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## An Investigation of Social Skill Group Counseling Intervention with At-Risk Students

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The purpose of this study was to investigate the efficacy of teaching social skills to a group of 14 at-risk students who were identified by their teachers as being at-risk for academic failure. A pre-test and post-test design was used using the Social Skills Direct Observation by Thomas (1991). Students participated in a group social skills training program for five weeks. A statistical comparison between the pre-test and post-test data was performed by means of a nonparametric procedure. Results of the Wilcoxon Matched Pairs Signed-Ranks Test were indicative of significant gains in the students' acquisition of social skills and prosocial behaviors. However, because of the limitations of the study, such as the small sample size and confounding variables, no definitive conclusions were drawn. It is suggested that although support for the effectiveness of social skills research literature, the above findings do not conclusively indicate that to determine if there are long-term benefits of social skills training programs.

**KATHY A. BENNETT**

**Abstract Presented to the Faculty of the Graduate School  
of Lindenwood University in Partial Fulfillment of the  
Requirements for the Degree of  
Master of Arts  
2000**

## ABSTRACT

The purpose of this study was to investigate the benefits of teaching social skills to a group of 14 at-risk kindergarten students that were identified by their classroom teachers as exhibiting social skills deficits. A pre-test and post-test experimental design was devised using the Social Skills Direct Observation by Sheridan (1997). Students participated in a group social skills training program for five weeks. A statistical comparison between the pre and post test data was then performed by means of a nonparametric procedure. Results of the Wilcoxon's Matched Pairs-Signed-Ranks Test were indicative of positive gains in the students' acquisition of social skills and prosocial behavior. However, because of the limitations of the study, such as the small sample size and confounding variables, conservative conclusions were drawn. It appeared that although support for social skills programs was found in the research literature, far more longitudinal research needs to be conducted to determine if there are long-term benefits of social skills training programs.

**AN INVESTIGATION OF SOCIAL SKILL  
GROUP COUNSELING INTERVENTION WITH  
AT-RISK STUDENTS**

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A Culminating Project Presented to the Faculty of the  
Graduate School of Lindenwood University in Partial Fulfillment  
of the Requirements for the Degree of  
Master of Arts  
2000

**COMMITTEE IN CHARGE OF CANDIDACY:**

To the many at-risk children in need of strong support, and the opportunity for a future filled with potential.

**Marilyn Patterson, Ed.D**  
Associate Professor

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**Richard Boyle, Ph.D.**  
Dean of Education

## **DEDICATION**

To the many at-risk children in need of caring support, and the opportunity for a future filled with potential.

## TABLE OF CONTENTS

CHAPTER 1	INTRODUCTION	1
	Introduction	1
	<b>ACKNOWLEDGMENT</b>	
	Rationale for Intervention	1
	Purpose	10
	Hypothesis	11
	My greatest gratitude to my children, family and friends for their patience and giving of themselves so that I may complete this thesis.	
CHAPTER 2	LITERATURE REVIEW	12
	An-Rule: An investigation into the effectiveness of the rule	13
	Evidence: An empirical review	18
	Counseling Strategy for Self-Administered Intervention	20
CHAPTER 3	METHODOLOGY	21
	Participants	22
	Instrument	23
	Validity and Reliability	24
	Procedure	28
	Instructional Format	29
	Intention and Measurement	30
CHAPTER 4	RESULTS	31

	<b>TABLE OF CONTENTS</b>	
CHAPTER 1	INTRODUCTION .....	1
	Introduction .....	1
	Rationale for Intervention .....	7
APPENDIX A	Purpose .....	10
	Hypothesis .....	11
CHAPTER 2	LITERATURE REVIEW .....	13
APPENDIX B	At-Risk: An investigation into the causes and treatments .....	13
APPENDIX C	Etiology: An indepth review .....	18
APPENDIX D	Counseling Strategies for School Interventions .....	26
CHAPTER 3	METHODOLOGY .....	41
APPENDIX E	Participants .....	42
	Instrument .....	43
APPENDIX F	Validity and Reliability .....	45
	Procedures .....	48
	Instructional Format .....	51
APPENDIX G	Incentive and Motivation .....	52
REFERENCES		
CHAPTER 4	RESULTS .....	53



CHAPTER 5	DISCUSSION .....	55
	Discussion of Results .....	55
	Limitations .....	55
	Recommendations .....	56
	Conclusion .....	58
APPENDIX A	.....	59
	Description of the Institutional Materials ..	60
APPENDIX B	.....	63
	Family Letter .....	64
APPENDIX C	.....	65
	Permission for Participation .....	66
APPENDIX D	.....	67
	Group Rules .....	68
APPENDIX E	.....	69
	The Tough Kid Social Skills Book: Chapter 2	70
APPENDIX F	.....	71
	Social Skills Direct Observation .....	72
APPENDIX G	.....	73
	Instructions for Conducting Direct Observations .....	74
REFERENCES	.....	75
VITA AUCTORIS	.....	80

Chapter 1

Introduction

Introduction

Determining a consistent definition for "at-risk" is the first step to determining the impact of an intervention and whether the

**LIST OF TABLES**

<b>TABLE 1</b> .....	<b>54</b>
<b>Students Receiving Social Skills Intervention</b>	

risk-referred to students whose achievement, language, culture, value communities and family structures do not match the dominant cultural norms that typically public schools were designed to serve and support (Goodlad & Keating, 1990). From the historical perspective, at-risk students were viewed as primarily minorities, the poor, and immigrants and were considered to be cultural, and educationally deprived or disadvantaged. Large numbers of these students were not achieving at minimally acceptable levels. Therefore, the definition of at-risk from the historical perspective was derived from an definition assigned by the students themselves (Goodlad & Keating, 1990).

Hickey and Tuerning (1976) suggested that the issue of a definition remains one of the most central critical aspects of the national discussion about at-risk students, although the need to "do" the program

## Chapter 1

### Introduction

#### Introduction

Determining a consistent definition for the term at-risk is the first step to interpreting the issues of at-risk children and students, and the seemingly insurmountable problems they face. Historically, the term at-risk referred to students whose appearance, language, culture, values, communities and family structures did not match the dominant cultural norms that typically public schools were designed to serve and support (Goodlad & Keating, 1990). From the historical perspective, at-risk students were viewed as primarily minorities, the poor, and immigrants and were considered to be culturally and educationally deprived or disadvantaged. Large numbers of these students were not achieving at minimally acceptable levels. Therefore, the definition of at-risk from the historical perspective was derived from the deficiencies exhibited by the students themselves (Goodlad & Keating, 1990).

