague (1988)
1. Ordering job responsibilities
2. Understanding instructions
3. Asking a question
4. Asking for help
5. Asking for assistance
6. Offering assistance
7. Giving instructions
8. Convincing others
9. Apologizing
10. Accepting criticism (p.2)

Review of literature, interviews with employers
Many students with disabilities demonstrate inappropriate social skills as perceived by those who deal with them daily. With this in mind, employers’ input can guide classroom instruction. Heron and Harris (1993) developed The Behavioral Consultation Planning Process to promote collaboration between employers and perspective employees. This program includes the following steps: (a) entry, (b) gathering information, (c) defining the problem, (d) determining solutions, (e) stating objectives, (f) implementing the plan, (g) evaluating the plan, & (h) termination of consultation.

During the first step, entry, the employees and employers get to know each other. In stage two, gathering information, information is gathered about the student’s social behaviors. In stage three, defining the problem, problems are identified based on social skills acquisition or performance and their deficits and the ability to respond to environmental cues. Stage four, determining solutions, is when individuals brainstorm possible solutions to the problem. In the next stage, stating objectives, a behavioral objective is written with the desired behavior defined in measurable, observable terms. Implementing the plan, stage six, occurs when all members of the problem solving team agree on the plan. In stage seven, evaluating the plan, the individual will be assessed according to the objective. Finally in stage eight, termination of consultation, consultation is ended with the understanding that the group can come back together in the future if needed (Heron & Harris, 1993).

Community independence is important to all individuals with disabilities. The skills needed to function in society are basic skills that should be acquired at a younger age. As a person matures, these skills should become less cognitive and more of a natural response. However, for many individuals with disabilities the lack of environmental exposure prohibits the natural transfer of skills. Therefore, social skills training is necessary.
Personal independence

Personal independence is the complexity of knowledge, values, attitudes, and abilities which contribute to the development of a sound moral character, a sense of community, and the competence in responding to the personal, social, and cultural aspects of life (Malikail & Stewart, 1987). It is assumed that individuals will naturally develop the skills necessary for personal independence, however, students with disabilities often lack the prerequisites and competencies needed for acquisition of these skills.

Gresham and Elliot (1990) identified three types of social incompetence that students with disabilities displayed. The first area of concern is a skill deficit, wherein the student may not have learned the needed skill. The second issue is a performance deficit. This is evident when a student has acquired a skill, but the skill is not performed. Lastly, the third problematic situation is a self-control deficit. In this situation, the individual displays a significant number of inappropriate actions that interfere with the acquisition and performance of appropriate skills (Gershram & Elliot, 1990).

Personal social skills deficits manifest themselves in several areas. Skill deficiencies are evident in the categories of: (a) self-concept, (b) interpersonal skills, (c) social competence, (d) behavioral functioning, (e) communicative competence, and (f) social cognition (Kavale & Forness, 1996).

Self-concept, the way an individual judges one’s own competence or worth, influences behavior and is a critical factor in the process of learning (Chapman & Boersman, 1991; Vaughn, Elbaum, & Boardman, 2001). Often students with disabilities display low self-concepts for the following reasons: (a) low academic functioning, (b) the need for special support, and (c) many appear intellectually capable, yet academic outcome is poor (Vaughn, Elbaum, & Boardman,
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2001). Socially, non-disabled peers tend to frequently reject students with disabilities as evidenced in viewing them as lower-class citizens and including them less often (Garret & Crump, 1980). Kavale and Forness reported that non-disabled students are friends with only approximately 30% of their peers with disabilities (1996). For these reasons, students with disabilities often hold low self-concepts.

Interpersonal skills are those behaviors used during social interaction. These include actions such as: (a) introducing oneself, (b) joining in, (c) asking a favor, (d) giving and accepting compliments, (e) listening, (f) showing a sense of humor, and (g) interacting with the opposite sex (Walker, Todis, Holmes, & Horton, 1988). Students with special needs have difficulty perceiving, decoding, and interpreting social cues, which in turn leads to deficits in interpersonal behaviors (Vaughn & Hogan, 1990).

