

IMPLEMENTATION OF THE
SOCIAL SKILLS IMPROVEMENT SYSTEM INTERVENTION GUIDE:
THE EFFECTS ON SOCIAL SKILLS, ACADEMIC PERFORMANCE,
AND PROBLEM BEHAVIORS IN THE SCHOOL SETTING

Renée J. Bancroft

A thesis submitted in partial fulfillment
of the requirements for the
Master of Arts

Department of Psychology

Central Michigan University
Mount Pleasant, Michigan
February 2014

ACKNOWLEDGEMENTS

I wish to acknowledge the support of Central Michigan University in producing this work. I also wish to thank my thesis chairperson, Sandra Morgan, Ph.D., and my thesis committee members, Michael Hixson, Ph.D., and Dawn Decker, Ph.D., for their support and assistance with this project. These faculty members provided valuable direction and guidance throughout the process and their knowledge and experience is greatly appreciated. I also would like to thank my family and friends for their support and encouragement.

ABSTRACT

IMPLEMENTATION OF THE SOCIAL SKILLS IMPROVEMENT SYSTEM INTERVENTION GUIDE: THE EFFECTS ON SOCIAL SKILLS, ACADEMIC PERFORMANCE, AND PROBLEM BEHAVIORS IN THE SCHOOL SETTING

by Renee Bancroft

This project evaluated the usefulness of the Social Skills Improvement System (SSIS) Intervention Guide (Gresham & Elliott, 2008), a school-based intervention, in improving social skills and academic performance while decreasing problem behaviors of six elementary students with demonstrated behavioral difficulties. Teachers referred participants with problem behaviors, and they identified target behaviors by completing rating scales for each participant. Students participated in 45-minute intervention sessions twice weekly for six weeks. A single-subject AB design with follow-up was implemented with all six children receiving the social skills program at the same time. Pre and post measures were obtained on social skills and problem behaviors. Dependent variables included teacher ratings, classroom observations, and office referrals. Overall, four of the six students demonstrated an increase in social skills and academic engagement. Teacher ratings from pre-and post-intervention indicate a perceived decrease in problem behaviors for three of the students. The reported frequency of disruptive behaviors in the classroom decreased for five of the students, though this decrease was not consistently reflected in the number of referrals to the school's disciplinary officer. Data regarding work completion and work accuracy in language arts and in math show improvements or stable performance. Data collected by social validity ratings from teachers were generally positive. Limitations of the current study and implications for future studies are also discussed.

TABLE OF CONTENTS

LIST OF TABLES	vi
LIST OF FIGURES	vii
CHAPTER	
I. INTRODUCTION	1
Literature Review	4
Research Questions	12
II. METHOD	14
Participants	14
Instruments and Measurements	15
Procedure	19
III. RESULTS	21
Research Question I	21
Research Question II	28
Research Question III	35
Research Question IV	40
IV. DISCUSSION	42
Implications for Future Study	48
APPENDICES	52
REFERENCES	74

LIST OF TABLES

TABLE	PAGE
1. <i>Student Characteristics</i>	14
2. <i>Social Skills Scale Standard Scores, for Individual Students and Mean</i>	21
3. <i>Goal Attainment Scale</i>	22
4. <i>Mean Score of Ratings on the Social Skills Progress Chart</i>	24
5. <i>Problem Behaviors Scale Standard Scores, for Individual Students and Mean</i>	29
6. <i>Academic Competence Scale Standard Scores, for Individual Students and Mean</i>	36
7. <i>Treatment Acceptability Ratings: Teacher (T1), Teacher 2 (T2), and Teacher 3 (T3)</i>	40

LIST OF FIGURES

FIGURE	PAGE
1. <i>Academically Engaged Time as Percentage of On-Task Behavior</i>	25-28
2. <i>Frequency of Disruptive Behaviors</i>	29-32
3. <i>Number of Student Responsibility Classroom Referrals</i>	33-35
4. <i>Weekly Academic Performance</i>	37-39

CHAPTER I

INTRODUCTION

Social skills are vital to success in many aspects of life. They allow us to appropriately and effectively handle day-to-day interactions and conflicts with others, are the foundation of the development and maintenance of all interpersonal relationships, allow us to adequately function in daily society, and help us to get our needs met. Effective social skills also put individuals in greater contact with reinforcement, such as appropriate attention from others, which also may lead to tangible reinforcement, and they may be critical for the development of self-concept and self-esteem. The impact of poor social skills is far-reaching and presents important implications for students if not remediated.

However, not all individuals demonstrate the social skills necessary to experience the benefits associated with appropriate and effective social skills. This especially can be seen in children, who may not have either learned effective social skills or who may not perform social skills appropriately across various situations. Children who appear to lack social skills are at greater risk for negative outcomes, such as social isolation and withdrawal, peer rejection, mental health problems, interpersonal relationship difficulties, and low academic performance (Campbell, Hansen, & Nangle, 2010; Semrud-Clikeman, 2007). Social skill deficits may lead to decreased opportunities for future interactions and relationships, which furthers the deficits by limiting the development of more advanced social skills and contributing to the negative impact (Nangle, Hansen, & Erdley, 2010).

Social Skills Training and Remediation in Schools

Schools provide one of the earliest and one of the most important environments and opportunities to use and practice social skills. Thus, teaching social skills in school to children

provides a practical and efficient opportunity to remediate social skill deficits. Teaching social skills in schools allows children to learn and practice the skills within an environment in which they are frequently in, with a variety of people (e.g., peers, teachers, and other adults), across various situations and interpersonal interactions. Additionally, social skill instruction in schools provides facilitators with the opportunity to implement research- and evidence-based interventions, as well as the chance to systematically monitor the effectiveness of the programs and children's progress. Another advantage of addressing social skills in schools is the opportunity to do so within the context of the school-wide positive behavior support paradigm, with school-wide expectations and curriculum (e.g., Tier 1 interventions and supports), as well as for groups of at-risk students (e.g., Tier 2 interventions) and for identified, individual students (e.g., Tier 3 interventions).

There are a number of social skills training programs available that have been implemented in the schools for a number of years. These programs often have differing characteristics—from ages of the students, to duration of intervention; from modality of instruction, to participants' own individual characteristics. Based on these variables, the question arises regarding social skills training: What works? A meta-analysis conducted by January, Casey, and Paulson (2011) looked at the effectiveness of classroom-wide social skill interventions (i.e., Tier 1). Overall, effects were small, but positive. Based on the studies involved, interventions made more positive changes with the youngest (e.g., pre-school aged) students. Effectiveness lessened as grade level increased, with the exception of early adolescence. Interventions that included hands-on, experiential components also had a greater effect size compared to those that included more passive instructional components, such as lecture or written work. The examiners stated that interventions are more likely to work when

introduced early, when applied at significant periods of transition (such as beginning school or beginning adolescence), and when presented frequently. Although the effectiveness of such interventions proved to be quite small in this meta-analysis, the examiners stressed the importance of Tier 1 supports and interventions as an important key in the prevention of problematic behaviors related to social skill deficits in the future.

Beelmann, Pfingsten, and Losel (1994) conducted a meta-analysis on the effects of “social competence training” on students. The students in the studies ranged from the ages of three to fifteen, and included non-disabled, non-at-risk children, as well as those students who had been identified as having disabilities and being at-risk. The analysis found positive, but short-term effects, especially for at-risk students (i.e., Tier 2 and Tier 3), but programs’ effectiveness lessened over time. However, multimodal programs, as opposed to monomodal, had slightly better long-term effects. Unfortunately, there was no improvement in academic achievement as a result of these programs.

Purpose of the Study

The purpose of this study is to examine the efficacy of a social skills intervention program (*Social Skills Improvement System—Intervention Guide*) designed to be used as a Tier 2 intervention for small-group settings in schools. Specifically, the study will measure changes in the demonstration of social skills, in the frequency of disruptive behaviors, and in academic performance. Additionally, the study will consider the social validity of the program in terms of practicality of use and ability to implement and monitor the intervention with integrity.

Literature Review

Development of Social Skills

Learning how to communicate, to cooperate, to resolve conflicts, and to get physical and emotional needs met starts within the familial home with social interactions in the triadic relationship between the child and parents (Feldman & Masalha, 2010). Through the parent-child relationship (which includes the parent in the role of educator), early social skills and related skills, such as affect management skills, emotional encoding and decoding skills, and self-regulatory abilities, are taught (Parke & O'Neil, 1999; Semrud-Clikeman, 2007). According to Brown, Odom, and McConnell (2008), social skills develop at home in three ways. The first is through interactions and relationships with family members. Second is the teaching and promotion of social interactions with peers. Third is through providing explicit opportunities for the child to develop and hone social skills with peers. However, sometimes these early experiences do not lend themselves to successful acquisition or performance of effective social skills. This could be because of a mismatch between parent and child temperaments, problems with attachment, lack of appropriate modeling in the home, parent mental health issues, and other instabilities in the home (Semrud-Clikeman, 2007; Brown, Odom, & McConnell, 2008). However, the family and home environment is not the only setting in which children acquire, learn and practice social skills.

Social Skills in School

Entering school becomes an important step for learning and using social skills. It has been suggested that there are two different types of social skills as they relate to school: learning-related social skills and peer-related social skills (Brown, Odom, & McConnell, 2008). A child

entering a formal school setting (e.g., pre-school or kindergarten) typically is faced with having to acquire and adapt to new social skills as they relate to teacher expectations and peer group dynamics (Semrud-Clikeman, 2007). Young children also must have social skills that relate to sharing, following rules, and playing appropriately with others (Brown, Odom, & McConnell, 2008). These skills are desired for successful transition, acceptance, and learning in school.

Impact of Poor Social Skills

Not all young children have or demonstrate appropriate social skills, which may result in peer rejection, behavioral problems, aggression, withdrawal, loneliness, and lower self-esteem (Semrud-Clikeman, 2007). These problems may persist later into the child's life and academic career if the social skill deficits are not remediated. Additionally, as school situations present new experiences to the child, opportunities to hone existing skills or to learn new skills may be negatively impacted, creating further problems for the child.

The negative impact of poor social skills continues as children develop. Some studies have found that academic skills and social skills training are correlated across the school years (Matson & Ollendick, 1988; Welsh, Parke, Widaman, & O'Neil, 2001). Students with social skill deficits are more likely to drop out, often because of the academic difficulties these students have experienced. Other important risk factors for dropping out include a lack of friends, peer supports, healthy relationships with teachers, and a sense of belonging and connectedness in and with their schools.

Children with social skill deficits often demonstrate academic difficulties as well. A longitudinal study by Malecki and Elliott (2002) on the relationship between social behaviors and academic performance as demonstrated by students at the third and fourth grade levels suggests that social skills are a significant predictor of future academic achievement. Not having

or using effective social skills in the classroom result in a child not asking for help or volunteering answers, an inability to adequately perform or participate in cooperative tasks with peers, conflict with others that would detract from education, or even stress or anxiety that would negatively impact academic performance. Additionally, it has been shown that withdrawn children in particular tend to exhibit low academic performance (Strain, Shores, & Kerr, 1976; Cobb, 1970).

Students with social skill deficits are also at a higher risk for juvenile delinquency, for some of the same reasons they are at a higher risk of dropping out. Difficulty in appropriately resolving conflict, as well as in resisting peer pressure, may lead to early involvement in the judicial system (Cheung & Ngai, 2007). Often, these young people lack appropriate friendships, and may seek out the friendship of negatively influential peers. Some of these individuals may be longing for peer companionship, even if that entails participating in delinquent activities. These activities may include truancy and fighting, as well as criminal activities such as theft, possibly in misdirected attempts to obtain friendships or popularity (Oyserman & Saltz, 1993). An inability to appropriately solve problems or utilize social resources because of social skills deficits may also lead to an increased risk for juvenile delinquency (Bailey & Ballard, 2006).

Students lacking social skills are also at a higher risk for developing mental health problems. Social skill deficits are associated with higher rates of depression, anxiety, oppositional defiant disorder, and conduct disorder (Nangle, Hansen, & Erdley, 2010). These mental health issues may compound and increase as the child gets older, and often persist even into adulthood if not treated effectively. Ross, Shochet, and Bellair (2010) reviewed the association between social skills deficits and depression, as revealed through self-reports as well as teacher and parent ratings. Results from several studies have asserted that social competence

(e.g., effective social skills) is predictive of future depressive symptoms, with lower social competence predicting higher future depressive symptoms (Cole et al., 1996; Ross, Shochet, & Bellair, 2010). Rockhill et al. (2009) suggest that social skills are also associated with conduct problems, particularly when they are comorbid with depressive symptoms, and that using social skills training may prevent conduct problems.

Some of the most obvious problems associated with social skill deficits are externalizing problems, such as behavior and conduct problems, including aggression. Students who lack social skills may have difficulty following directions and redirecting their behavior. This may take the form of non-compliance in the classroom and in other school settings (including the hallways, cafeteria, and playground). It also leads to increased interpersonal conflicts, both with peers and with school staff. Many times, these students struggle with appropriate interactions with others. Because these children often do not know how to approach, speak to, or resolve conflicts with others, they may be aggressive, instigative, or engage in otherwise socially undesirable interactions. Difficulty in accurately reading or interpreting social cues from others may also lead to behavior and conduct problems, as well as further limit the opportunities to learn appropriate skills. Those with social skill deficits struggle to conduct themselves in socially acceptable ways, which often leads to peer rejection, particularly if they are seen as aggressive, irritating, or even socially awkward (Semrud-Clikeman, 2007). These behaviors frequently result in disciplinary office referrals in the school, which can result in a loss of academically engaged time and, as well as academic proficiency.

Etiology of Poor Social Skills

There may be several reasons why social skill deficits are observed in children. The first is a skill acquisition problem. This means that the individual has failed to learn or adequately

obtain the skills necessary. This type of deficit may be the result of a lack of modeling or explicit instruction in the area of social skills. Another reason for social skills deficits is a performance problem; that is, the individual has the necessary and appropriate social skills in his/her behavioral repertoire but does not use them appropriately or consistently in generalized settings. Gumpel (2007) suggested that some social skills deficits may be a result of poor or unstable self-regulation of performance skills. Another reason for social skills deficits is a fluency problem, in which the individual has learned and can apply the social skills, but demonstrates a low frequency of the appropriate skills (Gresham, 2002).

Maag (2006) suggested that a common limitation of social skills training involves the lack of generalization of the skills, which rests in three main areas. First, the targeted behaviors in the trainings and interventions should be socially valid; that is, students will be more likely to use and practice their newly acquired skills (i.e., replacement behaviors) if they believe it is beneficial for them to use the skills in their daily lives. Secondly, generalization is more likely to occur when the social skills training involves the targeted students' peer group, which leads to the third area: students experiencing positive peer reinforcement for demonstrating appropriate social skills.

Assessment

Assessment of social skills frequently includes the use of interviews (parent and teachers, as well as the child him/herself), teacher and parent rating scales, direct behavioral observations, role-playing, self-report measures, and peer nominations (e.g., Nelson, et al., 1985 in Matson & Ollendick; Semrud-Clikeman, 2007). As Hintze, Volpe, and Shapiro (2008) note, systematic direct observations of behavior allow for non-biased, objective data on the demonstration or occurrence of specific behaviors. Direct measures of social interaction may also be used, such as

checklists, performance tasks, and sociometric ratings. Some specific assessment tools include the Child Behavior Checklist Behavior Problem Checklist (CBCL/6-18; Achenbach & Rescorla, 2001), the Matson Evaluation of Social Skills with Youngsters (MESSY; Matson, Rotatori, & Helsel, 1983) the Diagnostic Analysis of Nonverbal Accuracy II (DANVA-2; Nowicki, 2002), and the Children's and Adolescent Social Perception (CASP; Magill-Evans et al., 1995) task. Another common rating scale designed for parents, teachers, and students is the Behavior Assessment System for Children—Second Edition (BASC-2; Reynolds & Kamphaus, 2004). The more recent Social Skills Intervention System (SSIS; Elliott & Gresham, 2008), formerly the Social Skills Rating Scale, is also available to assess parents', teachers', and students' perceptions of social skills, disruptive behaviors, and academic competence.