Hixson and Tinzmann (1990) suggested that the issue of a definition remains one of the most controversial aspects of the national discussion about at-risk students, although the need to identify that portion

of the student population experiencing school-related problems has consistently remained a priority. Furthermore, they noted that the issue of a definition has continued to be controversial because of the differing ideological, philosophical and political divisions which exist among educators (Hixson & Tinzmann, 1990).

Hixson and Tinzmann (1990) also suggested that there are four methods to define and identify the at-risk student population widely accepted by policy makers and public schools. Following is an explanation of these four approaches. The first definition known as the predictive method approaches the at-risk problem by looking at circumstances such as the student's living conditions and difficulties such as having limited English proficiency, being the member of a minority group, or living with one parent. Students falling into categories described by the predictive approach are statistically likely to be low achievers or drop out of school. The second approach, the descriptive approach, relies on information pertaining to students who are already performing poorly or failing in school and who have not been successful in the regular school program. Students identified as at-risk using the descriptive approach are at-risk because they will likely fall further behind or drop out. Identification of students using the descriptive approach typically involves



placement in ancillary or pull-out programs (Hixson & Tinzmann, 1990). The predictive and descriptive approaches are used by schools to identify various ways in which students need to be changed in order to fit into existing school structures and programs; and continue to be the most widely used approaches to defining and identifying at-risk students. The predictive and descriptive approaches have similarities to the historical perspective because they tend to focus on student deficits (Hixson & Tinzmann, 1990).

Thirdly, Hixson and Tinzmann (1990), defined the unilateral approach in which all students are considered to be at-risk in one way or another. The unilateral approach addresses egalitarian ideals and values, and in school systems utilizing this approach there are no students identified for programs that differentiate them according to needs or exhibited deficits. In the final definition, the researchers noted that there is an emerging strategy for defining at-risk students that viewed school factors as potential causes of the at-risk problem. Identified school factors included inflexible schedules, narrow curricula, focus on lower-order skills, limited instructional strategies, limited texts and other instructional materials, isolated pull-out programs, tracking and teacher and administrative beliefs and attitudes towards students and parents (Hixson

& Tinzmann, 1990).

According to Keaster and Schisler (1993) the trend to blame school failure directly on the students and their communities has shifted to place a greater emphasis on basic changes in American society. Societal changes and contributing causes escalating school failure discussed by the researchers include poverty, child abuse, alcoholism, drug abuse, divorce, and patterns of dysfunctional family systems (Keaster & Schisler, 1993). Furthermore, they concurred that the literature is replete with statistics demonstrating the rise in divorce rates, crime, prominence of drug abuse, poor health care, dysfunctional family systems and the effects that these societal problems have on American youth (Keaster & Schisler, 1993).

Another researcher, Webb (1992), concurred that the impact of modern society and the difficulties faced by school aged children has an overwhelming influence on the factors that place children at-risk educationally. Webb stated that a significant number of the nation's children live in dysfunctional families and many suffer from emotional and behavior problems severe enough to require mental health interventions. "More than 4,000 children die each year of child abuse, an estimated 2.5 million children are victims of child abuse and nearly 30% of all children are sexually abused in some way before they reach the age

of 18 (Webb, 1992, p. 96)." Furthermore, 7 million children live in homes in which at least one parent is affected by alcohol abuse. "Many of these children exhibit personal and social incompetence and numerous maladjustment behaviors" (Webb, 1992, p. 96).

Webb (1992) further suggested that perhaps 80% of all children come from dysfunctional families in which they do not receive the necessary love, nurturing and guidance to form healthy relationships and that these children often form codependency characteristics. Codependency characteristics according to Webb are dysfunctional patterns of living, problem solving and distorted rules in the family system. Furthermore, many of these children are at-risk because normal cognitive, affective and behavioral development has been impaired, and it has been documented that many at-risk children also present significant emotional and behavior problems as they grow older (Webb, 1992).

When considering the research literature about at-risk children in the context of the educational environment, Keaster and Schisler (1993) stated that children routinely are deeply exposed to this sort of preschool and extraschool existence cannot be expected to operate from the same set of standards and values that other children do or exhibit the same behaviors. According to Keaster and Schisler (1993) three primary areas



of concern for at-risk students are self-esteem, standards of performance and areas of discipline and behavior (Keaster & Schisler, 1993). Children at-risk typically have a low self-esteem and a sense that they do not fit in well. Furthermore, students at-risk often enter school lacking an adequate frame of reference and background experiences which enhance early learning. At-risk students develop feelings of frustration and alienation which result in behavior and discipline difficulties. "Because these students have feelings of low self-esteem, alienation, and persecution, their behavior often gets them labeled as 'trouble-makers' or 'discipline problems' (Keaster & Schisler, 1993, p. 417).

Keaster and Schisler (1993) noted that at-risk children learn a host of distorted beliefs about themselves and others and are frequently confused by what they see and hear, and are uncertain how to behave in social situations. They have difficulty knowing what is normal and in trusting others. Accordingly, if these feelings of low self-esteem, alienation and persecution are major causes of behavior problems exhibited by at-risk students, then educators have a responsibility to respond to these feelings in a positive way which will help the at-risk student to realize that he or she can learn and experience success in school (Keaster & Schisler, 1993).



Webb (1992) also emphasized the lack of skills that at-risk children have to manage the stress in their lives. Webb concurred with Keaster and Schisler's observation that at-risk students are likely to exhibit low self-esteem. Additionally, she reported that they often have mood disorders, identity confusion, low tolerance for frustration, depression, anxiety, impulsiveness, and a host of other emotional disorders. School-aged children at-risk are frequently characterized as exhibiting short attention span, being easily distracted and as having difficulty following directions. Webb (1992) further remarked that children from dysfunctional families benefit most when intervention is introduced in the early stages of development and therefore; schools are an appropriate setting for early intervention programs that benefit all children. Such early intervention programs empower at-risk children. School counselors and teachers are in a position to assist students in the acquisition of skills that enhance self-development and help at-risk students to cope with stressful events they have experienced early in their lives (Webb, 1992).

### **Rationale for Intervention**

Specifically, for this study, the rationale for intervention was derived primarily from two research sources. Research by Ogilvy (1994), and by Hovland, Smaby and Maddux (1996) provided comprehensive

models of social skills as an intervention with students at-risk. The model is briefly discussed in the following paragraphs.