Social competence is defined to include behaviors displayed in given situations that predict an individual’s position on important social outcomes (Gresham & Elliot, 1987). Vaughn and Hogan (1990) further detailed social competence into four components: (a) positive relations with others, (b) accurate and age-appropriate social cognition, (c) absences of maladaptive behaviors, and (d) effective social behaviors. According to Vallance et al. (1998) children with disabilities tend to have limited social skills, display less assertive behaviors, have poorer self-control, and be more impulsive than same aged peers do. Furthermore, Kavale and Forness (1996) concluded that approximately 75% of students with disabilities manifest social deficits that differentiate from other students. Based on this evidence, students with disabilities are at higher risk for poor social competence.

Behavioral functioning is one’s ability to exert appropriate self-control. Students with disabilities typically display more problems with hyperactivity, distractibility, and adjustment
than their non-disabled peers. Other areas of concern include: (a) aggression, (b) dependency, (c) withdrawn behavior, and (d) anxiety (Kavale & Forness, 1996). These factors contribute to the poor behavioral functioning of students with disabilities.

Communicative competence encompasses one’s ability to accurately send and receive both verbal and non-verbal messages. It involves listener responsiveness, turn-taking, maintaining conversational attention, and giving the speaker feedback (Elksnin & Elksnin, 1995). Vallance et al. (1998) further explains successful communication coordinates language skills, cognitive decoding and processing, and interpretation of non-verbal cues. Children with disabilities exhibit many deficits in verbal and non-verbal expression.

Social cognition is the basic understanding of the appropriate skills to foster positive interaction in a social situation. Elksnin and Elksnin (1995) found that children with disabilities often lack opportunities to perform certain social skills. For example, children’s out of school environments may restrict opportunities to learn. Family members may not promote or model necessary responses to situations. Thus, students with disabilities fail to learn social rules.

In summary, many factors lead to the failure of acquisition of social skills. Based on this, it is necessary to acknowledge these conditions and formulate a plan to educate students about these skills.

Basic survival skills

Basic survival skills are the skills necessary to thrive as independently as possible in society. It is important for individuals to have a basic understanding of how to deal with daily conflicts as they arise. These situations can range from handling minor emergencies to getting around the community to doing laundry. Students with disabilities often do not possess the understanding of completing these tasks.
According to Vaughn, Elbaum, & Boardman (2001) before the passage of Public Law 94-142, which provided all students with a free and appropriate public education in the least restrictive environment, education for students with disabilities was not complete. These students were not prepared for living as independently as possible.

After the passage of Public Law 94-142 in 1975, education for students with disabilities was increased from the ages of 3 to 21. With this expansion, it was expected that individuals were being adequately prepared for the transition from school to work (Vaughn, Elbaum, & Boardman, 2001). However, not all students have the necessary skills to successfully succeed in everyday life.

As previously stated, school-aged social skills deficiencies were the best predictor of problems in adulthood (Strain & Odom, 1996). Whether the problems manifest through behavior or personality problems, individuals must be instructed on how to deal with daily living situations. Therefore, training in basic survival skills is necessary for students with disabilities.

How to Teach Social Skills?

There are many ways to teach social skills, experts value different forms of instruction. One model, direct instruction, is teacher directed instruction and follows the basic model-practice-test format (Sugai & Lewis, 1996). Another strategy, peer/group teaching, is student lead instruction and requires mediation and cooperative learning among students (Odem & Watts, 1991). Both strategies have produced positive outcomes for acquiring social skills among students with disabilities.

Regardless of presentation, certain aspects hold true for both approaches. To begin with, social skills instruction, must be an integral part of the curriculum. Whether it is taught separately or integrated into other subjects, one must seize the opportunity to teach the
appropriate skill. Students must be assisted in helping them do social skill autopsies, which requires them to reflect and review the skill use (Lavoie, 1994).