Interventions and their Effectiveness

Given the variety of social skill interventions from which to choose, many schools may question which are the most effective, under what circumstances, and with which students. A meta-analysis using a group-design was conducted to specifically examine the effectiveness of social skill interventions with students who have been identified as having behavioral or emotional disabilities (Quinn, Kavale, Mathur, Rutherford, & Forness, 1999). In these interventions, the participants were taught specific social skills that they had demonstrated deficits in. The majority of the interventions (both commercially available programs and individually designed for the specific research questions) used in these studies were multimodal (including an unspecified number that used direct instruction) and were implemented with fidelity. Despite these factors, the overall positive effects were small for specific social skills (ES of 0.199). When assessing broad prosocial skills, the effects resulted in a moderate improvement for students with emotional or behavioral disabilities (ES of 0.253). However, externalizing

behaviors, such as disruptive behaviors (ES of 0.131) and aggression (ES of 0.129), showed to be the most resistant to positive change, whereas internalizing problems (i.e., anxiety with an ES of 0.422 and adjustment with an ES of 0.268) had the largest effect size. Furthermore, the age of the students and the duration of the intervention did not result in statistically significant differences regarding overall effectiveness, contrary to what January, Casey, and Paulson found (2011). Students' academic achievement did not appear to be affected as a result of their participation in these programs (ES of 0.055).

Social skills training can also take the form of peer-based interventions, such as peer-mediated programs and the use of peer-modeling (Elliot & Gresham, 1993). Cognitive approaches are often used in social skills training by teaching or altering the thinking patterns necessary to achieve effective social skills. Cognitive behavior therapy and rational emotive therapy been used to help remediate social skills deficits (Cartledge & Milburn, 1994). A review by Gresham (1985) looked at social skill programs using the cognitive-behavioral approach; those that used coaching and modeling were particularly effective. These types of social skills interventions use social problem solving, verbal skills, causal thinking, problem definition, and considering consequences as well as alternative solutions, and can be used in small group settings (Matson & Ollendick, 1988). Bostick and Anderson (2009) found that group counseling that focused on social skills decreased loneliness and social anxiety, as well as demonstrated improvement in some academic areas. Other "packaged" programs include Coping Power Program (Lochman & Wells, 2002a), Fast Track (CPPRG, 1992), Promoting Alternative Thinking Strategies (PATHS; Kusché & Greenberg, 1994) and Adolescent Curriculum for Communication and Effective *Social Skills* (ACCESS) (Walker & Holmes, 1987), A Curriculum

for Children's Effective Peer and Teacher Skills (ACCEPTS) (Walker, 1983), Skillstreaming (McGinnis & Goldstein, 1997), and Tough Kid Social Skills (Sheridan, 2010).

Another type of social skills programs uses peer mediation. This model is based on the view that students can be taught problem solving and conflict resolution skills that will then help solve or remediate social issues with themselves and their peers. One of the first studies to assess the effectiveness of “students as peacemakers” with the peer mediation framework was conducted by Johnson, Johnson, Dudley, and Burnett (1992). They found that the number of incidents reported to figures of authority at the school dropped significantly and that, through role-modeling and opportunity to practice their newly-learned skills, students used constructive problem solving and negotiation skills to successfully navigate conflicts with peers.

Other social skill programs are based upon social learning theory. As Nangle, Erdley, Adrian, and Fales (2010) stated, social learning theory revolves around the idea that individuals’ behavior is learned and that consequences in the environment reinforce it. Additionally, behavior is influenced by what is called social context, which in turn is dependent upon and influenced by an individual’s behavior and cognition. Programs that borrow from social learning theory implement the use of modeling and role playing, as well as emphasize self and social reinforcers. Matson and Ollendick (1988) suggest that the use of modeling coupled with reinforcers will help to remediate and teach social skills for children who have prerequisite skills, as well as for those who do not. Modeling, role-playing, social reinforcement (e.g., coaching), and feedback have been included as components in effective social skills training programs (see Matson & Ollendick, 1988). Practice is also an important component (Cartledge & Milburn, 1994), both for maintenance (continuing to use and hone the skill) and for generalization (to use the skills learned and practiced in settings other than the training setting, as well as with other individuals).

Self-monitoring and self-evaluation (e.g., progress monitoring) are specific strategies that the child him/herself can use to help ensure generalization and maintenance (Cartledge & Milburn, 1994).

The *Social Skills Improvement System* (SSIS; Gresham & Elliott, 2008) is also based upon social learning theory. The SSIS contains a screener, rating scales, and an intervention guide. The three versions of the rating scales (teacher, parent, and student) assess individuals in three main areas: social skills, problem behaviors, and academic competence. The intervention guide is made up of twenty instructional units which use explicit instructional strategies (i.e., introduction, modeling, practicing, progress monitoring, and generalizing) in either a classwide or small group setting. The SSIS also includes resources to assist with monitoring student progress and program effectiveness.

Research Questions

This study examined several research questions regarding the implementation of this program in a public school system. First, do the children receiving the delivery of the Social Skills Improvement System (SSIS) Intervention Guide in a small group for demonstrate improved acquisition and utilization of social skills? This was measured by pre- and post-test ratings on the SSIS Rating Scale and by scores on the Goal Attainment Scale (GAS). Second, do teacher reports of disruptive behaviors and office discipline referrals decrease for the children participating in this program? Data regarding this research question were collected using weekly *Disruptive Behavior Frequency* charts and office discipline referral data. Third, did the students demonstrate an improvement on academic performance, including the amount of academically engaged time? Teachers' completion of the *Weekly Academic Performance Monitoring* sheet provided the data to answer this question. Lastly, do teachers find these programs helpful and

appropriate and can the program be implemented with integrity within a public school work setting? This question was answered through the completion and analysis of teacher acceptability forms.

CHAPTER II

METHODS

Participants

Participant Selection

Participants were six third grade students in a mid-Michigan school district who were identified by their teachers as demonstrating disruptive behaviors in class as well as behavior problems that adversely affected academically engaged time in the classroom. Inclusion criteria included at least three behavior referrals to Student Responsibility Center (SRC) in the previous three months. Students with poor attendance records (ten absences or more during the past academic school year) or students receiving services under the Individuals with Disabilities Education Act or under Section 504 for disabilities that would impact the social skill instruction techniques (such as severe cognitive or emotional impairments and autism) were excluded. The students, at the study's onset, ranged in age from 8 years, 4 months to 10 years, 3 months with a mean age of 9 years, 2 months. Five of the participants were male. A brief description of the students is found in Table 1.

Table 1. *Student Characteristics*

<u>Student</u>	<u>Gender</u>	<u>Age</u>	<u>Race</u>	<u>Special</u> <u>Ed.</u>	<u>Title I</u>	<u>Teacher</u>	<u>Attendance</u>
S-1	M	10-3	Caucasian	No	Yes	A	100%
S-2	F	9-2	Caucasian	No	No	A	100%
S-3	M	8-4	Caucasian	No	No	A	100%
S-4	M	9-6	Caucasian	No	No	B	92%
S-5	M	8-11	Caucasian	No	Yes	B	83%
S-6	M	9-1	Caucasian	No	Yes	C	100%

Central Michigan University's Institution Review Board procedures for participant recruitment and selection were followed. After the school administrator provided consent (Appendix A), all seven of the third grade teachers were sent a letter of invitation, and the three teachers who were willing to participate signed the Teacher Consent Form (Appendix B). After looking at the number of discipline referrals for students in each of the three classes, parents of six students were invited to participate in the study (Appendix D) and all six parents signed the parental consent forms (Appendix C) for their children to participate. All invited participants assented (Appendix E), yielding a participant pool of six. Informed consent and child assent forms included the purpose, scope, and goals of the study, the approximate duration of participant involvement, confidentiality and its limits, methods of data collection, and how data would be used. Incentives were not offered to teachers, parents, or participants for their involvement in the study.

Instruments and Measurements

Social Skills Improvement System-Rating Scales

The *Social Skills Improvement System-Rating Scales* (SSIS-RS; Elliott & Gresham, 2008) were completed by the participating teachers in pre-intervention and in follow-up stages. The rating scales contain items in three main domains: social skills, problem behaviors, and academic competence. The rating scale is designed to identify social skills deficits, acquisition deficits, and competing problem behaviors. Specific skills were identified and targeted for instruction based on the results of the pre-intervention SSIS Rating Scales.

Bradley-Johnson (2009) reviewed the technical adequacy of the SSIS-RS. Although the normative data included a sample of 4700 students, for ages 9 and 10 (which included the ages

used in this study, and are the typical ages for 4th grade students), there were only 65 and 68 participants, respectively, included in the norming of the Teacher Form of the rating scale. However, demographic characteristics were representative of census data and children with various disabilities (such as autism spectrum disorder, attention-deficit/hyperactivity disorder, and specific learning disabilities) were also included. Internal consistency reliability coefficients were found to be satisfactory for all three domains of the rating scale (Social Skills, Problem Behaviors, and Academic Competence). Test-retest reliability coefficients are somewhat low for the teacher form for the overall Social Skills domain (.84) and the overall Problem Behaviors domain (.81), but satisfactory for the Academic Competence domain (.93). Inter-rater reliability between teachers also was somewhat low for all three domains (Social Skills, .70; Problem Behaviors, .57, and Academic Competence, .62). Intercorrelation coefficients among scales and subscales were determined to measure construct validity. Content validity and criterion-related validity were found to be acceptable. The Social Skills scale score was found to correlate with prosocial behavior at .63 for ages 3-5 and at .70 for ages 5-18. Correlations of about .40 to .70 are generally considered acceptable.

Goal Attainment Scale

Consistent with the program recommendations, the Goal Attainment Scale (GAS) Worksheet (Appendix F) was completed on a weekly basis by the participants' teachers for progress monitoring. The GAS Worksheet is designed for the monitoring of social behavior changes. The GAS Worksheet consists of a table for the six behaviors targeted during group sessions, which were the same behaviors for all students and were determined by the examiner, based on the results of the pre-test SSIS-RS results. Each week, each target behavior was rated on a scale of -2 (for much less than expected) to +2 (much better than expected). Instructions for

completing the GAS were consistent with recommendations put forth by the SSIS program manual.

Social Skills Progress Chart

Additionally, the participants conducted self-monitoring with the Social Skills Progress Chart (Appendix G). This chart required each participant to record the unit number and the social skill taught for the week. The students then rated if he/she could do some, most, or all of the skill steps for that week, as well as for the skill steps from all previous weeks. This chart is part of the SSIS Intervention Guide.

Disruptive Behavior/Student Responsibility Center Referrals

A weekly frequency count of disruptive behaviors was completed by the teachers (Appendix H) during baseline and weekly during intervention by tallying the number of disruptive behaviors in the classroom throughout the course of the day. The numbers of Student Responsibility Center referrals were also tracked. Both of these measures were developed by the author of this study and are not typically recommended as part of the implementation of the program.

Academic Performance

The author of this study created a data sheet for teachers to record the percentage of work completion and accuracy for math and language arts assignments (Appendix I). Data were recorded daily by the teachers for each participant and turned in weekly to the examiner during baseline and during intervention. The data sheets were either given directly to the examiner at the end of each week, or by placing them in an envelope in the examiner's mailbox at the school.

This was not a standard part of the intervention program and was developed to monitor academic performance.

Systematic Direct Observations

The experimenter conducted systematic direct observations (SDO) for each student during math class twice weekly during baseline and once weekly during intervention phases in order to measure the amount of academically engaged time each participant demonstrated. The Classroom Observation Record was used to record the data (Appendix L). Momentary time sampling was used with fifteen second intervals. Each participant's behavior was coded at the start of each interval as either on-task or off-task (e.g, passive, verbal, or motorically off-task). The percentage of intervals of on-task behavior were calculated. Inter-observer data were not collected.

Treatment Acceptability and Social Validity

During the follow-up stage of the study, teacher acceptability forms (Martens, Witt, Elliott & Darveaux, 1985) were administered to determine the social validity of the program and the intervention (Appendix J). Social significance of the goals, appropriateness and acceptability of procedures, and social importance/validity of effects were assessed.

Intervention Integrity

The intervention was conducted twice per week for each of six consecutive weeks. Consistent with program recommendations, individual sessions last approximately 45 minutes. Student 4 missed one session and student 5 missed two sessions, with the other participants having 100% attendance at sessions. The Intervention Integrity Direct Observation Form (Appendix K) provided by the social skills program publishers provides a format for monitoring

integrity. The primary investigator, who was the facilitator of the sessions, conducted self-assessment to ensure that each session was conducted with integrity, following the script recommended by the program. A secondary investigator conducted one outside intervention integrity check, with 100% integrity observed.

Procedure

A mixed design was implemented with all six students receiving the intervention at the same time. Pre-and post-intervention measures of social skills, problem behaviors, and academic behaviors were conducted. An AB design was used to assess the program's impact on social skill acquisition and demonstration, academic engagement, and disruptive behaviors/office referrals.

After informed consent was obtained, participating teachers completed pre-intervention SSIS rating scales for each participating student. Six behaviors were selected for the intervention based upon the analysis of the rating scale results, i.e., the six behaviors that appeared most frequently as areas of concern for each participant. The six skills identified were (in order of presentation): "Following directions", "Paying attention to your work", "Do the right thing", "Doing your part in a group", "Staying calm when disagreeing", and "Staying calm when criticized". The first session for each skill focused on mostly on introducing and defining the skill, as well as showing and modeling and some brief practice, including "homework" being assigned. The second session for each skill provided review of the skill and of homework and more time for practice and feedback. The students also completed the self-monitoring progress sheet at the conclusion of the second session for each skill.

Intervention sessions were approximately 45 minutes in length twice a week for six weeks, with the exception of one week when a weather day occurred. The week following the

weather day, two sessions were held on the same day. The dates for the interventions are as follows: Week 1 (March 12, March 14); Week 2 (March 19, March 21); Week 3 (March 26, March 28); Week 4 (April 9, April 11), Week 5 (April 16); Week 6 (April 23, April 25, 2013). The week of April 1, 2013 was Spring Break and school was not in session. The lesson scheduled for April 18 was held on April 23 because of a weather day, and two lessons were given that day. Two children (Students 4 and 5) rescinded their assent at the conclusion of the March 21 session; they both were absent for the March 26 session, but then rejoined the group. Student 5 was also absent one additional session (April 16). With these exceptions, all other students attended all sessions.

CHAPTER III

RESULTS

Research Question I

The first research question was regarding the program's impact on development and demonstration of social skills. The participants' teachers completed the SSIS rating scales (norm-referenced rating scales not designed to be used in formative assessment) pre- and post-intervention for each child. Teachers completed the rating scales between February 18, 2013 and February 22, 2013 for pre-intervention data, and again between June 5, 2013 and June 6, 2013 for post-intervention data. Table 2 contains pre- and post-intervention scores for each student on the Social Skills scale. On this measure, average standard scores are from 85 to 115. In this study, individual students' standard scores ranged from 54 to 85.

Table 2. *Social Skills Scale Standard Scores, for Individual Students and Mean*

<u>Student</u>	<u>Pre</u>	<u>Post</u>	<u>Change</u>
S-1	76	81	+5
S-2	70	64	-6
S-3	65	68	+3
S-4	62	56	-6
S-5	54	65	+11
S-6	78	85	+7
Mean	67.5	69.83	+2.33

It is important to note that at pretest these scores average two standard deviations below the mean and represent significant concern. Four students (Students 1, 3, 5, and 6) demonstrated positive change in their pre- and post-intervention ratings. However, Student 2 and Student 4 showed a negative change. These data do not represent substantial growth and the mean post-intervention score remains significantly well below the average range.

To further assess the efficacy of the SSIS-Intervention Guide, teachers completed the Goal Attainment Scale (Appendix F) weekly for each participant to indicate their perceptions of the students' behaviors that were targeted for intervention. On this measure, "+2" indicates "Much better than expected", "+1" for "Better than expected", "0" for "Meets Expectations", "-1" for "less than expected", and "-2" for "Much less than expected". This formative assessment tool indicated considerable variability across the six weeks of intervention for each student. By the sixth week, Student 3 met or exceeded behavioral expectations; Student 6 met or exceeded five of the six behavioral expectations. The remaining four students demonstrated behaviors below expectation levels. Results of these ratings are presented in Table 3.