Ogilvy (1994) stated that the traditional focus of schools has been on the academic curriculum with few explicit attempts to teach personal and social skills. There has been a tendency to assume that children will automatically acquire these skills as part of the developmental process or as a by-product of formal education (Ogilvy, 1994). However, this generalized assumption is incorrect and many at-risk children experience problems with peer and adult relationships which have a negative effect on their ability to form friendships; but also have negative consequences on their ability to benefit from classroom instruction (Ogilvy, 1994). In fact, according to Ogilvy (1994) there is a substantial body of literature to support the view that poor social skills contribute to academic underachievement and evidence has suggested that childhood social deficits are strong predictors of academic, social and psychological functioning. "Associated problems include delinquency, dropping out of school, low academic achievement, anti-social behavior, alcoholism and adult psychoses" (Ogilvy, 1994, p. 73).

Ogilvy further remarked that there is a clear rationale for intervention with children who have demonstrated poor social competence

(eg. aggression, unassertiveness or social withdrawal). She suggested that intervention is developed with the purpose and hope of ameliorating current dysfunctions and in efforts of preventing long-term negative consequences of early social skill deficits (Ogilvy, 1994). The model is not only reactive, but in recent years a proactive approach has also been taken. Numerous social curricular packages have been introduced for in-school use which are aimed at fostering prosocial behavior for all children in the prevention of the problems of maladjustment at critical stages in development (Ogilvy, 1994).

Wittmer and Honig (1994) concurred with Ogilvy's (1994) view that a cognitive emphasis has been the traditional focus in schools. Furthermore, Wittmer and Honig (1994) stated that the cognitive emphasis had been brought into the educational field in the late 1960's and social development has only recently been getting renewed attention by early education leaders. According to these researchers, the goals of those teaching prosocial skills attempt to facilitate children's positive social interactions by teaching such skills as sharing, showing concern and empathy, kindness and cooperation in task completion. They found that when such prosocial skills were facilitated in the school environment, the prosocial interaction increased while aggressive behaviors decreased.



In addition, these researchers cited numerous studies showing that when children were taught social skills which they were lacking and given opportunity to practice taught skills, children were able to generalize and transfer newly learned social skills to other situations and that learned social skills provided children with alternatives to aggression (Wittmer & Honig, 1994).

Research by Hovland, Smaby and Maddux (1996) further supported Ogilvy's notion that social skills reduced adverse behaviors, incompetencies and negative effects on learning. These researchers indicated that if social skill deficits are allowed to persist, the result is serious learning and social difficulties which cause pronounced problems for the student at-risk, other students in the classroom and eventually for society as a whole (Hovland, Smaby & Maddux, 1996).

### Purpose

The general purpose of this study was to investigate the results of implementing a school-based social skills counseling intervention for at-risk kindergarten students. A social skills intervention to teach prosocial skills to kindergarten students was initiated in order to investigate the effects it would have on social interaction, behavior, and academic achievement. This researcher sought a pro-active intervention to offer at-

risk students a school-based opportunity to learn alternative ways of thinking and behaving that would assist them in becoming more successful students. The students' needs were considered to be the foremost concern and responsibility of this researcher.

Therefore, the goals and purpose of the intervention were developed in conjunction with the role and responsibilities of the school counselor as described by the American School Counseling Association (ASCA). The Guidelines of the ASCA stated that school counselors collaboratively should design and implement activities that assist students to learn more effectively and efficiently and are committed to the maximum development of human potential (American School Counselor Association, 1994, 1995, and 1997).

### Hypothesis

The fundamental question this study asked is: If at-risk students were given social support and instructed in the development of social skills through a group counseling intervention, would significant improvement and measurable change occur in social skills as measured by Social Skills Direct Observation by Sheridan (1997). Group counseling was selected as the format for the counseling intervention because it

presented a myriad of opportunities for student interactions and the development of social support systems.

The null hypothesis stated that there will be no significant difference in the pre and post test data for the sample population participating in group counseling social skills training. The alternative hypothesis stated that there will be a significant difference in pre and post test data for the sample population participating in the group counseling social skills training. Essentially, the alternative hypothesis posits that a significant difference/change in the dependent variable (social skills) will occur after the sample group has participated in the group social skills training (independent variable).

## Chapter 2

### Literature Review

#### *At-risk: An investigation into the causes and treatments*

While investigating the research literature about children at-risk, it was found that the term at-risk was used primarily in two categorical bodies of research: the psychosocial literature and the educational research literature. The psychological and social research explored the psychological and social risk factors associated with the process of normal development encountered by children due to some type of maltreatment or environmental deficits. Psychosocial researchers used the term at-risk to refer to a population of children whose chances for normal development were considered to be impeded (Leehan & Wilson, 1985).

According to Ford (1991) the educational term for at-risk evolved from a report to the nation made in 1983 by the United States Committee on Education and Labor. The report used the term at-risk to refer to a large number of students failing in American public schools and dropping out of school before high school graduation (Ford, 1991). However, in both usages of the term at-risk, numerous issues and factors overlapped which were viewed as contributing causes that placed children at-risk for



normal development and the ability to achieve successfully in school (Slavin, Karweit & Madden, 1989).

Leehan and Wilson (1985) stated that conditions that put children at-risk for long term deficits in the psychological, social and educational development begin early in a child's development and are environmentally related. Environmental conditions that cause psychosocial developmental devastation in children are: child abuse, neglect abandonment, and socioeconomic impoverishment (Leehan & Wilson, 1985). Furthermore, Leehan & Wilson (1985) stated that the developmental consequences are often so severe that the effects frequently remain with the child throughout adulthood. One of the early stages of development is the ability to establish trust. The establishment of trust is one of the first requirements for healthy personality formation (Leehan & Wilson, 1985).

According to Leehan and Wilson (1985), in Erikson's 1963 theory of human development, the first psychosocial crisis all humans encounter is the trust vs. mistrust conflict. In the second stage of Eriksonian theory, children approximately from ages three to six years old, develop autonomous, self-defined behaviors. Successful completion of the second stage of development is viewed to be an ability to gain independence and a degree of control over one's environment (Leehan & Wilson, 1985).



Leehan and Wilson (1985) suggested that research has indicated that the problems for children at-risk begin in these earliest stages of personality development. In their view, it is because of the environmental conditions and affective ramifications that even the earliest stages of personality development are disrupted for at-risk children.

In the scenario of a dysfunctional and an abusive and family system, parents take all the decision-making power away from the child. Parents make the decisions for the child without allowing the child to have any input in the process. Such parents often have unrealistic expectations of their children and rarely take into consideration the developmental level or the individual abilities of their children (Leehan & Wilson, 1985). As a result, children living in this kind of an environmental distress never develop control or mastery over their own environment. Instead they learn to elicit behaviors that satisfy their caretakers and internalize many self-defeating attitudes. Because of the environmental distress and the associated affective ramifications, the earliest stages of personality development are disrupted (Leehan & Wilson, 1985).