Secondly, social skills should be taught in a natural setting whenever possible. Arrange the physical environment to reflect the natural setting and role-play scenarios depicting various situations. Continuing, social skills that are valued in the environment should be selected. Significant others will be more supportive if they value a skill and will also more likely reinforce the skill if it is essential (Elksnin & Elksnin, 1998).

When teaching social skills, it is necessary to use instructional strategies that promote generalization as they pertain to real life events. Consider the following: (a) teach multiple social skills, (b) require mastery, (c) teach throughout the day, (d) integrate social skills instruction with existing curriculum when possible, (e) vary directions, (f) use a variety of models and role-playing actors, and (g) use multiple scenarios that reflect real life settings. Finally, it is also important to teach students to generalize by self-monitoring and self-evaluating. This last step helps the skill to become more internalized (Elksnin & Elksnin, 1998).

Other factors also correlate to successful social skills instruction. Identifying a user-friendly program is essential in carrying out instruction. Meyer et al. (1998) created guidelines for a project focused on promoting social relationships of children with disabilities. With the help of teachers, parents, and peers, they established guidelines to make interventions socially and ecologically valid.

First, interventions must be doable in context. The instruction must be practical and reasonable and easily integrated into the teacher style and activities (Meyer et al., 1998). Therefore, teachers should have access to supplies that help them create a naturalistic setting.
Next, interventions must be feasible with available resources. Teachers must have the necessary resources, including, personnel, knowledge, and materials. For example, when using commercial programs, classroom sets must be available (Meyer et al., 1998).

Continuing, the instruction should be sustainable over time. That is, the amount of effort needed to begin and assess the intervention must be something that the staff can continue for a length of time. Also supports to help teachers, as well as family members, adapt the changes in the students behavior must be included. Sharing ideas is an important part of continuing the instruction (Meyer et al., 1998).

The next factor is making the program constituency owned and operated. All participants need to be actively involved in making and carrying out the program. That is, a partnership must be created within the group of participants. Working together will help identify important behaviors and create meaningful solutions (Meyer et al., 1998).

Furthermore, the intervention must be culturally inclusive. Instruction must be consistent with the values, beliefs, and behaviors of the children, families, and staff within the group. In some situations, interpreters and mediators may be needed. It is vital not to challenge or disrespect values and beliefs of others (Meyer et al., 1998).

Lastly, the strategies must be intuitively appealing. The interventions must be practical and sensible to the people in the setting. This increases the likelihood of correct and consistent teaching as well as improving the outcome for success. The commitment to using these interventions will increase awareness, support, and expectations for children with disabilities (Meyer et al., 1998).

Christopher, Nagle, and Hanson (1993), further identify general factors of a successful program. They state that the program should be implemented early in the development of peer
interactions, before the students’ reputations are established. Next, the program should not expose the status of the children to their peers. A third factor entails all members rating each other as well as themselves on their sociometric status. Finally, training should include cognitive, behavioral, and environmental contexts. A program that includes these factors should be successful.

Regardless of instructional approach, social skills instruction is an asset in school curriculums. These skills enhance academic achievement by improving self-concept, peer acceptance, and social interaction. Students with disabilities benefit from this instruction whether it is a commercial program or a teacher made activity.

Summary

In conclusion, research indicates a need for social skills instruction for students with disabilities. Many of these students are handicapped academically, as well as, socially. Often, they lack nurturing environments that provide exposure to stimulating situations. Therefore, they are not provided opportunities to naturally gain these skills outside of direct instruction. It is evident that a social skills curriculum is needed in our schools today.

Based on our findings, we have constructed a teacher-friendly handbook for social skills instruction. It is our intent to integrate these activities into our daily instruction. Students with disabilities need to be made aware of proper social interactions and the expectations that are held for specific situations.
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