Table 3. *Goal Attainment Scale*

Student 1						
<u>Social Skill</u>	<u>Week 1</u>	<u>Week 2</u>	<u>Week 3</u>	<u>Week 4</u>	<u>Week 5</u>	<u>Week 6</u>
Following directions	1	-1	-1	0	1	1
Paying attention to your work		-1	0	0	1	-1
Do the right thing			-1	0	0	-1
Doing your part in a group				-1	0	-1
Staying calm when disagreeing					-1	-1
Staying calm when criticized						-1
Student 2						
<u>Social Skill</u>	<u>Week 1</u>	<u>Week 2</u>	<u>Week 3</u>	<u>Week 4</u>	<u>Week 5</u>	<u>Week 6</u>
Following directions	-2	0	0	-1	0	-2
Paying attention to your work		0	0	-1	0	-1
Do the right thing			0	0	0	-1
Doing your part in a group				-1	0	-1
Staying calm when disagreeing					0	-1
Staying calm when criticized						0

Table 3. *Goal Attainment Scale* (continued)

Student 3						
<u>Social Skill</u>	<u>Week 1</u>	<u>Week 2</u>	<u>Week 3</u>	<u>Week 4</u>	<u>Week 5</u>	<u>Week 6</u>
Following directions	-1	0	0	-1	0	0
Paying attention to your work		0	0	0	1	1
Do the right thing			0	0	0	2
Doing your part in a group				-1	-1	2
Staying calm when disagreeing					0	1
Staying calm when criticized						0
Student 4						
<u>Social Skill</u>	<u>Week 1</u>	<u>Week 2</u>	<u>Week 3</u>	<u>Week 4</u>	<u>Week 5</u>	<u>Week 6</u>
Following directions	-2	-2	-1	-1	-2	-1
Paying attention to your work		0	-1	-1	-1	-1
Do the right thing			-2	-2	-2	-1
Doing your part in a group				-2	-2	-1
Staying calm when disagreeing					0	0
Staying calm when criticized						-2
Student 5						
<u>Social Skill</u>	<u>Week 1</u>	<u>Week 2</u>	<u>Week 3</u>	<u>Week 4</u>	<u>Week 5</u>	<u>Week 6</u>
Following directions	1	-1	0	-1	-2	-2
Paying attention to your work		-2	-2	-2	-2	-2
Do the right thing			-1	-1	-2	-2
Doing your part in a group				-2	-2	-1
Staying calm when disagreeing					0	0
Staying calm when criticized						-2
Student 6						
<u>Social Skill</u>	<u>Week 1</u>	<u>Week 2</u>	<u>Week 3</u>	<u>Week 4</u>	<u>Week 5</u>	<u>Week 6</u>
Following directions	-1	0	0	1	0	0
Paying attention to your work		-1	-1	1	1	1
Do the right thing			-1	-1	0	-1

Table 3. *Goal Attainment Scale* (continued)

Doing your part in a group	0	0	0
Staying calm when disagreeing		0	0
Staying calm when criticized			1

Scale: +2: Much better than expected; +1: Better than expected; 0: Meets expectations; -1: Less than expected; -2: Much less than expected.

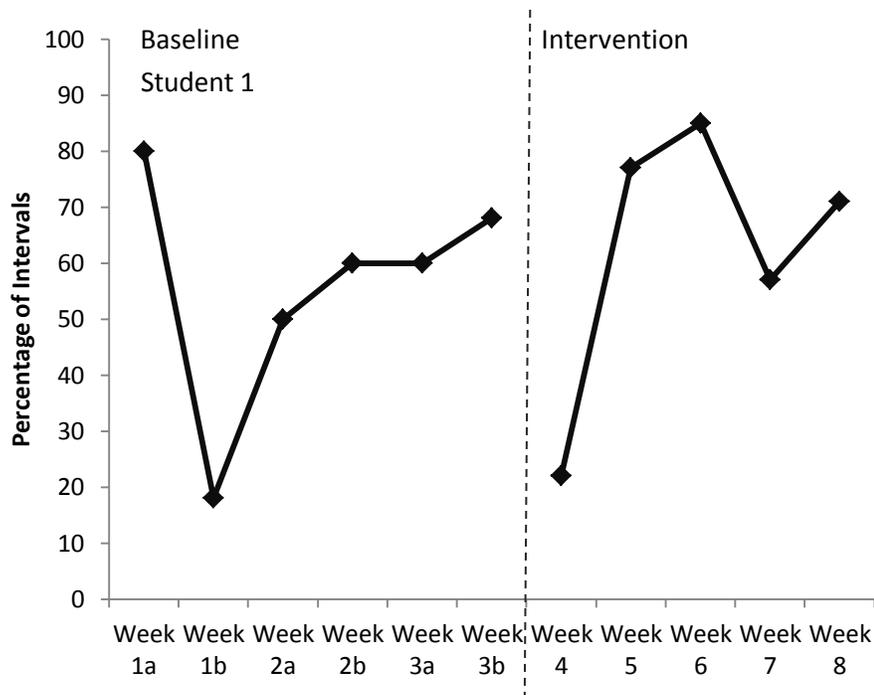
In line with program recommendations, participants completed the Social Skills Progress Chart at the conclusion of the second session (i.e., at the end of each target behavior’s unit). The SSIS states that self-monitoring is important for the acquisition, retention, and practice of newly learned skills. Students rate themselves with a “1” if they could do “some of the skill steps”, a “2” if they could do “most of the skill steps”, and a “3” if they could do “all of the skill steps”. Each of the six participants always rated themselves as being able to do “all of the skill steps” for that week’s targeted skill, as well as for all social skills from previous weeks. The mean for each student’s self-rating is summarized below in Table 4.

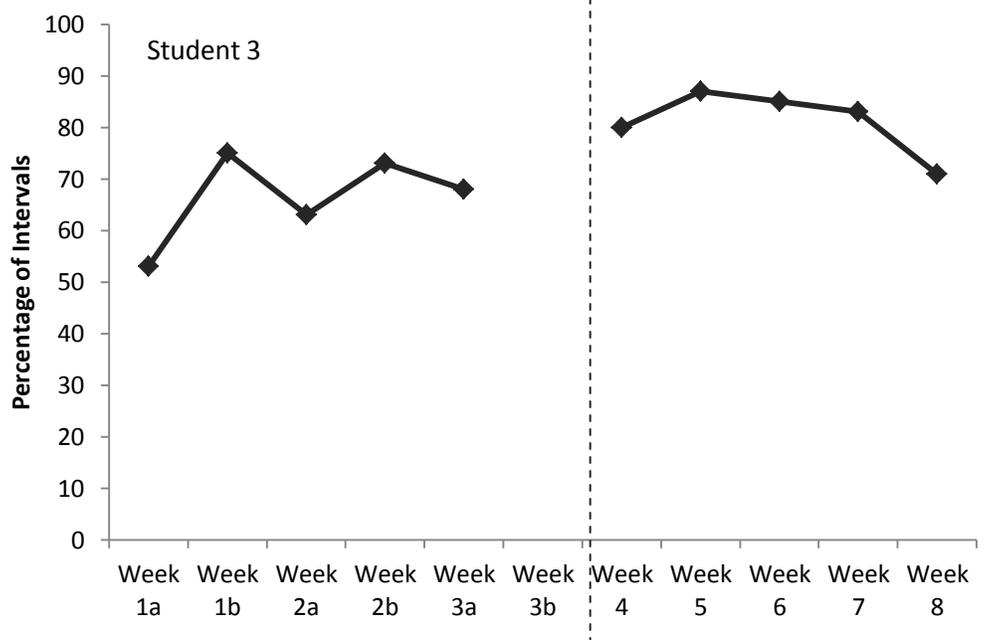
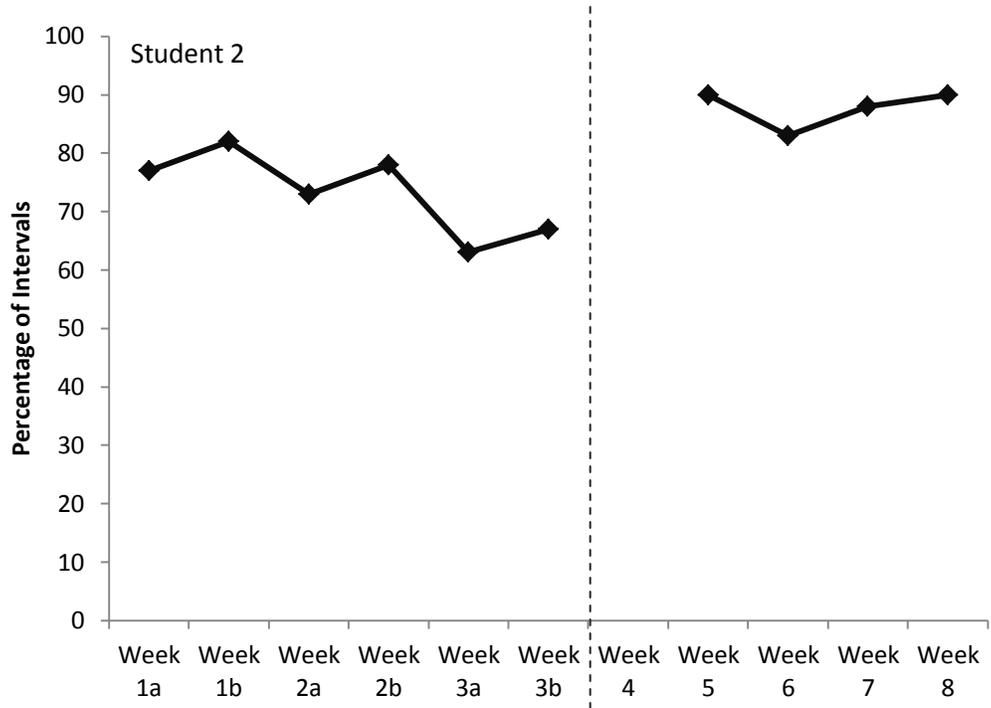
Table 4. *Mean Score of Ratings on the Social Skills Progress Chart*

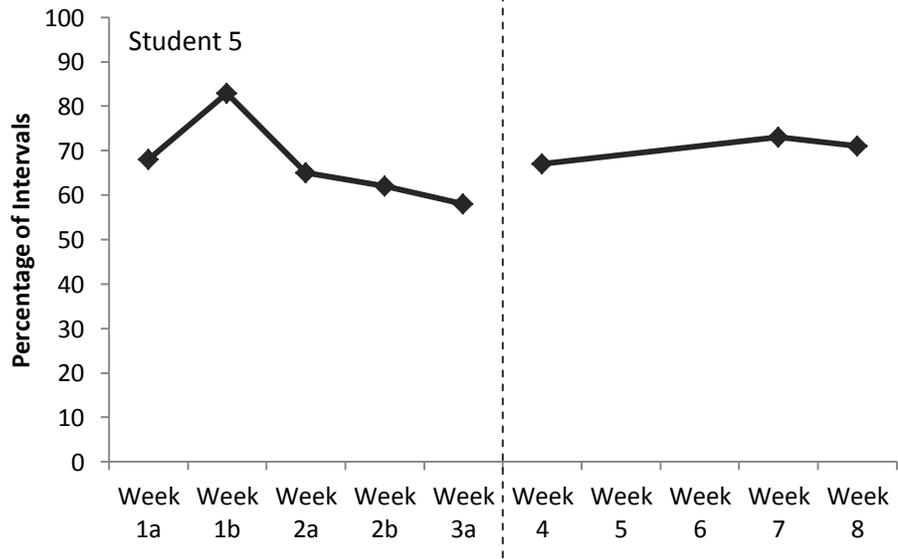
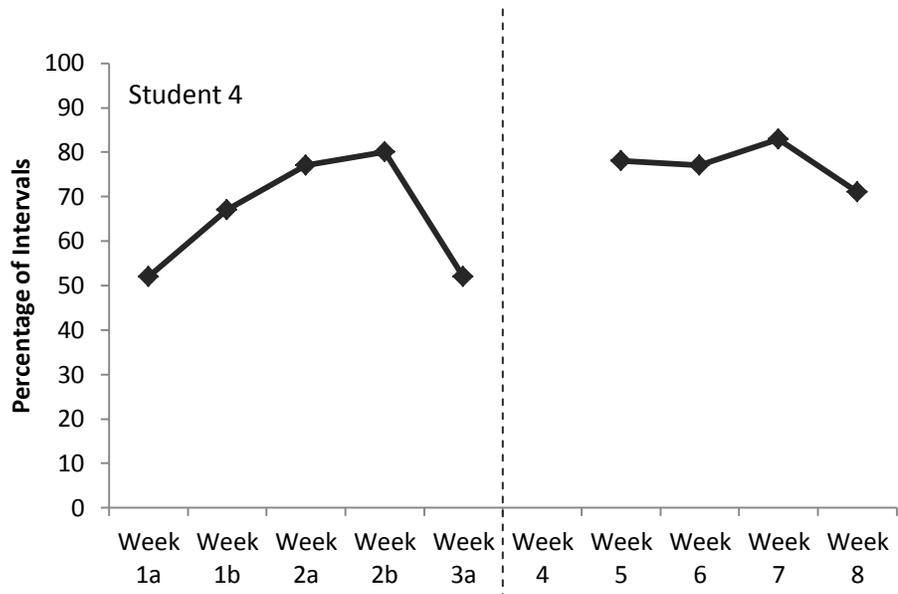
<u>Social Skill</u>	<u>Week 1</u>	<u>Week 2</u>	<u>Week 3</u>	<u>Week 4</u>	<u>Week 5</u>	<u>Week 6</u>
Following Directions	3	3	3	3	3	3
Paying Attention to Your Work		3	3	3	3	3
Do the Right Thing			3	3	3	3
Doing My Part in a Group				3	3	3
Staying Calm when Disagreeing					3	3
Staying Calm when Criticized						3

Scale: “1: I can do some of the skill steps”; “2: I can do most of the skill steps”; “3: I can do all of the skill steps”.

Systematic direct observations were conducted with academically engaged time recorded twice weekly for three weeks in baseline and then once weekly during the intervention phase. Because of a weather day on one of the days that progress monitoring data were collected, there are five weeks of intervention data. Some students were not present in class during the observations in baseline and intervention phases, and do not have data points for each week. The primary investigator conducted the observations, the results of which are presented in the following graphs. Four students (Students 2, 3, 4, and 6) increased their amount of academically engaged time; Student 5 remained relatively stable; and Student 1 demonstrated widely variable on-task behavior in both baseline and intervention phases. Results are presented in Figure 1 below.







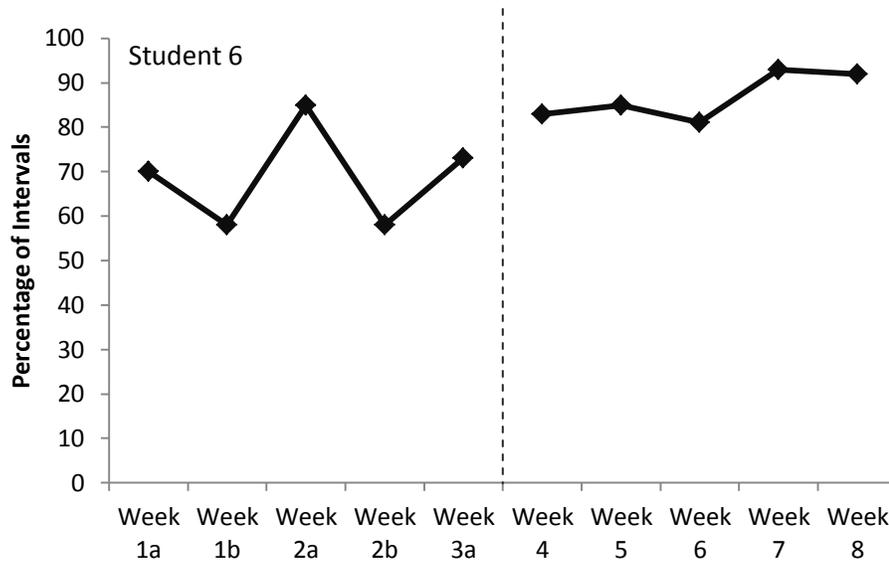


Figure 1. *Academically Engaged Time as Percentage of On-Task Behavior.* Results presented for baseline and intervention phases, starting with Student 1 and ending with Student 6.