Maltreatment to children predisposes them to a wide array of future consequences. Early in a child's life the developmental consequences of early environmental deprivations are often identified by school systems.

Children at-risk display a multitude of school-related problems. At-risk children often have learning disabilities and behavior disorders which preclude them from the normal development of basic educational skills necessary for progress and academic success (Leehan & Wilson, 1985).

The educational deficits of low achieving students were the focus of a 1983 educational report to the nation. An investigation into some of the issues concerning low academic achievement was sanctioned by a committee of the United States Department of Education (Slavin, Karweit & Madden, 1989). The National Commission On Excellence In Education, published their findings in a report entitled "A Nation At Risk." They concluded that "the problems of low achievement are not new, the consequences of this problem are becoming more serious" (Slavin, Karweit & Madden, 1989, p. 4). Therefore, it was the serious nature of the problem of low achievement and the national interest that concerned the commission.

It was the committee's conjecture that because of the technological advancements of American workers and workers globally, American students demonstrating low academic achievement and minimal skills would not be able to secure even entry level jobs when they reached employment age. As a result, these students would be ensured a life of

poverty and dependence. Furthermore, it was thought that the low achievement of students in American public school systems was potentially disastrous to the social cohesiveness and economic survival of our nation. Since the report was first written in 1983, the term at-risk, has become an operative term in educational research literature to refer to the low achieving student population (Slavin, Karweit & Madden, 1989).

The 1983 report "A Nation At Risk" may have been one of the first publications that focused national attention on the severity of the problems and issues of children at-risk and the educational implications. However, the issues and concerns continue to present a challenge (Slavin, Karweit & Madden, 1989). Therefore, to obtain greater depth of understanding of the problems faced by at-risk children, the following literature review explored the contributing causes and issues for children at risk. This information was relevant and applicable to understanding the at-risk student and how to help them in the public educational setting. The literature review segment of this study then proceeded to explore some of current modes of prevention and interventions related to the at-risk student population and the school setting.

However, many research have suggested a better way to help prevent  
to improve the study on the at-risk problem with the current factors



*Etiology: An in-depth review*

A consistently pervasive condition for children at-risk is that they are at risk for normal psychological and educational development (Leehan & Wilson, 1985). According to Phelps (1991), when considering the psychosocial risks factors, aspects of familial, psychological and social issues are interrelated. "Dysfunctional family systems, psychological issues and social issues all play a major role in precipitating and perpetuating the risk factors for children" (Phelps, 1991, p. 417). In Phelps view, these familiar issues of dysfunction cross all socioeconomic barriers. They are created through inner-family turmoil and accompanying disparities for family members, especially the children. Often times, family dysfunction creates feelings of not belonging or a kind of limbo for children (Phelps, 1991). Finkelstein (1991) described a similar viewpoint as Phelps. Finkelstein remarked, "Despite what many would prefer to believe, the child or youth in limbo is not necessarily a product only of the lower socioeconomic segment of American society. Rich kids are not exempt from random violence, emotional neglect, family disruption, or even despair" (Finkelstein, 1991, p. 44).

However, some researchers asserted a belief that it is appropriate to begin the study of the at-risk problem with the child's family

environment from the earliest stages of development (Leehan & Wilson, 1985). According to the research of Oates (1986) and Phelps (1991) much can be determined about a child's behavior by understanding the child's experience in infancy. Both studies referred to a severe condition of infant neglect known as non-organic failure to thrive or NOFT. Research of this condition has risen out of the absence of an organic disorder or disease pathology which would explain the developmental deficit which marks the condition (Phelps, 1991). Oates (1986) called the condition of NOFT a manifestation of a developmental and growth disorder. The cause of the disorder is attributed to severe deficits in the social, emotional or the nutritional environment of the infant or child. This environment is "disturbed to the point where it interferes with the normal growth and development of the infant or child" (Oates, 1986, p. 3).

Research about the NOFT condition emphasized specific aspects regarding the relationship between the mother and infant. "The American Psychiatric Association has designated nonorganic failure to thrive as a reactive attachment disorder of infancy so as to emphasize the maternal infant bonding aspect of the disorder" (Oates, 1986, p. 4). Often, when an infant is institutionalized with the NOFT condition a regular growth and development pattern is restored, however, soon after the infant is placed

back into the home the NOFT condition quickly resumes. The American Psychiatric Association's definition implies that the mother's response to the infant's needs are neglectful. It is unclear if the deprivation is solely nutritional. Studies have shown that if an infant is supplied with enough nutrition, but still lacks emotional stimulation, the infant will continue to have a failure to thrive (Oates, 1986).

Long-term studies of children institutionalized with recurring episodes of the NOFT condition manifest abnormalities in intellectual and personality development (Phelps, 1991). Often it is the case that a child labeled as a NOFT infant, later is the same child after entering pre-school, or elementary school, is labeled as the at-risk student in school (Phelps, 1991). Phelps remarked, that "Infants diagnosed with the disorder (NOFT) frequently continue to exhibit developmental delays throughout their school years" (Phelps, 1991, p. 417).

Additionally, there is evidence that there are long term cognitive consequences of neglect. Ammerman and Hersen (1990) cited an earlier study by Oates in which Oates had examined the long-term consequences of neglect, including an examination of nonorganic failure-to-thrive children. Results from his study found failure-to-thrive children to be significantly lower in social maturity, language development and verbal



ability, and to have more personality abnormalities than the children of a comparison group study (Ammerman & Hersen, 1990).

Another familial dysfunction that has contributed to developmental deficits in children is family violence. Oates (1986) called family violence acts that obstruct innate human potential. Furthermore, such acts destroy the inherent human drive toward development and the process of self-actualization (Oates, 1986). Oates (1986), cited Green's 1975 findings in which he reported that children exposed to violence often turn inward. The result of family violence for the children is increased nail biting, hair pulling, and suicidal attempts.

Oates (1986) suggested that the abused child develops a sense of worthlessness and self-hatred and that parental rejection is a primary cause of the child's self-destructive behaviors (Oates, 1986, p. 82). However, Oates stated that the usual reaction of abused children exposed to parental modeling of abusive and aggressive behavior is to also demonstrate abusive and aggressive behaviors themselves. Studies of maltreated children have documented aggressive and antisocial behaviors in children as early as preschool age (Oates, 1986). In part, abuse may emerge as a result of the parents ineffective discipline and parenting/family management skills. Following is a quotation by

Ammerman and Hersen (1990) which illustrated the cyclic pattern of family violence.

Overtime given a parental failure to effectively discipline, a setting is generated marked by escalating aversive interchanges, in which the participants, both parents and children, increase their use of hostile control techniques including verbal and physical assault. It has also been found that harsh, erratic, power assertive, and inconsistent parent discipline practices precede aggressive, delinquent, and violent behavior in adolescence. Consistent with this model is evidence that irritable parent discipline practices and child coercion observed in the home predict more generalized antisocial behavior, as reported by parents, teachers, peers and the child himself (Ammerman & Hersen, 1990, p. 127).

Another similar familial problem which is often intertwined with child abuse and neglect is child abandonment. Like other forms of maltreatment to children, it leaves many affective and developmental scars. According to Finkelstein (1991), children subjected to abandonment seek parental approval to the extent that they will sacrifice whatever ego integrity called for in order to survive; the consequences of abandonment have disastrous consequences for children (Finkelstein, 1991). Because abandonment evokes such fear, the child accepts



whatever consequence the parent places on the child, including accepting irrational beliefs about themselves and their identity, or family roles such as the scapegoat. Because the fear of being alone or pushed out of the family either physically or psychologically is so unthinkable, the child is willing to cooperate with the parents.

The parents themselves have often been the victims of abuse. They frequently abuse their children because they lack knowledge about dealing with their own with their own feelings of helplessness. Often times the parents have not known any other way of living and they do not rationalize that there are other solutions and ways to understand and cope with their difficulties (Finkelstein, 1991).

The psychological devastation of severe family dysfunction such as child neglect, abuse, and abandonment creates on-going psychological difficulties for children. They are often programmed for failure and to repeat the family patterns of dysfunction. For example, a child who has strong fears of abandonment may elicit repetitive provocations for eviction in settings outside his home such as in school. The child will act-out his psychological needs for attention. "The child continues to try to master the early trauma of psychological abandonment by her or his parents" (Finkelstein, 1991, p. 45).

A crucial aspect regarding the behavior of maltreated children is the child's poor self-image. "Evidence from a number of sources provides consistent support for the contention that maltreated children evince deficits in self-esteem" (Ammerman & Hersen, 1990, p. 128). In concurrence, Oates' 1986 study of abused, neglected and NOFT children found that in comparison with a control group, these children showed consistently low scores on the Piers-Harris self-concept scales (Oates, 1986).

Furthermore, the research literature showed evidence of emotional and motivational impairment on the part of maltreated children and revealed that maltreated school-aged children have poorer cognitive functioning, less curiosity and more dependency (Ammerman & Hersen, 1990). The dysfunctions evident among maltreated children exemplify both internalizing and externalizing behavior disorders.

According to Ammerman and Hersen (1990), the patterns of behavior displayed by these children are directly related to the care they have received. At-risk children have poor self concepts, as well as distorted views of relationships and the world. They maintain problematic social or intrapersonal relationships with parents, teachers, counselors, and peers. Their maladaptive behaviors elicit responses which they have

learned to maintain. These behaviors reinforce the child's already internalized self-concept of the self as bad and unworthy of love. Leehan and Wilson (1985) illustrated the anguished dilemma of the at-risk child in this remark: "When one is repeatedly told that one is not all right, that one is stupid or ugly or unlovable, and incapable of doing things, one begins to believe it. They internalize the feelings of incompetence, unworthiness and badness" (Leehan & Wilson, 1985, p. 7).

In summary, the psychosocial models of behavior viewed the maltreated child as the product of his own experience and environment. Accordingly, the maltreated child becomes a participant actively contributing and undermining his own behavioral, psychological and cognitive growth and development (Ammerman & Hersen, 1990). Webb (1992) described Maslow's 1970 concept of hierarchy of needs as relevant and pertinent issues for at-risk children because often even their basic needs are not met. She further emphasized that beyond the basic physiological needs, children need to feel loved and a sense of belonging to develop positive self-esteem. With greater understanding of the psychosocial issues and contributing factors, the following chapter investigated the research literature regarding educational intervention strategies for the at-risk student population.



### Counseling Strategies for School Interventions

A consistently pervasive condition for children at-risk is that they are at risk for normal psychological and educational development (Leehan & Wilson, 1985). The link between the psychosocial and the educational risks is very significant because the child who entered school with the psychosocial deficits becomes the educationally at-risk student (Hovland, Smaby & Maddux, 1996). Hovland, Smaby, and Maddux (1996) recognized this important link and the critical need to reach at-risk children in the school setting. They stated that children with serious at-risk characteristics experience barriers to their own learning and future adjustments and contributed to classroom environments that detracted from learning for other children. Following is an in-depth review of at-risk children identified in school settings because of the cognitive, behavioral and affective difficulties demonstrated by the students. Furthermore, counseling interventions were reviewed in the educational literature.

In a 1984 study by Lewis, two variables that he believed were coexistent were studied. He stated that excessive anxiety and emotional maladjustment were often seen in congruence with reading disabilities. Lewis explored the possibility of alleviating emotional difficulties and

reading disabilities through the use of a structured group counseling approach. He compared the effects of a structured group counseling program with a nondirective program and studied the outcomes of the group intervention on emotional adjustment and reading achievement (Lewis, 1984).

There were 24 participants in his study. The students were third, fourth, fifth, and sixth grade remedial reading students. They all possessed average I.Q.s and were at least one year behind level in reading. The students were randomly assigned to one of six counseling groups which were divided into structured counseling groups and non-directive counseling groups. All groups met for four weeks. Two instruments were used to measure both variables of emotional maladjustment and reading performance levels. The Piers-Harris Children's Self Concept and State-Trait Anxiety Inventory For Children and the Diagnostic Reading Scales were used as a measure for both pretest and post-tests.

The structured program included numerous activities and videotaped vignettes of peer and adult modeled self disclosure and effective coping skills; followed by group discussions (Lewis, 1984). Specifically, videotapes portrayed peers and adults engaged in discussions about their thoughts and feelings regarding self-concept and their anxieties

related to reading abilities. The group was then led in a similar discussion whereby group leaders used predetermined questions, social reinforcement, and encouragement as the students participated in the group discussion process. Each session was then concluded with the leaders' use of relaxation and visualization techniques in which the participants were given positive suggestions to lessen their anxieties.

Lewis (1984) concluded that the results of his study showed that students participating in the structured group program had significantly greater gains in reading comprehension than the nondirective group program participants. The group means reflected a 1 year gain in reading comprehension during the 6 week pre and post test interval. According to Lewis, "This finding is consistent with previous research efforts demonstrating the effectiveness of counseling approaches in improving reading comprehension" (Lewis, 1984, p. 457). However, in this study by Lewis two of the affective variants (self-concept and anxiety) did not show significant gains.