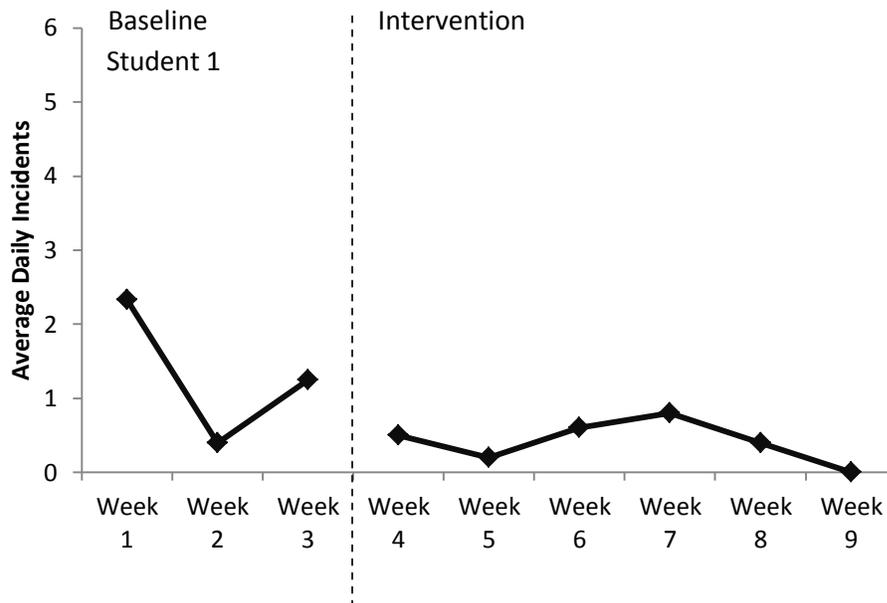
Research Question II

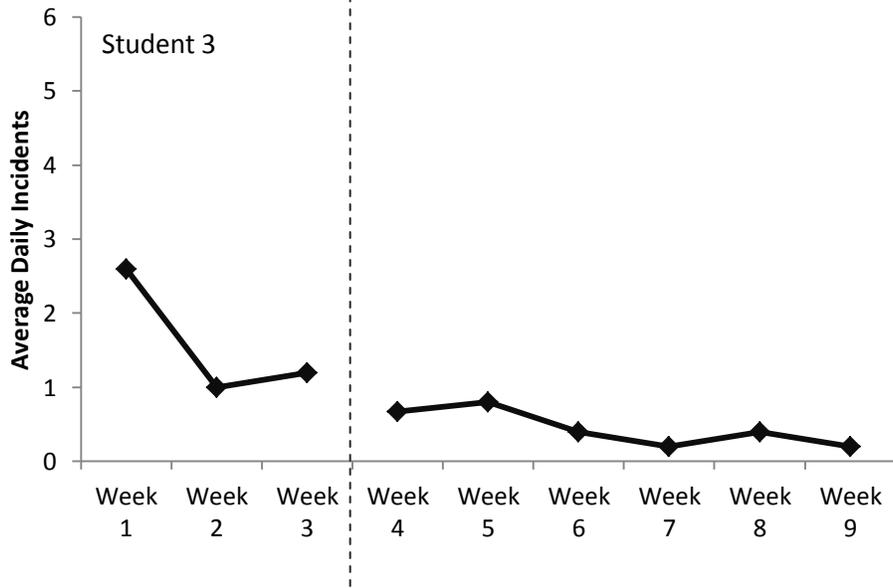
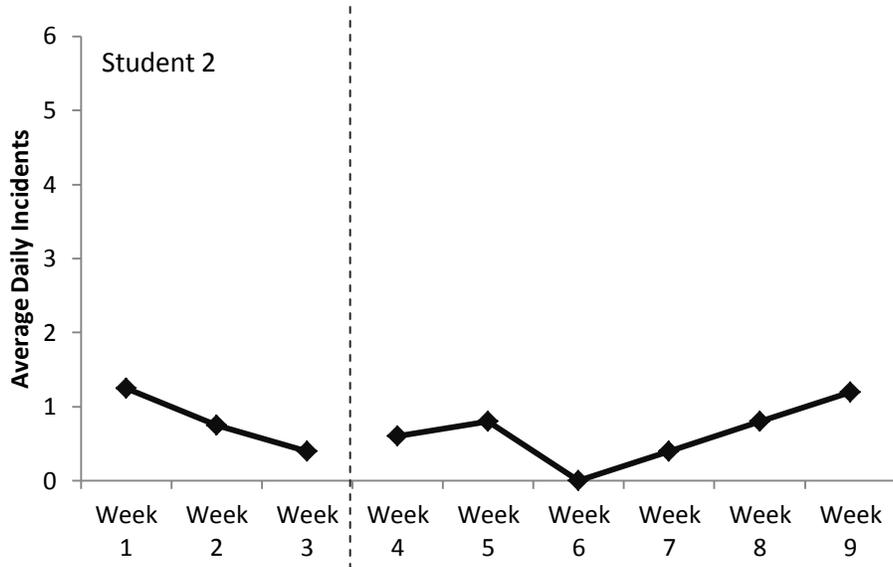
The second research question examined if participation in this social skills program reduced disruptive behaviors in school. Teachers' completion of the Problem Behaviors scale section of the SSIS-RS reveals both pre- and post-intervention perceptions of each student's disruptive behaviors, as described in Table 9, below. Average standard scores for this scale fall within 85 to 115, with higher scores indicating more perceived behavior problems. Scores on the pre-intervention rating scales show that all six students' problem behaviors were rated well above average. At post-intervention, three students were rated as decreasing their problematic behaviors, whereas the remaining three participants were rated as having increased these behaviors. Two of the six students demonstrated decreases of 10 or more standard score points. However, these scores remained well above average, indicating the students still demonstrated atypical levels of problem behaviors.

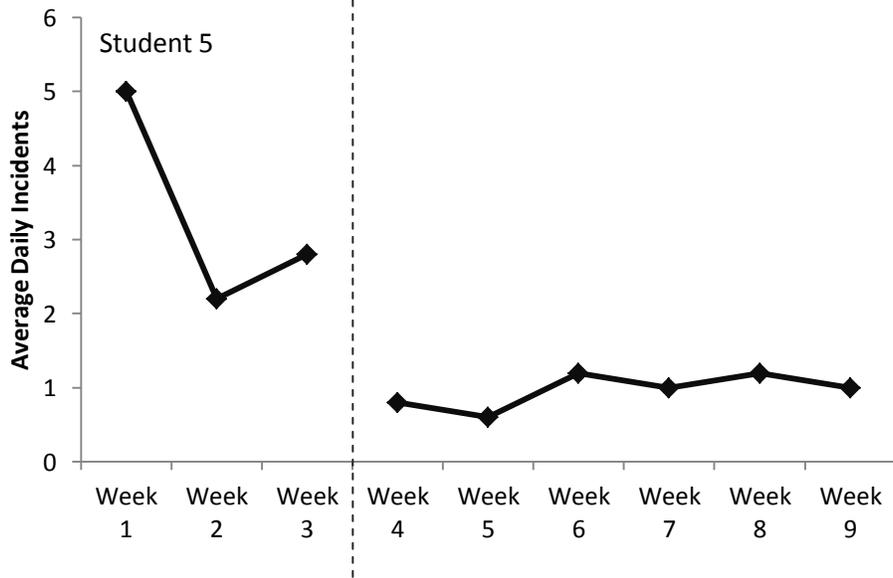
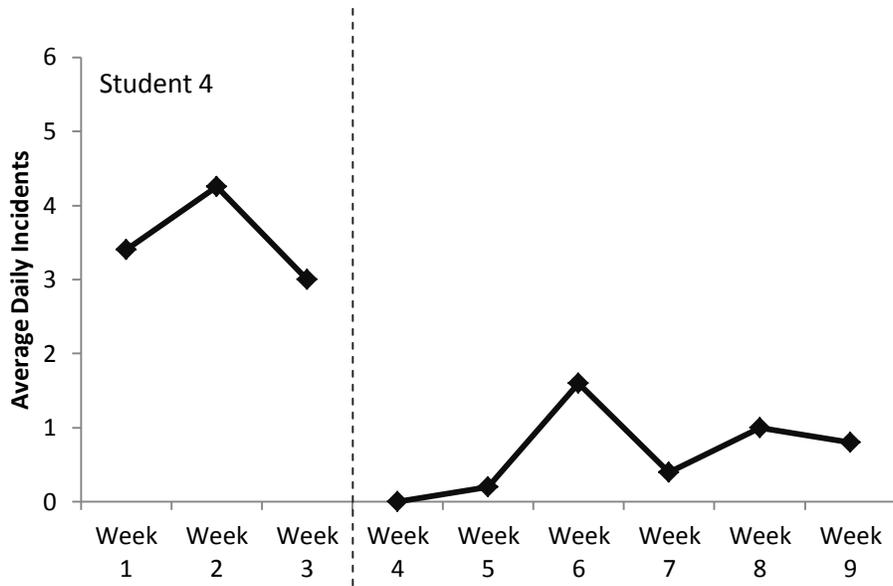
Table 5. *Problem Behaviors Scale Standard Scores, for Individual Students and Mean*

<u>Student</u>	<u>Pre</u>	<u>Post</u>	<u>Change</u>
S-1	144	145	+1
S-2	141	140	-1
S-3	152	139	-13
S-4	138	142	+4
S-5	150	153	+3
S-6	134	124	-10
Mean	143.167	140.5	-2.67

Data regarding disruptive behaviors, defined as behaviors significant enough to warrant a student being sent to the classroom “thinking chair” or to Student Responsibility Center (SRC), were collected using the weekly *Disruptive Behavior Frequency* charts (Appendix H). Figure 2 below indicates that after the implementation of the intervention, five of the six participants (Students 1, 3, 4, 5, and 6) exhibited many fewer incidents of disruptive behaviors in the classroom. Student 2 demonstrated an increase in disruptive behaviors.







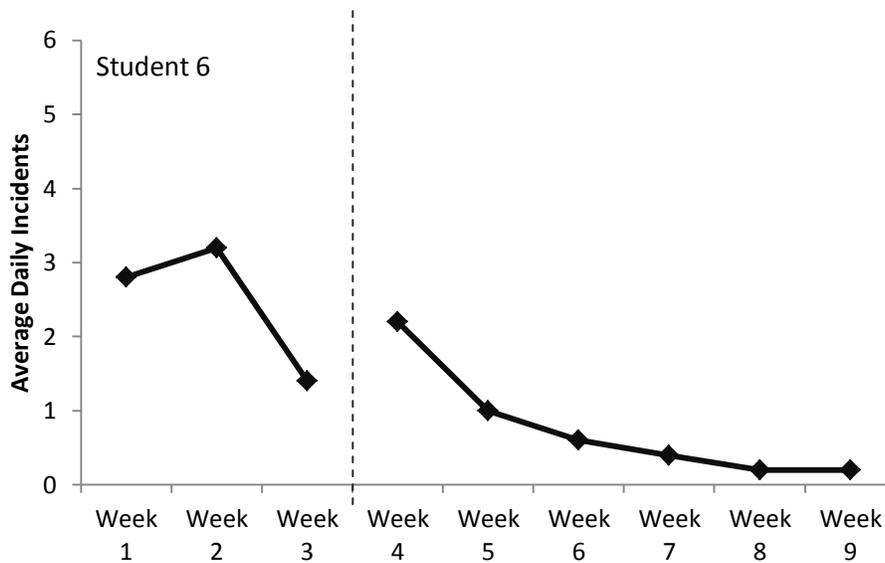
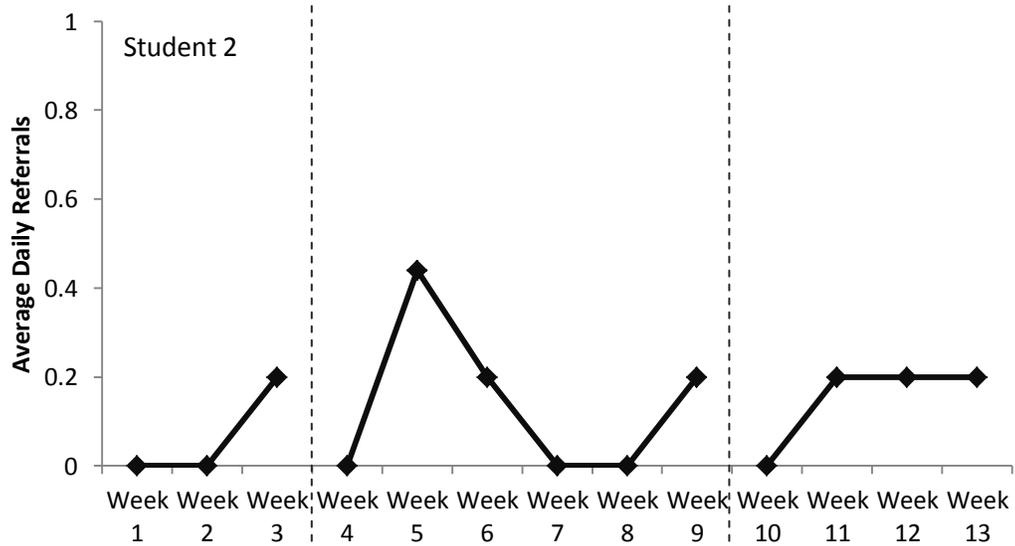
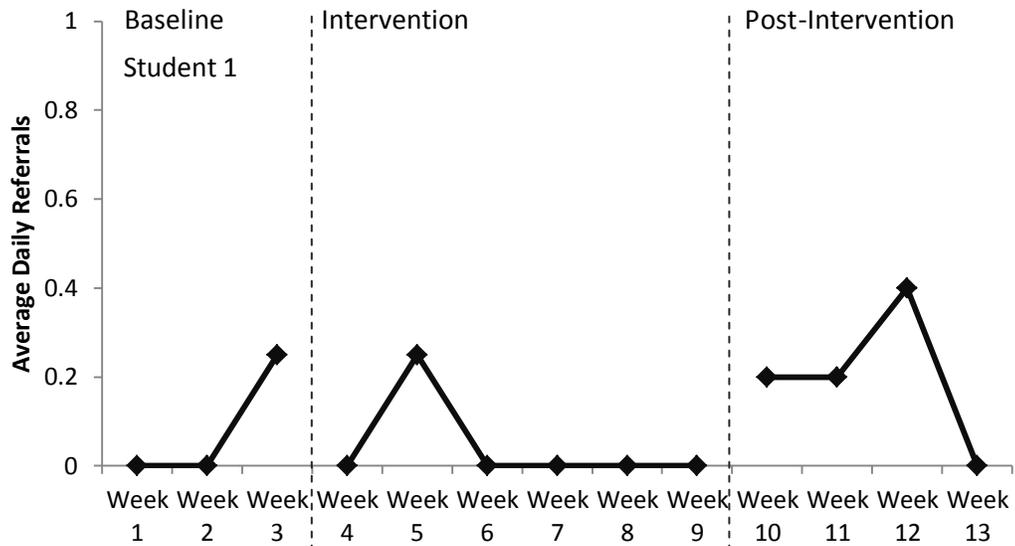
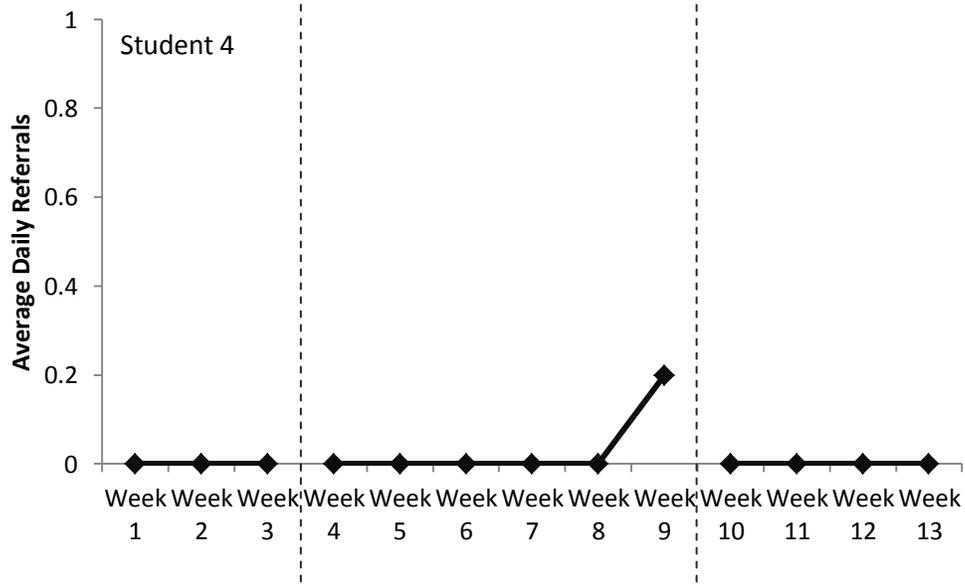
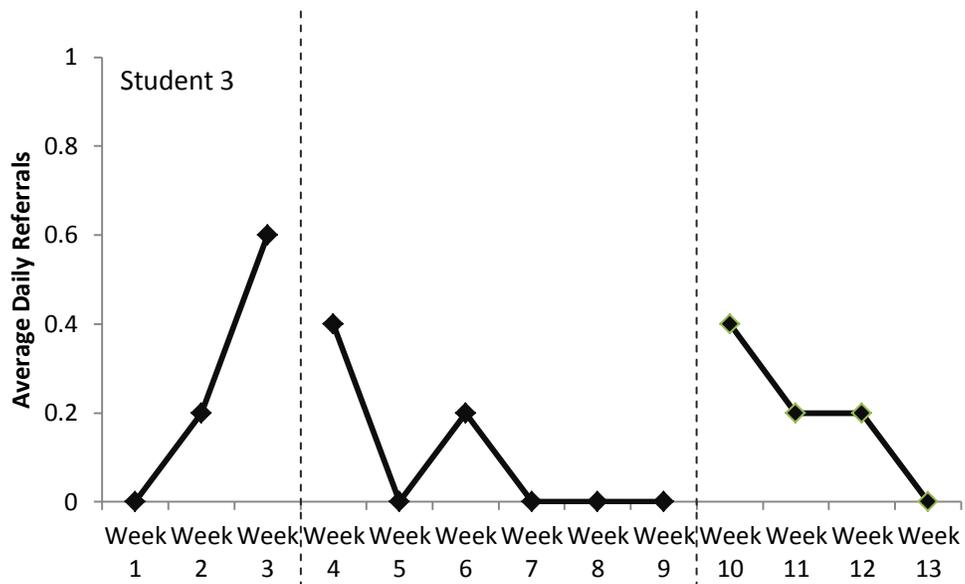


Figure 2. *Frequency of Disruptive Behaviors.*
Data presented for Students 1 through 6.

Referrals to the Student Responsibility Center were also collected to further investigate changes in inappropriate and disruptive behaviors, shown in Figure 3 below. Student 1 showed a low level of SRC referrals during baseline and intervention, but more referrals during the follow-up stage. Student 2 was referred to SRC more frequently during the intervention and follow-up phases than during baseline. Both Student 3's and Student 6's number of SRC referrals dropped during intervention; both students' referrals initially jumped during the first week of follow-up, but then decreased for both. There was a slight increase in Student 5's number of referrals during intervention and during follow-up phases. Student 4 only had one referral to SRC across the phases, which occurred during the intervention phase.





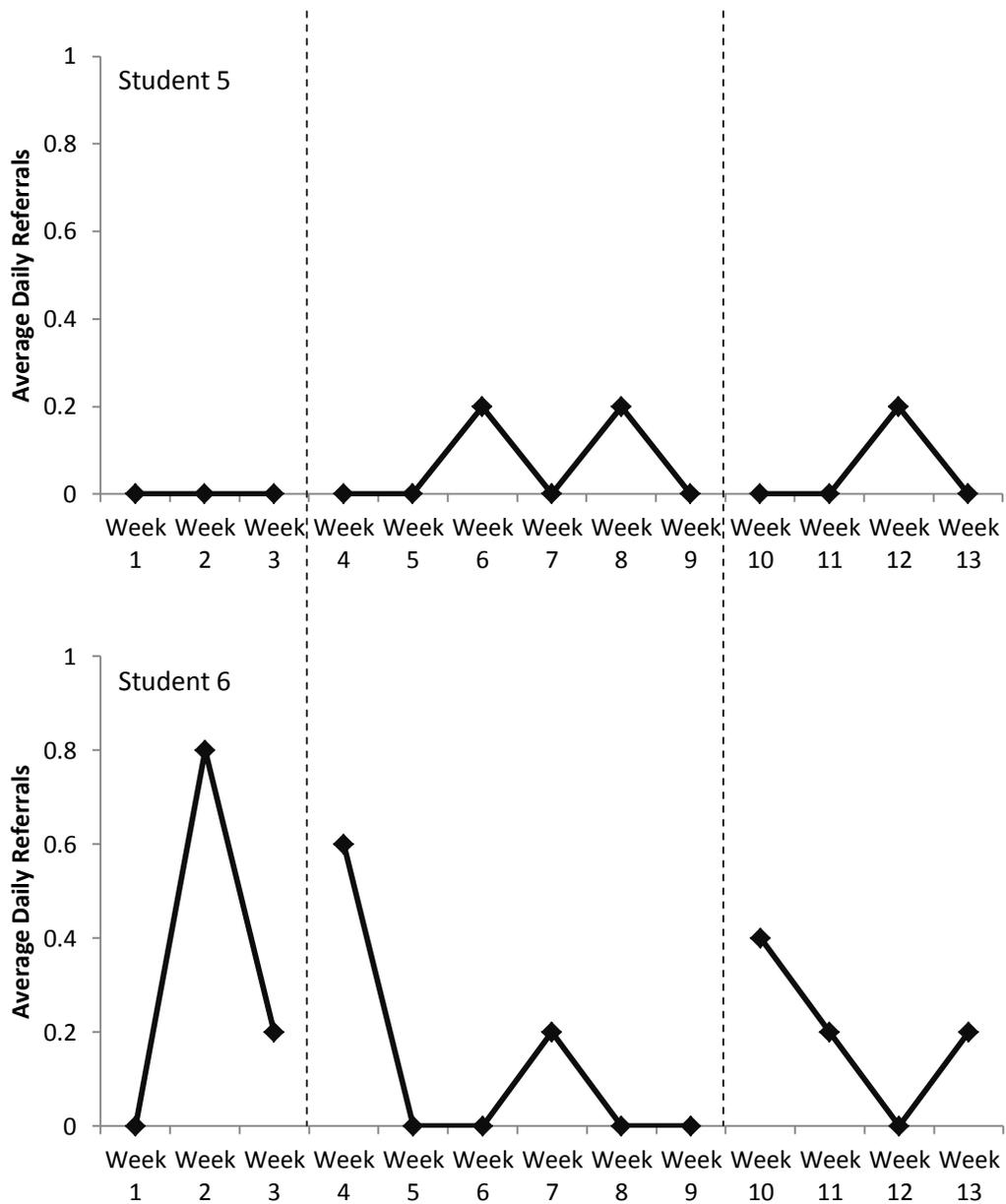


Figure 3. *Number of Student Responsibility Center Referrals.*
 Average daily referrals for baseline, intervention, and post-intervention for Students 1 through 6.

Research Question III

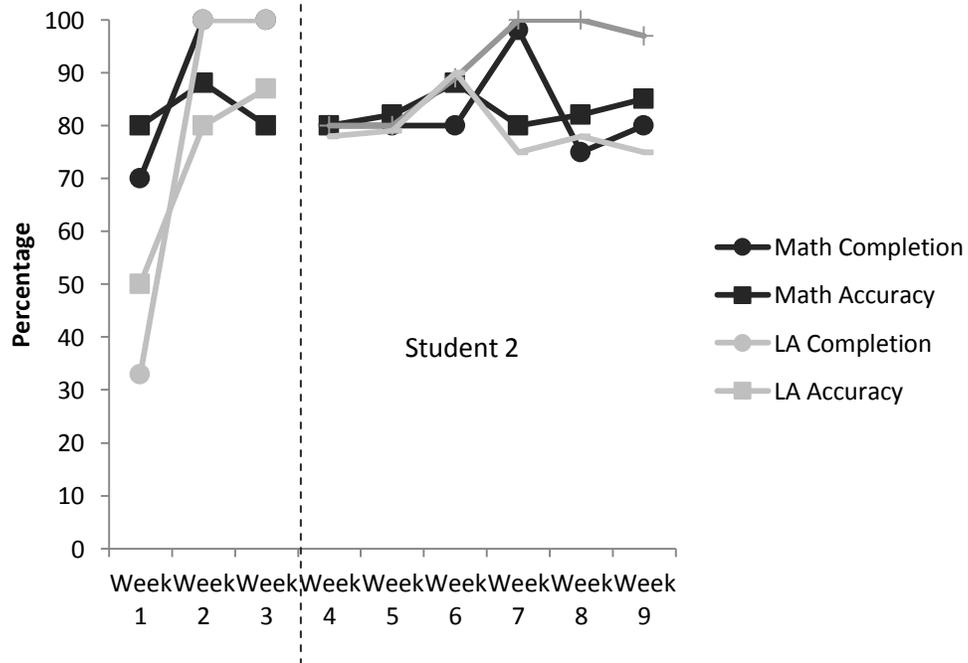
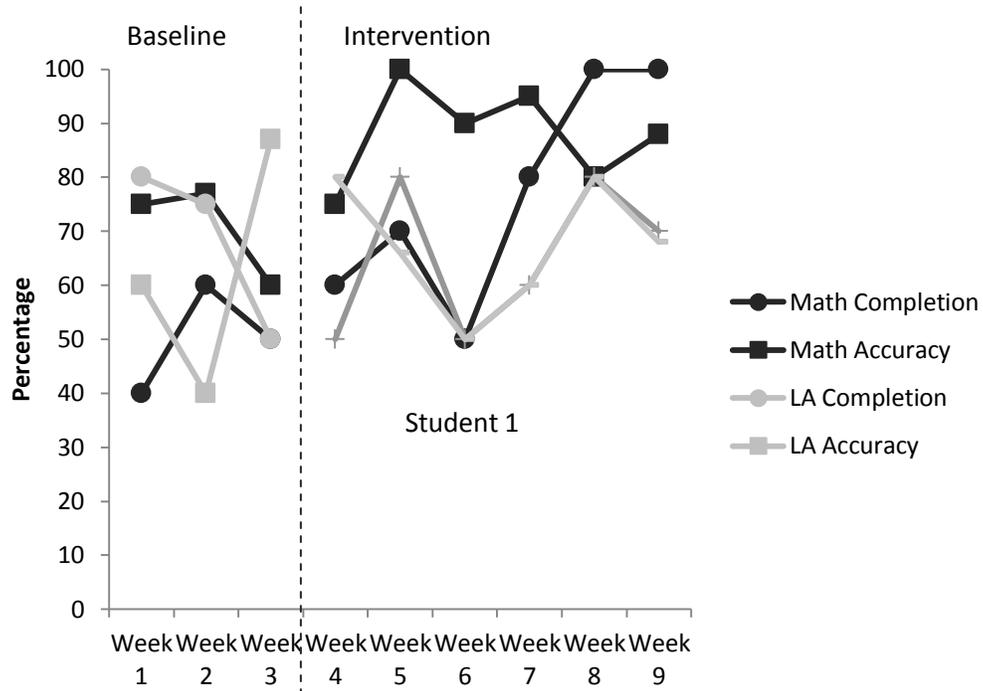
Teachers completed the Academic Competence Scale of the SSIS Rating Scales pre-intervention and six-week post-intervention to assess perceived differences in participants' academic performance. Average standard scores on this measure fall in the range of 85 to 115.

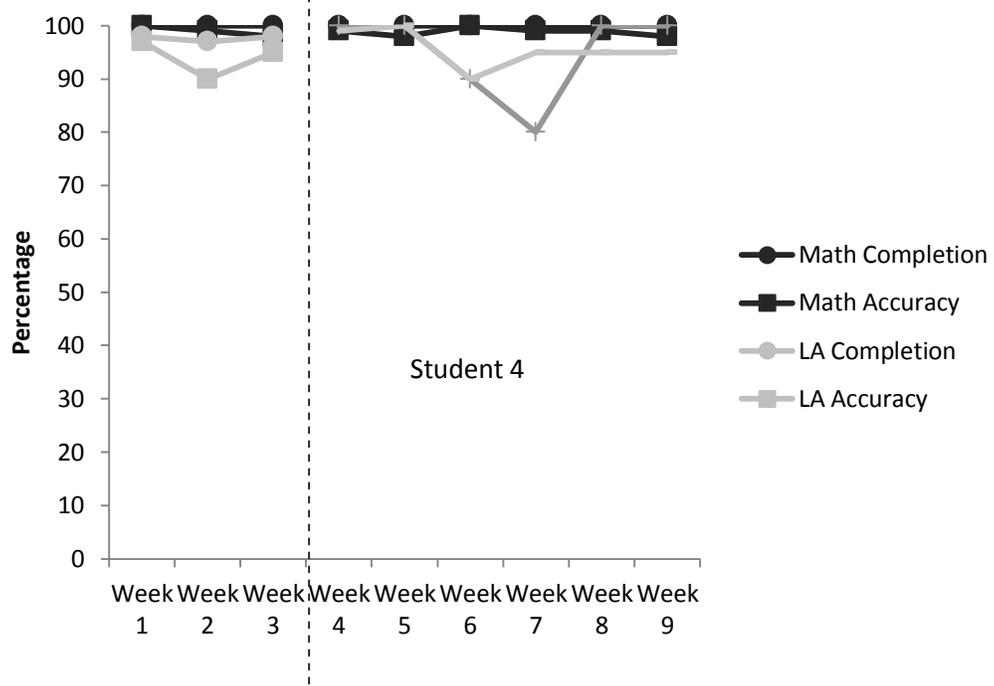
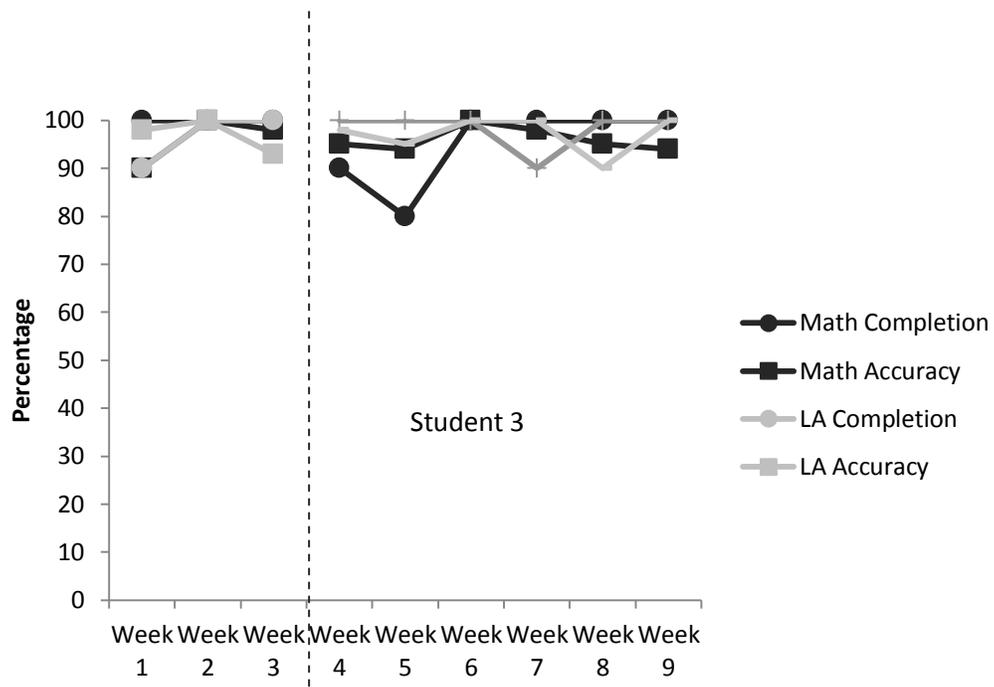
Results are summarized in Table 6 below and indicate slight changes in scores for Students 1, 2, 3, and 5, with Student 4 remaining the same and Student 6 declining.

Table 6. *Academic Competence Scale Standard Scores, for Individual Students and Mean*

<u>Student</u>	<u>Pre</u>	<u>Post</u>	<u>Change</u>
S-1	72	80	+8
S-2	89	93	+4
S-3	111	121	+10
S-4	119	119	0
S-5	64	70	+6
S-6	70	66	-4
Mean	87.5	91.5	+4

Teachers also recorded weekly data regarding each student’s percentages of completion and accuracy in English/Language Arts and in Math on the *Weekly Academic Performance Monitoring* sheet (Appendix I), which indicates some mixed results, as reported below. Student 1 increased both math completion and math accuracy. Student 2’s percentage of completion and accuracy for both math and language arts stayed relatively stable. Students 3 and 4 consistently had very high levels of both completion and accuracy both before and during intervention. Student 5’s percentages of math completion and math accuracy were relatively stable. Language arts data for Student 5 was not consistently collected due to a change in Title I scheduling. However, the one data point during intervention for language arts accuracy was considerably higher than in baseline condition. Student 6 demonstrated a decrease in math completion after the implementation of the intervention. Data for each student are presented in Figure 4 below.