In another study conducted in Israel, which also showed positive effects of group counseling, the researcher Shechtman (1993) wanted to find out what effects small group counseling would have on the performance and behavior of students, as observed by their teachers. She



assessed the "effects of small-group therapy on teacher evaluations of the student's learning functions, attitudes to peers and teachers, and overt behavior" (Shechtman, 1993, p. 77). Teacher evaluations, report card gains and reading comprehension of mathematics scores on a national achievement were used to report academic progress. Seventy-three second grade to sixth grade students were referred for counseling services because of emotional, social, behavioral and learning difficulties. Students had reportedly demonstrated inattentiveness, restlessness, lack of motivation in learning; as well as posed disciplinary problems, aggression and withdrawal (Shechtman, 1993).

Teacher Evaluation Reports utilized for the pre and post test evaluation assessed academic progress, behavioral and interpersonal areas and levels of functioning. Thirteen symptoms were found to be exhibited most often by the 73 students in the study. Shechtman stated that the 13 symptoms were typical of poor adjustment to school life and were as follows: "... absenteeism, tardiness, disciplinary problems, inattentiveness, lack of learning motivation, verbal aggression, physical aggression, withdrawal, tendency to cry, tendency to lie, delinquent behavior, restlessness, and sadness or signs of depression (Shechtman, 1993, p. 79).

The counseling intervention for the experimental group was based on a developmental model of small group counseling and emphasized interrelations. Issues of the past and present were discussed. Self-expression, self-disclosure, communication, listening, empathic understanding, constructive feedback were modeled and encouraged. Some of the activities used were role play, puppetry, drama, and social games (Shechtman, 1993).

In an analysis of the final research data, Shechtman (1993) found that the experimental group which received the counseling interventions made consistent and significant changes related to the three variables of academics, overt behavior and interpersonal behaviors and attitudes. She concluded that significant improvement was observed in learning functions and in a wide array of behavioral problems displayed by the children. Furthermore, Shechtman (1993) found that the behavioral changes transferred into the classroom setting as well as into other areas of the children's lives. Other school-related problems studied by the researcher such as student absenteeism also showed improvement.

In the next article reviewed, the researcher Stickel (1990) investigated a multimodel intervention of teaching social skills to a group of kindergarten students. Seven modalities were investigated: Behavior,



Affect, Sensation, Imagery, Cognition, Interpersonal Relationships, and Drugs/Biology. The first letters of each word make up the acronym BASIC ID. According to Stickel, the purpose of the multimodel approach and intervention was to assist children in the development of appropriate social skills to facilitate school adjustment (Stickel, 1990).

The twenty kindergarten students in this study attended a university laboratory school classroom. The students were divided into four groups with five children each. The balance between sex and group membership was dispersed approximately equally. Each group was task oriented, goal directed and time limited. Through a pre-screening process with the classroom teacher the specific focus for each of the four groups was identified through observations and goals of the seven modalities (BASIC ID). General concerns expressed by the classroom teacher were excessive attention-seeking behaviors, and the need to improve problem-solving and social interaction skills. Children experiencing more difficulties with social-skills development were interspersed with children experiencing less difficulties.

A teacher checklist was used to assess each child across the seven modalities, and also provided space to record information such as the teacher's comments, and statistical data. The groups met for seven

sessions every other day and were 20 minutes in duration. Lessons involved structured behavior and cognitive activities and then progressed to the less structured interpersonal, affective, imagery, and sensory modality lessons. The final lesson was related to the drugs/biology modality. Expectations and logical consequences were provided for students whose behaviors were detrimental to the group (Stickel, 1990).

Evaluation was planned to be ongoing using student and leader evaluations, observer feedback and teacher reports. Although post evaluation was a limitation of the study, the teacher feedback was used to identify observed student gains in behavior cooperation and positive interactions among children which was related to the variables of problem-solving and social skills acquisition (Stickel, 1990). There was no information given about the third variant, attention seeking behavior.

Stickel concluded that the multimodel approach was helpful because it provided a model for small-group intervention and was suited for the diverse developmental needs of her students. In addition she noted that the research in group counseling with young children is limited. However, she stated that a peer counseling group is an appropriate place for dealing with young children's problems across a broad developmental spectrum and early in the child's school experiences (Stickel, 1990).

A study by Hovland, Smaby and Maddux (1996) investigated various in-school problems that at-risk students exhibited which they believed were caused by attention and behavior problems. Observed student difficulties were in the areas of academic performance, social interaction, and ongoing incidences of school misconduct and delinquency. The researchers found that at-risk students were often rejected by teachers and peers which then led to aggression, disruption and inattention in the classrooms. Therefore, the purpose of this study was to provide school counselors with information related to specific classroom behavior problems and to then recommend appropriate interventions.

The researchers stated that the impact of the problem behaviors jeopardized the opportunity for other children to learn and, if allowed to continue, such behaviors increased in severity (Hovland, Smaby, & Maddux, 1996). There were 1,801 participants randomly selected from a student population of 10,000 students grades K-6 enrolled in 17 different school districts. The school districts were located in a large, Midwestern state and included 33 schools and 321 teachers. The sample included 942 boys and 859 girls. The instrument used to measure



behavior change was the Devereux School Behavior Rating Scale II by Spivack and Swift (Hovland, Smaby, & Maddux, 1996).

The rating scale provided a profile of overt classroom behaviors and behaviors which interfered with successful academic performance. There were 52 items statistically grouped into ten behavioral factors, four behavior clusters, and two achievement scores. The ten behavioral factors were as follows: Work Organization, Creative Initiative/Involvement, Positive Toward Teacher, Need for Direction in work. Socially withdrawn, for Direction in Work, Socially Withdrawn, Failure Anxiety, Impatience, Irrelevant Thinking/Talking, Blaming and Negative/Aggressive. The four behavior clusters were perseverance, peer cooperation, confusion, and inattention. The two achievement areas were Achievement Compared to Average Students, and Achievement Compared to Own Ability (Hovland, Smaby, & Maddux, 1996).

The 321 teachers were asked to complete the DESB II checklist for 6 randomly selected students (3 girls and 3 boys). There were a total of 1,801 DESB II rating scales usable for analysis. The DESB II scores were used to determine percentages of boys and girls in elementary school classrooms who are at risk because of serious attention and behavior problems. In efforts to identify specific areas of difficulty, the researchers



focused on behavior factors for each sex in which more than 5% of the students had scored greater than two standard deviations from the mean in the direction indicating difficulty. The Behavior factor scores were examined to determine the most prevalent behavior problems among boys and girls. Teachers reporting the lowest rates of problem behaviors were identified and then contacted by the researchers to describe frequently used behavior interventions related to the ten behavioral factors of the DESBII (Hovland, Smaby & Maddux, 1996).