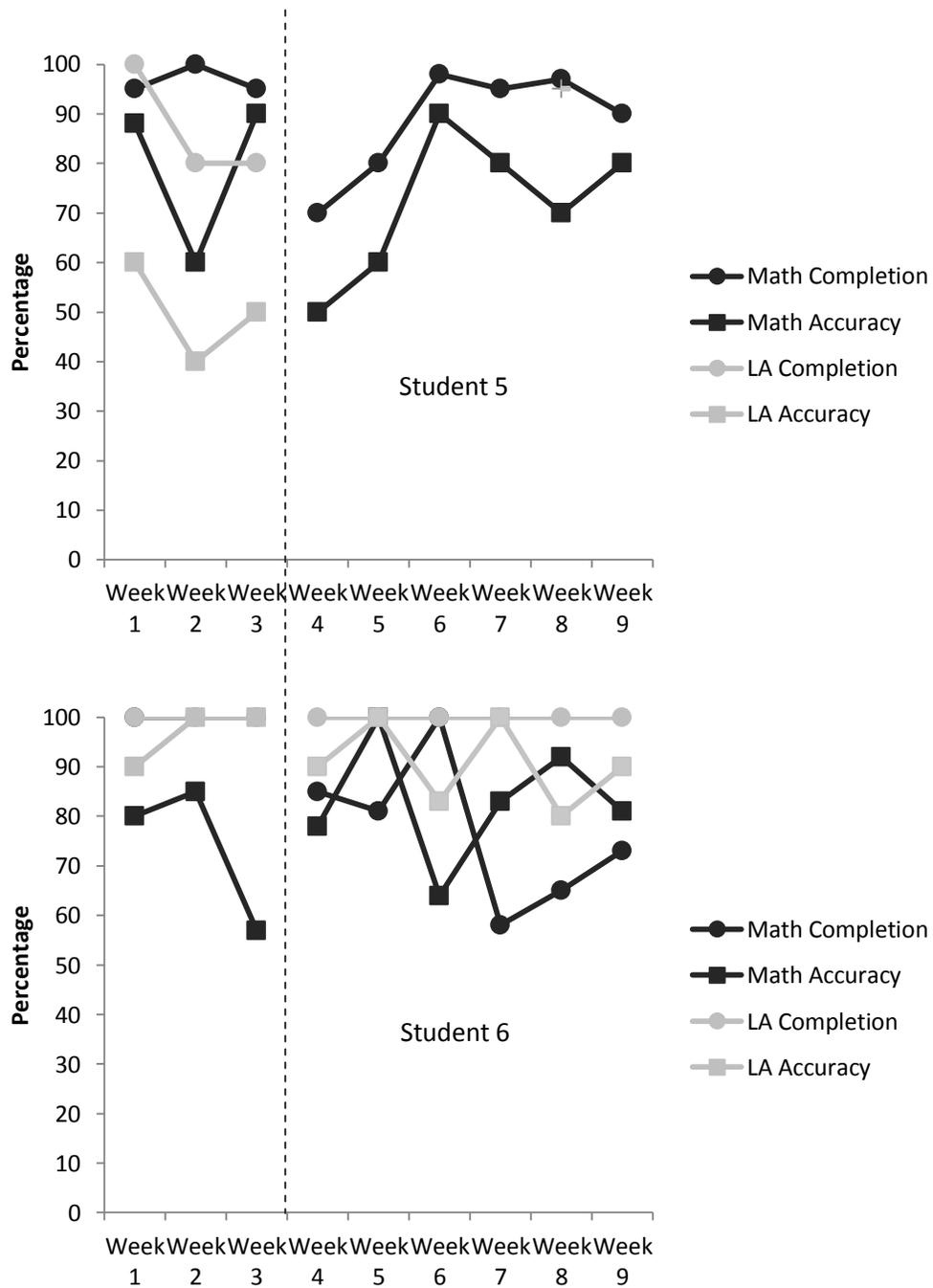


Figure 4. *Weekly Academic Performance.* Math and Language Arts (LA) completion and accuracy for Students 1 through 6, during baseline and intervention phases.

Research Question IV

The completion and analysis of the treatment acceptability form (Appendix J) helped to assess teachers' perceptions of the program's helpfulness and appropriateness. Teachers selected a number from one to six on a Likert scale, from one being "Strongly Disagree" to six being "Strongly Agree", as mentioned in Martens, Witt, Elliott, and Darveaux (1985) . Overall, with the exception of two ratings (one 1 for the value of the skills; one 3 ("Slightly Disagree") for ease of measures and progress monitoring), all ratings were 5 or 6. The mean for each question was 4 or above, indicating that overall, the teachers indicated that they agreed with each statement. Results are summarized in Table 7, below.

Table 7. Treatment Acceptability Ratings: Teacher 1 (T1), Teacher 2 (T2), and Teacher 3 (T3)

<u>Question</u>	<u>T1</u>	<u>T2</u>	<u>T3</u>	<u>Mean</u>
1. This program addresses skills that are valuable for students to have.	1	5	6	4.0
2. The amount of time this program requires from teachers is reasonable.	5	5	5	5.0
3. The amount of time this program requires from students is reasonable.	6	5	5	5.33
4. The measures and progress monitoring were easy to complete.	5	5	3	4.33
5. I find this program effectively teaches students social skills.	6	5	6	5.67
6. The program does not result in negative side effects for the student.	5	5	6	5.33
7. The program does not result in risk to the student.	6	5	6	5.67

Table 7. *Treatment Acceptability Ratings: Teacher 1 (T1), Teacher 2 (T2), and Teacher 3 (T3)*
(continued)

8. Overall, the program would be beneficial for children.	6	6	6	6.0
9. I am satisfied with the results of this program.	6	5	5	5.33
10. I am likely to have some of my students participate in this program in the future.	5	6	6	5.67
11. I would be willing to participate in this program again in the future.	6	5	5	5.33

Scale: 1: Strongly Disagree; 2: Disagree; 3: Slightly Disagree; 4: Slightly Agree; 5: Agree; 6: Strongly Agree.

CHAPTER IV

DISCUSSION

Six children in third grade classrooms at a mid-Michigan elementary school participated in a six-week social skills intervention program. The study gave the children direct instruction designed to increase behaviors targeted for intervention through their teachers' completion of a social skills rating scale. The goals of the study were to examine if the program resulted in changes in students' pro-social behaviors and social skills, problematic behaviors, and academic competence, as well as to ascertain treatment acceptability as rated by the participating teachers.

The first research question this study examined if the students demonstrated an increase in social skills. Although results were mixed and the sample size was too small to determine statistical significance, four of the six individuals demonstrated an increase in their scores on the Social Skills portion of the SSIS Rating Scales. All students' changes were greater than the standard error of measurement of 2.6 for combined genders. Because the post-intervention rating scale was completed near the end of the school year (approximately six calendar weeks after the intervention, early June 2013), teacher perceptions may have been different had the post-intervention ratings not been completed during such a commonly hectic and busy time of school year.

The results of the Goal Attainment Scale (GAS), the use of which is promoted in the program, were inconsistent. Three of the six students demonstrated slight improvements with teacher ratings of the targeted behaviors, two student ratings were stable and one student's results indicated deteriorating performance. However, more direct measures of student behaviors, such as the frequency count of disruptive behaviors, indicated improvement for five of the six students. Part of this may be the wording of the instructions on the SSIS's GAS form:

“0” is indicated as “meets expectations.” Although this is consistent with the program’s manual and recommendations, it does not follow guidelines as set forth by Kiresuk, Smith, and Cardillo (1994) for the development of Goal Attainment Scales, which states that individuals should be rated compared to their own performance, as well as raters being explicitly trained in using and completing the GAS. Future studies may want to consider collecting this baseline data, as well as to instruct teachers to consider the rating of “0” to be baseline (rather than “meets expectations”), so that the GAS may be more sensitive to change in individuals’ behaviors, comparing the students to themselves, rather than to an overall general expectation of behaviors. This may be particularly helpful if the intervention is used with students who have demonstrated poor social skills or disruptive behaviors (e.g., a small group vs. classroom-wide setting). Further studies also may want to consider holding an explicit training session with those completing the GAS to ensure that it is completed correctly.

Each week, the participants completed the Social Skills Progress Chart, as a part of the program that focuses on self-monitoring. The students rated themselves as doing *some* of the skill steps that were taught during the session, *most* of the skill steps, or *all* of the skill steps. As the weeks progressed, students rated themselves on previous weeks’ social skill steps, as well. Without fail, every student rated themselves as being able to do *all* skill steps for each targeted social skill. This may imply that the students did not adequately reflect on their abilities and their demonstration of the skill steps, even within that day’s group session. For instance, during the week that focused on “Doing Your Part in a Group,” the students became argumentative and emotionally upset with each other when they were working on a collaborative together (as part of the week’s “practice” step). However, each student, again, rated themselves as being able to do *all* of the skill steps at the end of that day’s group session. Future groups that include this self-

monitoring portion may want to allow more time for reflection and discussion of the students' actual demonstration of the skill steps for the behaviors targeted in sessions. In this study, this component of the program appeared to lack meaning for the students, thereby minimizing positive effects of self-monitoring, as suggested by Shapiro and Cole (1999).

Overall, the results of this study appear consistent with a meta-analysis of social skill intervention programs (January, Casey, & Paulson, 2011), which showed a small, but positive increase in social skills that lessened as the age of the participants increased. These current results may support these findings. While there was some indication of improvement in social skills, these findings were not generalized to outside settings or reflect improvements significant enough to be observed casually.

The second research question this study hoped to answer was whether this particular school-based social skills intervention program was effective with reducing problem behaviors. Overall mean problem behaviors decreased from pre-to post-intervention, with a slight decline from a standard score of 143.17 to 140.5, as measured by the SSIS-RS Problem Behaviors Scale. Three students' scores increased, indicating more problematic behaviors, and three students' scores decreased. However, data from the Disruptive Behaviors Frequency Chart shows that five of the six students demonstrated fewer incidents of disruption in the classroom. This discrepancy may be caused by several different things. The first is that the results of the rating scale, completed pre-and post-intervention, may not be as sensitive to change or to specific behavioral incidents, and therefore are susceptible to primacy or recency effects—basing the ratings on some of the first behaviors or some of the last behaviors recalled. This is unlike the weekly frequency chart that tallies each specific behavioral incident. The rating scale is based on teacher

perception, which may be an unreliable or inaccurate view, whereas the disruptive behavior frequency chart is based on actual, “real time” data as it occurred.

A visual analysis of Student Responsibility Center (SRC) referrals for each student shows a variety of outcomes. Three students’ referral rates remained unchanged. However, three other students demonstrated an increase in referrals post-intervention, during the follow-up stage; two of those students initially had decreased their referral rate during intervention. This may be a result of the intervention ending, or it may have coincided with the approach of spring. However, data from the Disruptive Behavior Frequency Chart may be more accurate information on students’ behaviors. For one, teachers have differing in-class behavior management styles, and each teacher may therefore differ in what they believe are behaviors that warrant a referral to SRC (e.g., choosing to handle the behavior in-class rather than send the student to SRC). Additionally, SRC referrals include behaviors that occur both in and out of the classroom. Other data in this study did not look at out-of-classroom disruptive behaviors. Therefore, SRC referral data may inflate the actual number of disruptive or inappropriate behaviors that occurred in the classroom.

When looking at children with behavioral and emotional difficulties, Quinn, Kavale, Mathur, Rutherford, and Forness (1999) found that although social skill interventions were effective in increasing desired behaviors, they were not effective in decreasing externalizing behaviors. The results of this study suggest that the opposite may be true: Overall, increased social skills were not robustly demonstrated, whereas the decrease of externalizing, or disruptive, behaviors is more apparent in the results. This may be because of the nature of the behaviors: externalizing behavior problems are much more apparent to the observer’s or rater’s eye than

appropriate social skills are. It is much easier to remember—and record—instances of externalizing behavior problems than it is for pro-social behaviors.

This study also attempted to assess the effects of the social skills training program on academic competence. The overall mean on the Academic Competence Scale on the SSIS-Rating Scale between pre-and post- intervention indicates an increase in skills (from 87.5 pre-intervention to 91.5 post-intervention). Four students demonstrated perceived increased academic competence. One of these, Student 5, was placed in a remedial instruction class, which may have skewed the accuracy of this student's increased academic competence. These results may be because of the academic nature some of the targeted behaviors (i.e, "Paying Attention to My Work," "Following Direction," and "Doing your Part in a Group"). It also may be due to an increase in academically engaged time, as assessed by the systematic direct observations conducted using the Classroom Observation Record (COR). However, Student 4 was rated as demonstrating no change in academic competence, and Student 6 was perceived as decreasing in academic competence.

The COR was used both during baseline and intervention phases. No students demonstrated a decrease in academically engaged time, and five showed an overall increase in their on-task behavior. While one limitation of this study may be that the primary researcher was responsible for this data collection, and therefore, the students may have changed their behaviors with the researcher's presence, on many occasions, the students did not notice the researcher in the room until a number of minutes had already passed during the direct observation. This suggests that the students did not necessarily change their behaviors with the notice of the researcher. As pointed out in Pepler and Craig (1995), one way to avoid the risk of reactivity is through the use of remote audiovisual recordings, though this poses some ethical challenges,

such as consent to these recordings, which was not obtained for the purposes of this research. A further limitation of this study is that the researcher was responsible for data collection for the COR and for the implementation of the intervention, which heightens the risk of confirmation bias. Future studies may want to use a different observer, or at least an additional observer to calculate and determine inter-observer reliability.

Academic completion and accuracy data collection indicate some mixed results. While some students demonstrated consistently high levels of work completion and accuracy, others showed an increase in work completion and accuracy, while another student showed decreased work completion during intervention. This suggests that the social skills intervention may have been somewhat effective for some of the students in increasing their work output and their accuracy in work completed. However, follow-up data collected after the intervention would have been more helpful in determining these outcomes.

The last research question of this study examined treatment acceptability of the intervention, as determined by teacher ratings. Overall, the teachers involved in this study indicated very high favorability and likelihood of having themselves and their students participate in the intervention. The most discrepant rating was in answer to the question: “This program addresses skills that are valuable for students to have,” with one of the three teachers rating it as “Strongly Disagree,” for a mean of 4.0. This may be because the intervention program focused on increasing social skills, as opposed to direct instruction on decreasing problematic behaviors. As noted earlier, externalizing behaviors are more readily identified, and therefore remembered and recorded, than are pro-social skills, due to the nature of the behavior. Further education of teachers regarding the designed purpose of the intervention (to increase

social skills) may help teachers to take closer note of targeted, demonstrated pro-social behaviors.

Implications for Future Study

Part of this current study's purpose was to explore how well the SSIS Intervention Guide could realistically be implemented in a school setting, following the guidelines as prescribed. Based on the experiences of this particular study, the intervention program conducted in a small group setting would likely become more challenging if the group was larger than six students. Groups larger than six would require more time per session, particularly with the "practice" component. However, this could be resolved by having two facilitators present. The program's recommendation of two sessions per week for each lesson should be supported. Any less frequent would disallow the students the chance to practice their skills in other settings, return to the group for feedback and additional practice, and would also run the risk of students forgetting the skill steps from week to week. This study's sessions were scheduled for 45 minutes each, and while some days that amount of time sufficed, scheduling sessions to be longer (i.e., 60 minutes) per session would give the facilitator more time to go through the components, as well as give the students more time to practice the skill steps. However, as it was somewhat difficult with scheduling the same 45-minute slot twice a week between all three teachers' schedules. Longer sessions would make finding a mutually agreed-upon time with teachers more difficult. The current study's intervention stage lasted six weeks, with lessons of six targeted social skills. If this intervention program were to be implemented as designed (with skills being maintained and built upon from week to week, as the GAS and the student self-monitoring sheets are designed, and with only one week for each skill), longer than six weeks would not be recommended. A longer duration of intervention would equate to more skills being taught, which in and of itself is

not an undesirable thing; however, it would require more of the students to monitor themselves for behaviors taught long ago. This concern may be resolved if the earliest taught (and hopefully mastered) skills were faded from the program so that students could focus more on the more newly-acquired skills.

Another limitation of the current study is regarding the targeted skills selected. Through the SSIS rating scales, as completed by the teachers, the six behaviors to be focused upon intervention were selected by the frequency that each behavior was indicated as being deficient. Although all six students were identified as needing instruction and remediation in the selected social skill units, they were not necessarily the behaviors identified as being the most problematic for each individual student. The behaviors selected were skills that all participants demonstrated a need for improvement in, though not necessarily the primary concern of the teachers. In order to address the most pressing concerns, one-on-one intervention would better serve the needs of each individual participant. However, given the small group intervention design, it was not possible to target individual behaviors for each child.

Research shows that just as there are a variety of reasons for poor social skills, there are also several reasons for a lack of generalization of social skills, despite programs and training (i.e., Maag, 2006). While the SSIS appears to do an effective job of directly teaching specific social skills, Maag suggests that students must perceive the newly acquired social skills as socially valid, that training should involve the peer group, and that students should experience positive peer reinforcement for their social skills. The SSIS does involve the students in training within a peer group; however, a limitation of this is that the other peers involved with the training also have been identified as having significant social skill problems and disruptive behavior patterns. The results may have been different had the groups included positive peer

models. This also may have resulted in more positive peer reinforcement, starting in the actual training sessions and perhaps then generalizing better to other settings, particularly settings including these same peer models. Also, while the SSIS does entail some discussion of how the behaviors being taught are beneficial, it is but one component. Future use of this program may want to focus more on this aspect to ensure better generalization. Furthermore, implementing the SSIS Intervention Guide in the classroom setting would reduce the need for generalization.

This current study used a mixed design, providing intervention at the same time for all six participants. Tests for statistical significance in the pre- and post-assessments were not possible due to the small sample size. An AB single subject design was used with academically engaged time, frequency of disruptive behaviors, and work completion and work accuracy. Unfortunately, the use of an AB design prevents conclusions regarding the causation of changes of behavior, related to internal validity. An ABA design would not be appropriate because the social skills taught cannot be unlearned or removed. A multiple baseline across behaviors, with repeated measures for the specific behaviors that were taught, may want to be considered in the future. For example, this research considered collecting GAS data on each of the six target behaviors during each week of the intervention, but decided to use the GAS as described in the manual. A modified use of the GAS as prescribed in the manual may have shown changes over time for the behaviors before and after they were explicitly taught.

Some of the measures which demonstrated changes in behavior and performance may be a result of interaction with the participants, including discussion of their behaviors on a weekly basis, rather than changes in specific skills that had generalized to the classroom and broader school settings.

Future studies may want to strengthen strategies for generalization when using this program such as including a daily report card (CITATION) or increased contact and communication with the classroom teacher regarding specific skill instruction. Future studies should focus on generalization of the skills to other environments, such as recess, lunchroom, and at home. Other rating scales which may provide a more thorough measure of disruptive behaviors, such as the Behavioral Assessment System for Children-Second Edition (BASC-II; Reynolds & Kamphouse, 2004) may help assesses the impact of training on perceptions of disruptive behaviors across settings (e.g., home and school).

APPENDICES

APPENDIX A

ADMINISTRATOR CONSENT FORM



Study Title:

The effectiveness of the Social Skills Improvement System Intervention Guide on improving social skills and academic performance and decreasing problem behaviors in the school setting.

Research Investigator and Department:

Renée Bancroft, Central Michigan University School Psychology Department;
Sandra Morgan, Ph.D., Advisor, Central Michigan University School Psychology Department

Introductory Statement

I am seeking administrative permission to invite a small group of third-grade students to participate in a study on the effectiveness of a specific social skills program called the Social Skills Improvement System (SSIS). The details of this study are provided below in this document. I am available to answer any questions you may have about this project.

What is the purpose of this study?

This study involves research, meaning that I will be collecting data to determine if the social skills program has an impact on the use of social skills (such as asking for help, expressing feelings, and paying attention to others), decreases office discipline referrals, and has a positive effect on academics. Conducting this study will help determine if this social skills program is effective, and if the program can be fully implemented in the school environment.

What is my role in this study, as well as the role of the teachers and students?

As an administrator, you would not have to directly participate in this study. I ask, however, that if you do give your consent for these social skills groups to take place, that you ensure that there is time available during the school day for me to conduct the groups. I also ask for your administrative support for the teachers and students to fulfill their roles.

After arranging schedules with teachers and obtaining administrator approval, the teachers will be asked to excuse their students from their classroom for the groups. They also will be asked to complete rating scales before the intervention begins, and after it is concluded. The teachers will also be asked to complete weekly reports of work completion and accuracy, as well as a weekly report of disruptive behaviors. Lastly, the teachers will be asked to complete a Goal Attainment Scale on a weekly basis to monitor social behavior changes.

Students would be expected to attend and participate in the twice-weekly sessions. They also would be expected to complete self-monitoring worksheets.

If you give your consent, your students would participate in 45-minute sessions conducted by myself twice a week for six weeks, for a total of twelve sessions. Your students will be given instruction in a small group of six students. The activities will come from the units of the SSIS Intervention Guide.

What is the expected duration of this study?

Baseline data collection will last approximately two weeks. The group sessions will then begin and will last six weeks. One month after the intervention is completed, the teachers will fill out a post-intervention rating scale.

Are there any risks to the students or teachers participating in this study?

The groups will not take place during core instructional time, thereby reducing any possible risk of lost instruction. The risk of social stigma as students being identified as needing intervention or remediation is expected to be minimal, particularly since students are frequently excused from class for various reasons. Teachers will be encouraged to subtly excuse their students to further reduce the risk of social stigma.

What are the benefits of participating in the study for students and parents?

Students will benefit from participating in the study by learning how to use social skills, which will help them in the classroom, the playground, at home, and other settings. It is hoped that the students will become more socially competent, as well as more academically competent. Participation in this study may also benefit other students in the future who may have social, academic, or discipline problems, by determining if this social skills program is effective. Students' increase in the use of effective social skills will also benefit the parents with the increase of social skills at home and other settings, and will hopefully reduce behavior problems and other challenges they experience related to social skills.

Who can I contact for information about this study?

You may contact me directly at the school, or rbancroft@giresd.net for answers about the research, research subjects' rights, or in case of a research-related injury to the subject. If you are not satisfied with the manner in which this study is being conducted, you may report (anonymously if you so choose) any complaints to the Institutional Review Board by calling 989-774-6777, or addressing a letter to the Institutional Review Board, 251 Foust Hall Central Michigan University, Mt. Pleasant, MI 48859. You also may contact Dr. Sandra Morgan at 222 Sloan Hall, Central Michigan University, Mt. Pleasant, MI 48859.

My signature below indicates that all my questions have been answered. I agree to allow this project to be conducted as described above.

Signature of Administrator

Date Signed

A copy of this form has been given to me. _____ Administrator Initials

For the Research Investigator—I have discussed with the administrator the procedure(s) described above and the risks involved; I believe he/she understands the contents of the consent document and is competent to give legally effective and informed consent.

Signature of Responsible Investigator

Date Signed

APPENDIX B

TEACHER CONSENT FORM



Study Title:

The effectiveness of the Social Skills Improvement System Intervention Guide on improving social skills and academic performance and decreasing problem behaviors in the school setting.

Research Investigator and Department:

Renée Bancroft, Central Michigan University School Psychology Department;
Sandra Morgan, Ph.D., Advisor, Central Michigan University School Psychology Department

Introductory Statement

I am seeking administrative permission to invite a small group of third-grade students to participate in a study on the effectiveness of a specific social skills program called the Social Skills Improvement System (SSIS). This program has been revised and previously was called the Social Skills Rating System, which has been used in schools to improve social skills. The details of this study are provided below in this document. I am available to answer any questions you may have about this project.

What is the purpose of this study?

This study involves research, meaning that I will be collecting data to determine if the social skills program has an impact on the use of social skills (such as asking for help, expressing feelings, and paying attention to others), decreases office discipline referrals, and has a positive effect on academics. Conducting this study will help determine if this social skills program is effective, and if the program can be fully implemented in the school environment.

What is my role in this study, as well as the role of the students?

I will arrange schedules with you before asking you to excuse your students from your classroom for the groups. You also will be asked to complete rating scales before the intervention begins, and after it is concluded. You will also be asked to complete weekly reports of work completion and accuracy, as well as a weekly report of disruptive behaviors. Lastly, you will be asked to complete a Goal Attainment Scale on a weekly basis to monitor social behavior changes.

Students would be expected to attend and participate in the twice-weekly sessions. They also would be expected to complete self-monitoring worksheets.

If you give your consent, your students would participate in 45-minute sessions conducted by myself twice a week for six weeks, for a total of twelve sessions. Your students will be given instruction in a small groups of six students. The activities will come from the units of the SSIS Intervention Guide.

What are the duration and time requirements of this study?

Baseline data collection will last approximately two weeks. The group sessions will then begin and will last six weeks. One month after the intervention is completed, the teachers will fill out a post-intervention rating scale. Filling out the weekly forms (the Goal Attainment Scale, the disruptive behavior count, and the academic form) should only take a few minutes of your time for each student. Completing the pre- and post-intervention rating scale for each student may take approximately fifteen minutes.

Are there any risks to the students or teachers participating in this study?

The groups will not take place during core instructional time, thereby reducing any possible risk of lost instruction. The risk of social stigma as students being identified as needing intervention or remediation is expected to be minimal, particularly since students are frequently excused from class for various reasons. Teachers will be encouraged to subtly excuse their students to further reduce the risk of social stigma.

What are the benefits of participating in the study for students and myself?

Students will benefit from participating in the study by learning how to use social skills, which will help them in the classroom, the playground, at home, and other settings. It is hoped that the students will become more socially competent, as well as more academically competent. Participation in this study may also benefit other students in the future who may have social, academic, or discipline problems, by determining if this social skills program is effective. Students' increase in the use of effective social skills will also benefit the parents with the increase of social skills at home and other settings, and will hopefully reduce behavior problems and other challenges they experience related to social skills.

Benefits for teachers include increased social competence of students, decreased disruptive behaviors and behaviors that interfere or compete with learning behaviors, and hopefully fewer discipline problems.

Who can I contact for information about this study?

You may contact me directly at the school, or rbancroft@giresd.net for answers about the research, research subjects' rights, or in case of a research-related injury to the subject. If you are not satisfied with the manner in which this study is being conducted, you may report (anonymously if you so choose) any complaints to the Institutional Review Board by calling 989-774-6777, or addressing a letter to the Institutional Review Board, 251 Foust Hall Central Michigan University, Mt. Pleasant, MI 48859. You also may contact Dr. Sandra Morgan at 222 Sloan Hall, Central Michigan University, Mt. Pleasant, MI 48859.

My signature below indicates that all my questions have been answered. I agree to allow this project to be conducted as described above.

Signature of Teacher

Date Signed

A copy of this form has been given to me. _____ Teacher Initials

For the Research Investigator—I have discussed with the teacher the procedure(s) described above and the risks involved; I believe he/she understands the contents of the consent document and is competent to give legally effective and informed consent.

Signature of Responsible Investigator

Date Signed

APPENDIX C

PARENT/GUARDIAN CONSENT FORM



Study Title:

The effectiveness of the Social Skills Improvement System Intervention Guide on improving social skills and academic performance and decreasing problem behaviors in the school setting.

Research Investigator and Department:

Renée Bancroft, Central Michigan University School Psychology Department;
Sandra Morgan, Ph.D., Advisor, Central Michigan University School Psychology Department

Introductory Statement

I am inviting your child/ward to participate in a study on the effectiveness of a specific social skills program called the Social Skills Improvement System (SSIS). The details of this study are provided below in this document. I am available to answer any questions you or your child/ward may have about this project.

What is the purpose of this study?

This study involves research, meaning that I will be collecting data to determine if the social skills program has an impact on the use of social skills (such as asking for help, expressing feelings, and paying attention to others), decreases office discipline referrals, and has a positive effect on academics. Conducting this study will help determine if this social skills program is effective, and if the program can be fully implemented in the school environment.

What will my child/ward do in this study?

If you give your consent, your child/ward would participate in 45-minute sessions conducted by the researcher twice a week for six weeks, for a total of twelve sessions. Your child/ward will be given instruction in a small group of six students. The activities will come from the units of the SSIS Intervention Guide.

How long will it take my child/ward to do this?

The expected duration of the study is six weeks.

Are there any risks of participating in the study?

The groups will not take place during core instructional time, thereby reducing any possible risk of lost instruction. The risk of social stigma as students being identified as needing intervention or remediation is expected to be minimal, particularly since students are frequently excused from class for various reasons. Teachers will be encouraged to subtly excuse their students to further reduce the risk of social stigma.

What are the benefits of participating in the study?

Your child/ward will benefit from participating in the study by learning how to use social skills, which will help them in the classroom, the playground, at home, and other settings. It is hoped that your child may become more socially competent, as well as more academically competent. Participation in this study may also benefit other students in the future who may have social, academic, or discipline problems, by determining if this social skills program is effective.

Will anyone know what my child/ward does or says in this study (Confidentiality)?

The sessions in this study will not be video or audio taped. Any and all information will be kept confidential, and in no way will any data collected be able to be traced back to your child/ward. My university supervisor may observe several sessions; however, the focus of these observations will be on my implementation of the sessions, *not* on your student. As with myself, my supervisor will hold all information confidential.

Confidentiality may not be kept if a student shares information about being or having been harmed, harming another person, or harming his/herself.

Will my child/ward receive any compensation for participation?

There is no compensation to be paid to your child/ward for participating in this study.

Is there a different way for my child/ward to receive this compensation or the benefits of this study?

It does not appear at this time that your child/ward's school offers other specific social skills groups.

Who can I contact for information about this study?

You may contact me directly at the school, or rbancroft@giresd.net for answers about the research, research subjects' rights, or in case of a research-related injury to the subject.

You are free to refuse to allow your child/ward to participate in this research project or to withdraw your consent and discontinue your child/ward's participation in the project at any time without penalty or loss of benefits to which you are otherwise entitled. Your participation will not affect your child/ward's or your relationship with the institution(s) involved in this research project.

If you are not satisfied with the manner in which this study is being conducted, you may report (anonymously if you so choose) any complaints to the Institutional Review Board by calling 989-774-6777, or addressing a letter to the Institutional Review Board, 251 Foust Hall Central Michigan University, Mt. Pleasant, MI 48859. You also may contact Dr. Sandra Morgan at 222 Sloan Hall, Central Michigan University, Mt. Pleasant, MI 48859.

My signature below indicates that all my questions have been answered. I agree to allow my child to participate in the project as described above.

Signature of Parent/Guardian

Date Signed

Name of Child/Ward

A copy of this form has been given to me. _____ Parent/Guardian Initials

For the Research Investigator—I have discussed with this subject the procedure(s) described above and the risks involved; I believe he/she understands the contents of the consent document and is competent to give legally effective and informed consent.

Signature of Responsible Investigator

Date Signed

APPENDIX D

LETTER OF INVITATION TO PARENTS

Dear Parents,

My name is Renée Bancroft, and I am the school psychologist at your child's school. As part of Central Michigan University's requirements to complete my degree, I am putting together a social skills group for some children in your child's classroom, and I wanted to provide you with a brief overview of what this group entails.

This group would help children by teaching them more about social skills such as following directions, getting along with others, asking for help, and dealing with conflict. It also gives them a chance to practice their skills so that they are used effectively and in different settings, such as the classroom, the playground, and home.

The group would take place twice a week for six weeks, and would be during school hours. Because your child's education is important, the group will not be held during core instruction times (such as reading or math).

I am hoping that helping children learn and practice social skills may also reduce disruptive behaviors and increase academics by helping them learn how to cope with conflict and to get their academic needs met in the classroom.

Please see the enclosed "Parent/Guardian Consent Form" for more details and answers to questions you may have. If you give permission for your child to participate in this project, please sign the enclosed form and return it to the school, where you will receive a copy of the form for your own records. If you have other questions or concerns, you may contact me at the school or at rbancroft@giresd.net.

Thank you for your time, and I look forward to the chance to work with your child!

Sincerely,

Renée Bancroft,

GIRESD School Psychologist

APPENDIX E

CHILD ASSENT FORM FOR MINORS AGED 7–12



Study Title:

The effectiveness of the Social Skills Improvement System Intervention Guide on improving social skills and academic performance and decreasing problem behaviors in the school setting.

Research Investigators and Department:

Renée Bancroft, Central Michigan University School Psychology Department;
Sandra Morgan, Ph.D., Advisor, Central Michigan University School Psychology Department

What is this research about?

We would like you to join in a research study about a social skills program to see if it helps students to get along with others, to follow school rules, and to do well in school. You can ask any question at any time and you can say no anytime you want to. Your parent(s) or legal guardian said that it is OK for you to be in this study, but we want to let you choose if you want to do this.

What will happen to me in this research?

We want to do this research to see if the social skills program helps students' behaviors and grades. You and a few other kids would participate in a group activity two times a week. During these group activities, we will be talking about social skills (like getting along with others and following rules), watching videos, and practicing these skills with other kids in your grade. We are hoping that by participating in these activities, kids will do better in school and will get along with classmates better.

How long will it take me to be in your research?

Our group will get together two times a week for about 45 minutes each time. We will do this for six weeks, so that we will meet for a total of twelve times.

Can anything bad happen to me?