Mean scores and standard deviations by sex and the percentage of cases two standard deviations or more from the mean score for each of the 10 behavioral factors were reported. The most frequent behavior problems were blaming among boys (5%) and girls (7%), negative-aggressive behavior among boys (5%) and girls (5%), and need for direction in work among boys (6%) and girls (5%) (Hovland, Smaby, & Maddux, 1996).

The researchers stated both genders of students at-risk exhibited similar acting-out behaviors, which included blaming, negative-aggressive behavior, and the need for direction in work. However, at-risk girls displayed social withdrawal more often; while at-risk boys showed increased failure anxiety. In conclusion, the researchers stated that early

intervention for at-risk students was an important factor and that the teachers and counselors benefited from additional instruction in how to improve overall learning and achievement for students at-risk. (Hovland, Smaby, & Maddux, 1996).

Webb (1992) described the use of Cognitive Behavior Education (CBE) as an early intervention for children at-risk. The basis for CBE relies on the Cognitive Behavior Therapy (CBT) theory and the re-education model. The theory posits that all behaviors are learned and that new behaviors can be learned to replace faulty patterns of functioning and further suggested one's thoughts mediate between one's feelings and behaviors. Furthermore, early experiences causing emotional distress may result in patterns of distorted thoughts, faulty learning and problem behaviors for young children (Webb, 1992).

According to Webb (1992), at-risk children have acquired a host of problem behaviors which are then exhibited in school. Problem behaviors described were: short attention spans, being easily distracted, having difficulties following directions, low academic performance, poor communication and social skills which all warranted early intervention. In the CBE program for school counselors and teachers directly teach skills to at-risk children using a variety of techniques in a school setting

(Webb, 1992). The CBE is a school-wide program supported by administration, teachers and parents. Counselors take a lead role in training, teaching, developing a task force, and conducting a needs assessment, as well as obtaining a means to evaluate the program (Webb, 1992). Webb (1992) noted that CBE in-service training and continuing education credits are often granted by local colleges or through the state Department of Public Instruction. (Webb, 1992). A sample of in-service topics included: types of dysfunctional families and the impact on children, identifying children at-risk, an overview of CBT and CBE and program objectives, strategies and techniques (Webb, 1992).

Specific instructional techniques are described throughout the article. For example, Webb (1992) noted that children at-risk frequently have difficulty with impassivity due to growing up in a chaotic families and they benefit from learning self control techniques which require them to monitor their own behavior. Therefore, early phases of the CBE program instruct children to engage in self-talk and to problem solve using self-analysis questions. Through this process the children learn to assess whether their thoughts are appropriate by responding to a set of self-analysis questions. Students then learn to control their behaviors through guided practice activities and the self-talk (Webb, 1992).



In the cognitive restructuring phase of the CBE program, students learn to replace self-defeating thoughts with more beneficial ways of thinking. Cognitive restructuring addresses a host of self-defeating beliefs that children at-risk have come to believe about themselves and the world around them. The premise is that if children at-risk begin to change their thinking and feelings, behavioral changes will follow (Webb, 1992). Students are taught about Maslow's hierarchy of human need which Webb (1992) which she noted is a pertinent issue for children at-risk because they often live in families in which their fundamental needs are not met. Furthermore they often mistakenly believe that they do not deserve to have their needs met, which leads to low self-esteem and self-value.

Students are taught responsibility for their behaviors and learn about the cause and effect relationship of actions and consequences and learn to acquire alternative responding behaviors. Skills are taught through counselor or teacher directed guidance activities, modeling (video tapes), play activities and group games and through discussion, bibliotherapy, and involvement with other significant adults such as trained community volunteers (Webb, 1992).

Webb (1992) stated that research has indicated that a significant number of young children are at-risk because they live in dysfunctional



families and have inadequate skills to manage the stress in their lives (Webb, 1992). Furthermore, she concurred with Hovland, Smaby and Maddux (1996) that elementary school counselors and teachers are in a position to assist at-risk children in learning to modify their behaviors. CBE is an effective intervention because it teaches at-risk children interpersonal communication, personal safety skills, and coping skills for enhanced self-development. By teaching CBE skills to at-risk students, they can overcome many of uncontrollable events in their lives and become more successful students (Webb, 1992).

Choi and Heckenlaible-Gotto (1998) have found that over the years a number of studies on the efficacy of social skills training have reported positive results. It is their position that social skills training is so effective in increasing prosocial behaviors, helping children to become accepted by their peers and in bringing about changes in behavior that social skills training programs should be based in regular classroom settings with the classroom teacher as the facilitator. In their scenario, classroom teachers would receive training as facilitators. The primary purpose of basing the social skills training in the classroom was to minimize issues of transfer and generalization of learned social skills. It was also stated that the

classroom teacher could readily reinforce the skills taught on a daily basis and over a longer period of time (Choi & Heckenlaible-Gotto, 1998).

In the current study, a model of PALS was developed as an intervention for and for small groups consisting of one nondisabled student and one student with a disability. This intervention was developed as an intervention because it provided effective ways in which students can learn and behave in a social setting such as a classroom. PALS was a partnership was considered to be an important factor in this model because when viewed from a developmental perspective, students with behavior problems are regarded as being developmentally not acquired the necessary skills of independent social developmental tasks (Holland, 1991; & Fuchs, 1991). Therefore, it was thought that teaching at-risk students social skills would increase their acquisition of skill development and help them to become more active in the school environment. This initiative would increase the social skills of students with disabilities and small group counseling. There is a strong theoretical base from which students would have proper context and the social interaction and social interaction activities presented in the social skills program (Shapiro, 1977).

### Chapter 3

## METHODOLOGY

In the current study, a social skills training program was selected as an intervention for use for small group counseling with at-risk kindergarten students. Social skills training was selected as an intervention because it promoted alternative ways to teach students to cope and behave in a social setting such as school (Begun, 1995). Early intervention was considered to be an important factor of this project because when viewed from a developmental guidance perspective, attention and behavior problems are regarded as signs that individuals have not acquired the necessary skills to accomplish normal developmental tasks (Hovland, Smaby, & Maddux, 1996). Therefore, it was thought that teaching at-risk students social skills would enhance their acquisition of skill development and help them to become more successful in the school environment, thus facilitate academic learning as well. It appeared that small group counseling offered a socially conducive setting from which students would have ample opportunity for the guided practice and social interaction activities promoted in the social skills program by Sheridan (1997).