The group will meet during the school day, and you could miss some activities (like sustained silent reading), but not core academic subjects like reading or math. So, you will not have any work or homework to make up by being a part of our group. Also, lots of kids are in and out of class at many different times for many different reasons, so when your teacher quietly excuses you, your

classmates will not know why you are leaving for a little bit, and you do not have to tell them why, if you don't want to.

Can anything good happen to me?

Yes! You will learn how to use social skills which may help you in school, at recess, at home, and other places, too. We hope that by going to these groups, you get better with your social skills and that your grades may get better, too. Also, by helping us figure out if these groups help you and your classmates, then we will know that these groups can help other kids in the future, too.

Do I have other choices?

You may choose not to do this.

Will anyone know I am in the research?

Your name and the fact that you are in this study will be kept secret from those people not involved in the study, including other classmates who are not involved in the study.

Will I be paid?

No, you will not be paid for doing this.

Who can I talk to about the research?

You can talk to Miss Renée Bancroft, who will be leading the groups, if you have any questions or problems with this study. She also is the school psychologist at your school. You also can talk to your teacher, your principal, and your parent/guardian.

What if I do not want to do this? You do not have to be in this research study. You can say no at any time. No one will be upset with you if you stop.

SIGNATURE CLAUSE

If you have any problems with this study, you may contact the Institutional Review Board by calling 989-774-6777, or addressing a letter to the Institutional Review Board, 251 Foust Hall Central Michigan University, Mt. Pleasant, MI 48859.

Do you want to be in the study?

Yes, I want to be in the study

No, I do not want to be in the study

Name of Child (Print)

Signature of Child Date

Signature of Person Explaining Assent Date

A copy of this form has been given to me _____ Subject's Initials

APPENDIX F

GOAL ATTAINMENT SCALE WORKSHEET

Date Group Began _____
Student's Name _____ Age/Grade _____
Teacher's Name _____
School Name _____

Descriptive Criteria for Monitoring Social Behavior Change:

- | | | |
|-------------------------------|-----------------------|-----------------------------|
| +2: Much better than expected | 0: Meets expectations | -1: Less than expected |
| +1: Better than expected | | -2: Much less than expected |

Goal Attainment Scale						
Date						
Week	1	2	3	4	5	6

Target Behavior: Expectation Level _____

+2						
+1						
0						
-1						
-2						

Target Behavior: Expectation Level _____

+2						
+1						
0						
-1						
-2						

Target Behavior: Expectation Level _____

+2						
+1						
0						
-1						
-2						

Target Behavior: Expectation Level _____

+2						
+1						
0						
-1						
-2						

Target Behavior: Expectation Level _____

+2						
+1						
0						
-1						
-2						

Target Behavior: Expectation Level _____

+2						
+1						
0						
-1						
-2						

APPENDIX G

SOCIAL SKILLS PROGRESS CHART

Your Name _____ Grade _____

Write the unit numbers and social skills in the table below. Each week, circle the number that shows how well you know the Skill Steps for the unit(s) you have learned in your group.

1=I can do some of the Steps 2=I can do most of the Steps 3=I can do all of the Steps

Unit No.	Social Skill	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3

APPENDIX H

DISRUPTIVE BEHAVIORS FREQUENCY CHART

Teachers: For each student, please tally the number of behavioral incidents that are severe enough to warrant disciplinary action (such as being sent down to the office, out in the hallway, to the Responsible Thinking Classroom, or an office discipline referral).

Week Number _____

Dates _____

Student Name	# of Incidents	Total

APPENDIX I

WEEKLY ACADEMIC PERFORMANCE MONITORING

Student: _____

Week of: _____

		Mon.	Tues.	Wed.	Thurs.	Fri.	Avg.
Math	% Completed						
	% Accuracy						
Language Arts	% Completed						
	% Accuracy						

APPENDIX J

TEACHER EVALUATION

The purpose of this questionnaire is to obtain information about the social skills training program that was used to teach the selected children in your classroom specific social skills. Please circle the number that best describes your agreement or disagreement with each statement.

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
12. This program addresses important and necessary skills for students to have.	1	2	3	4	5	6
13. The behaviors that the program focuses on are desirable for students to possess.	1	2	3	4	5	6
14. The amount of time this program requires from teachers is reasonable.	1	2	3	4	5	6
15. The measures and progress monitoring were easy to complete.	1	2	3	4	5	6
16. I find this program appropriate to teach students social skills.	1	2	3	4	5	6
17. I find this program effectively teaches students social skills.	1	2	3	4	5	6
18. The program does not result in negative side effects for the student.	1	2	3	4	5	6
19. The program does not result in risk to the student.	1	2	3	4	5	6
20. Overall, the program would be beneficial for children.	1	2	3	4	5	6
21. I am satisfied with the results of this program.	1	2	3	4	5	6
22. I am likely to have some of my students participate in this program in the future.	1	2	3	4	5	6
23. I would be willing to participate in this program again in the future.	1	2	3	4	5	6

APPENDIX K

INTERVENTION INTEGRITY DIRECT OBSERVATION FORM

Today's Date _____	Social Skills Unit _____
Group Name or Members' Names _____	

Group Leader's Name _____	
School Name _____	

Use the chart below to compute two types of integrity:

- *Daily Integrity* (Sum the columns and compute percent daily integrity)
- *Component Integrity* (Sum the rows and compute percent component integrity)

1 = Implemented 0 = Not Implemented

Component						%
	M	T	W	T	F	
Introduce the skill, and ask questions about it						
Define the skill, and discuss the Key Words						
Discuss why the skill is important						
Identify the Skill Steps; have students repeat then						
Model and role-play the skill						
Reinforce occurrences of the skill throughout the session						
Correct inappropriate demonstrations of the skill						
Sum						
%						

APPENDIX L

CLASSROOM OBSERVATION RECORD

Student: _____
 Age: _____
 Grade: _____
 Teacher: _____
 Date: _____

Observer: _____
 Class size: _____
 Class type: _____
 Time start: _____
 Time stop: _____
 Total time: _____

Type of instruction:

Reason for observation:

Classroom activity and explicit rules in effect at time of observation:

Description of observation techniques: (event, interval, time sample, and length):

Behavior Codes: A=Active engagement P=Passive engagement VO=verbal off task MO=motor off task PO=passive off task = =	Grouping Codes: TLL=teacher led large group TLS=teacher led small group IR=individual activity teacher roam IN=individual activity teacher not roam O=one-to-one F=free time = =	Teacher and Peer Reaction Codes: A+=positive attention to student A-=negative attention to student Ao=no attention to student An=neutral attention to student = =
--	--	---

	Time	Student	Comparison	Class scan check	Anecdotal notes on behavior	Grouping	Teacher reaction	Peer reaction
1.	:15							
2.	:30							
3.	:45							
4.	1:00							
5.	:15							
6.	:30							
7.	:45							
8.	2:00							
9.	:15							
10.	:30							
11.	:45							
12.	3:00							
13.	:15							
14.	:30							
15.	:45							
16.	4:00							
17.	:15							
18.	:30							
19.	:45							
20.	5:00							

	Time	Student	Comparison	Class scan check	Anecdotal notes on behavior	Grouping	Teacher reaction	Peer reaction
1.	:15							
2.	:30							
3.	:45							
4.	6:00							
5.	:15							
6.	:30							
7.	:45							
8.	7:00							
9.	:15							
10.	:30							
11.	:45							
12.	8:00							
13.	:15							
14.	:30							
15.	:45							
16.	9:00							
17.	:15							
18.	:30							
19.	:45							
20.	10:00							
21.	:15							
22.	:30							
23.	:45							
24.	11:00							
25.	:15							
26.	:30							
27.	:45							
28.	12:00							
29.	:15							
30.	:30							
31.	:45							
32.	13:00							
33.	:15							
34.	:30							
35.	:45							
36.	14:00							
37.	:15							
38.	:30							
39.	:45							
40.	15:00							
41.								
42.								
43.								
44.								
45.								
46.								
47.								
48.								

REFERENCES

- Achenbach, T.M., & Rescorla, L.A. (2001). *Manual for ASEBA school-age forms and profiles*. Burlington: University of Vermont, Research Center for Children, Youth, and Families.
- ACCEPTS: A Curriculum for Children's Effective Peer and Teacher Skills (1983). Published by PRO-ED.
- ACCESS: Adolescent Curriculum for Communication and Effective Social Skills (1988). Published by Research Press.
- Bailey, K.A., & Ballard, J.D. (2006). Social skills training: Effects on behavior and recidivism with first-time adjudicated youth. *Applied Psychology in Criminal Justice*, 2, 26-42.
- Beelmann, A., Pfingsten, U., & Losel, F. Effects of training social competence in children: A meta-analysis of recent evaluation studies. *Journal of Clinical Child Psychology*, 23, 260-271.
- Bellack, A.S., & Herson, M. (1979). *Research and practice in social skills training*. Plenum Press, New York.
- Bloom, E.L., Karagiannakis, A., Toste, J.R., Heath, N.L., & Konstantinopoulos, E. (2007). Severity of academic achievement and social skills deficits. *Canadian Journal of Education*, 30, 911-930.
- Bostick, D., & Anderson, R. (2009). Evaluating a small-group counseling program—A model for program planning and improvement in the elementary setting. *Professional School Counseling*, 12, 428-433.
- Brigman, G.A., Webb, L.D., & Campbell, C. (2007). Building skills for school success: Improving the academic and social competence of students. *Professional School Counseling*, 10, 279-288.
- Brown, W.H., Odom, S.L., & McConnell, S.R. (2008). *Social Competence of Young Children: Risk, Disability, & Intervention*. Baltimore, MD: Brookes.
- Cartledge, G., & Milburn, J.F. (1994). *Teaching social skills to children and youth: Innovative approaches* (3rd ed.). Boston, MA: Allyn & Bacon.
- Campbell, C., Hansen, D.J., & Nangle, D.W. (2010). Social skills and psychological adjustment. In D.W. Nangle, D.J. Hansen, C.A. Erdley, & P.J. Norton (Eds.), *Practitioner's Guide to Empirically-Based Measures of Social Skills* (pp. 51-68). New York: Springer.
- Cheung, C., & Ngai, S.S. (2007). Effective group work with delinquents in Hong Kong. *Adolescence*, 2007, 151-165.

Cole, D.A., Martin, J.M, Powers, B., & Truglio, R. (1996). Modeling causal relations between academic and social competence and depression: A multitrait-multimethod longitudinal study of children. *Journal of Abnormal Psychology, 105*, 258-270.

Conduct Problems Prevention Research Group (1992). A developmental and clinical model for the prevention of conduct disorder: The Fast Track program. *Development and Psychopathology, 4*, 509-527.

Elliot, S.N., & Gresham, F.M. (1993). Social skills interventions for children. *Behavior Modification, 17*, 287-313.

Fedman, R., & Masalha, S. (2010). Parent-child and triadic antecedents of children's social competence: Cultural specificity, shared process. *Developmental Psychology, 46*, 455-467.

Gresham, F.M. (1985). Utility of cognitive-behavioral procedures for social skills training with children: A critical review. *Journal of Abnormal Psychology, 13*, 411-423.

Gresham, F.M. (2002). Social skills assessment and instruction for students with emotional and behavioral disorders. In K.L. Lane, F.M. Gresham & T.E. O'Shaughnessy (Eds.), *Interventions for children with or at risk for emotional and behavioral disorders* (pp. 242-258). Boston: Allyn & Bacon.

Gumpel, T.P. (2007) Are social competence difficulties caused by performance or acquisition deficits? The importance of self-regulatory mechanisms. *Psychology in the Schools, 44*, 351-372.

Hintze, J.M, Volpe, R.J., & Shapiro, E.S. (2008). Best Practices in the Systematic Direct Observation of Student Behavior. In A. Thomas & J. Grimes (Eds.), *Best Practices in School Psychology V*, pp. 993-1006. Bethesda, MD: National Association of School Psychologists.

January, A.M., Casey, R.J., & Paulson, D. (2011). A meta-analysis of classroom-wide interventions to build social skills. Do they work? *School Psychology Review, 40*, 242-256.

Johnson, D.W., Johnson, R.T., Dudley, B., & Burnett, R. (1992). Teaching students to be peer mediators. *Educational Leadership, 50*, 10-13.

Kirusek, T.J., Smith, A., & Cardillo, J.E. (Eds.). (1994). *Goal attainment scaling: Applications, theory, and measurement*. New York, NY: Erlbaum.

Kushé, C.A., & Greenberg, M. T. (1994). *The PATHS curriculum*. Seattle, WA: Developmental Research and Programs.

Lochman, J.E., & Wells, K.C. (2002a). Contextual social-cognitive mediators and child outcome: A test of the theoretical model in the Coping Power Program. *Development and Psychopathology, 14*, 971-993.

- Maag, J.W. (2006). Social skills training for students with emotional and behavioral disorders: A review of reviews. *Behavioral Disorders, 32*, 5-17.
- Magill-Evans, J., Koning, C., Cameron-Sadava, A., & Manyk, K. (1995). The child and adolescent social perception measure. *Journal of Nonverbal Behavior, 19*, 151-169.
- Martens, B.K., Witt, J.C., Elliott, S.N., & Darveaux, D.X. (1985). Teacher judgments concerning the acceptability of school-based interventions. *Professional Psychology: Research and Practice, 16*, 191-198.
- Matson, J.L., Rotatori, A.F., & Helsel, W.J. (1983). Development of a rating scale to measure social skills in children: The Matson Evaluation of Social Skills with Youngsters (MESSY). *Behavior Research and Therapy, 21*, 335-340.
- Matson, J.L., & Ollendick, T.H. (1988). *Enhancing children's social skills: Assessment and training*. New York, NY: Pergamon Press.
- Malecki, C.K., & Elliott, S.N. (2002). Children's social behaviors as predictors of academic achievement: A longitudinal analysis. *School Psychology Quarterly, 17*, 1-23.
- McGinnis, E., & Goldstein, A.P. (1997). *The Skillstreaming Curriculum for Elementary and Adolescent Students: New Strategies and Perspectives for Teaching Prosocial Skills (Revised Edition)*. Champaign, IL: Research Press.
- Nangle, D.W., Erdley, C.A., Adrian, M., & Fales, J. (2010). A conceptual basis in social learning theory. In *Practitioner's guide to empirically based measures of social skills*. (pp. 37-48). New York, NY: Springer Publishing Co.
- Nowicki, S. (2002). *Diagnostic Analysis of Nonverbal Accuracy II*. Atlanta, GA: Dyssemia Incorporated.
- Oyserman, D., & Saltz, E. *Competence, delinquency, and attempts to attain possible selves*. *Journal of Personality and Social Psychology, 65*, 360-374.
- Parke, R.D., & O'Neil, R.O. (1999). Social relationships across contexts: Family-peer linkages. In W.A. Collins & B.P. Laursen (Eds.), *Relationships as Developmental Contexts*, (pp. 211-239). Mahwah, NJ: Lawrence Erlbaum Associates.
- Pepler, D.J., & Craig, W.M. (1995). Behind the fence: Naturalistic observations of children with remote audiovisual recording. *Developmental Psychology, 31*, 548-553.
- Quinn, M.M., Kavale, K.A., Mathur, S.R., Rutherford, R.B., & Forness, S.R. (1999). A meta analysis of social skill interventions for students with emotional or behavioral disorders. *Journal of Emotional and Behavioral Disorders, 7*, 54-64.
- Reynolds, C.R., & Kamphaus, R.W. *Behavior Assessment System for Children, Second Edition*. Circle Pines, MN: American Guidance Service.

Rockhill, C.M., Vander Stoep, A., McCauley, E., & Katon, W.J. (2009). Social competence and social support as mediators between comorbid depressive and conduct problems and functional outcomes in middle school children. *Journal of Adolescence*, *32*, 535-553.

Ross, A.G., Shochet, I.M., & Bellair, R. (2010). The role of social skills and school connectedness in preadolescent depressive symptoms. *Journal of Clinical Child & Adolescent Psychology*, *39*, 269-275.

Semrud-Clikeman, M. (2007). *Social Competence in Children*. New York, NY: Springer.
Sheridan, S.M. (2010). *The Tough Kid Social Skills Book*. Eugene, OR: Pacific Northwest Publishing.

Walker, H.M. (1983). ACCEPTS Program Curriculum Guide: The Walker Social Skills Curriculum. Pro-Ed Publishers.

Walker, H.M., & Holmes, D. (1987). *The Access Program: Adolescent curriculum for communication and effective social skills*. Pro-Ed Publishers.

Welsh, M., Parke, R.D., Widaman, K., & O'Neil, R. (2001). Linkages between children's social and academic competence: A longitudinal analysis. *Journal of School Psychology*, *39*, 463-481.