### Participants

The study was conducted in a Midwestern urban school district elementary school, which served about 550 students, kindergarten through fifth grades. The surrounding community was ethnically, culturally and racially diverse which was reflected in the school population. The school served about 20% English as a Second Language (ESL) students. Many of the families that the school served were struggling economically. The school was designated as a school-wide Title 1 school, which meant that it was federally subsidized. Therefore, the entire school population broadly met the state and district criteria to be categorized as at-risk students. In order to identify kindergarten students for the study from the larger pool of at-risk students, a ready-made teacher nomination form was utilized from Sheridan's (1997) program.

A total of 17 students were nominated by their teachers to participate in the program. However, three did not participate for the following reasons: one student was removed from her home due to suspected child abuse, another student was suspended because of continued fighting on the bus even after warnings, and a third student moved out of the attendance area. Therefore, 14 students participated in the study. The 14 students were then subdivided into three counseling



intervention groups (by classrooms). In Group 1 there were three female students and one male student; Group 2 had two females and three males; and Group 3 consisted of one female and 3 male students. All students in the sample ranged from five to six years old and none were repeating kindergarten or starting school later than the expected age. Eleven of the children were of African-American heritage, one was Caucasian,, and two were of more than one racial heritage.

### **Instrument**

The Social Skills Direct Observation (SSDO), by Sheridan (1997) was administered to the sample population to assess social skills competencies. This procedure required the researcher to make direct observations of students and their interactions in their classroom settings. The direct observation of students provided firsthand information about the students' behaviors (Sheridan, 1997). The seven areas identified by the instrument for observation are as follows: Social Entry (SE), Playing Cooperatively (PC), Solving Problems (SP), Verbal Aggression (VA), Physical Aggression (PA), Social Noncompliance (SN), and Isolated (I). The first three areas of the observation were considered by Sheridan (1997) to be positive social behaviors (S+), while the last four behaviors were considered negative social behaviors (S-) (See sample in Appendix

A.) A simple partial interval procedure was used which required the researcher to observe the student for 15 second intervals and at the end of each 15 second interval, indicate with a slash mark each behavior observed during that time. Assessment of each student took 20 minutes to perform.

The SSDO utilized for this study was derived from the Social Skills Rating System by Frank Gresham and Stephen Elliott which according to Sheridan (1997) is one of the best researched. In cases when entire classrooms or larger groups of students are to be rated, it is nearly impossible for teachers to complete comprehensive rating scales. Therefore, abbreviated rating scales such as the SSDO provide a means to collect useful information about students before beginning social skills training in order to determine how their thoughts and behavior change over time. Such direct measurements of students' social interactions can be quite time-consuming but give firsthand information that cannot be collected in any other way, which is why it is an important assessment tool to use when assessing social skills deficits with at-risk students (Sheridan, 1997).

### *Validity and Reliability*

According to Sheridan (1997), three pieces of information are obtained from assessment using the SSDO. First, identification of those students who are most in need of social skills training; secondly, specific social behaviors that are most problematic, and their frequency and severity; thirdly, skill and performance deficits which then can be targeted for the intervention program (Sheridan, 1997).

Essentially, the assessment gives information directly related to social skills and performance deficits. Social skill deficits are demonstrated when the information obtained from assessment suggests that the student does not know how to perform a specific social skill. Performance deficits are seen when the assessment information suggests that the student knows how to perform a given skill because they do it once in a while, but do not perform it on a consistent basis. If performance deficits are observed, the program goal then is directed at efforts to increase the frequency that a specific social skill is used. Sheridan's program incorporates some procedures for skill deficits and some for performance deficits (Sheridan, 1997).

Sheridan stated that of the social skills rating scales available, the Social Skills Rating System (SSRS) by Frank Gresham and Stephen Elliott



is one of the best researched, and that there is ample evidence of reliability and validity, suggesting that data obtained through use of the SSRS and the abbreviated version, the SSDO, is accurate and meaningful. According to Sheridan, the scale is effective at assessing social deficits and it is useful for developing goals and objectives for social skills training. Because of the time and resources required to implement the SSRS on a wide-scale basis, Sheridan suggested that the abbreviated version, the SSDO has been made available for use in schools by professional educators. Therefore, the SSDO like the SSRS, is implemented to assess individual student ability to perform social skills, prioritize skills, and target social skills training (Sheridan, 1997).

There are several recently published articles and references which reviewed the SSRS such as the Benes (1995) study found in Conoley and Impara. The article discussed the positive and negative attributes of the SSRS. Following is a summary of the key points and specific data pertaining to validity and reliability.

One interesting point about the SSRS, discussed by Benes (1995) was that although the SSRS was developed to broadly assess social skills, it also sampled the domains of academic competence and problem behaviors. She further noted that Gresham and Elliott (1992) indicated



that the information from the other domains was critical in determining factors that contributed to social skills problems and necessary in development of treatment strategies. So it appeared from Benes comments that the authors of the SSRS indicated they thought there was an overlap of domains when assessing social skills.

Gresham and Elliott (1990) addressed the psychometric properties of the SSRS in great detail, reporting the coefficient alpha, and the correlational index of internal consistency (Benes, 1995). The range for all forms were from .83 to .94 in regard to the Social Skills Scale, from .73 to .88 for the Problem Behavior Scale, and .95 for Academic Competence. These coefficients represent a high level of homogeneity among test items (Benes, 1995).

Test-retest reliabilities were computed using an elementary standardization sample for a four week period. Correlations for teacher ratings were .85 for the Social Skills scale, .84 for the Problem Behavior scale, and .93 for Academic Competence (Benes, 1995). Benes reported that interrater reliability and standard error of measurement were addressed by the author as well and that data is found in Appendix E of the SSRS manual.

With regard to validity, Benes reported that the authors addressed content, social, criterion-related, and construct validity. They demonstrated content validity by indicating that the SSRS items were developed based on extensive empirical research. Gresham and Elliott provided social validity evidence by referring to the prior research and the use of Importance Rating Scale for each item (Benes, 1995). Much effort in the manual was devoted to criterion-related and construct validity for the SSRS. Benes stated that numerous studies were cited by the authors showing that the SSRS correlated highly with other somewhat similar measures. Benes remarked that Gresham and Elliott have provided a psychometrically sound means of measuring the perceived social skills of youth from preschool to secondary school (Benes, 1995).

### Procedures

Procedural activities prior to beginning the actual social skills counseling intervention were: selection of students for participation in the program, obtaining parental permission for student participation and student assessment. Three regular education kindergarten classroom teachers were given the "Tough Kid Teacher Nomination" form (Sheridan, 1997, Appendix E), and were asked to nominate five to six students for participation in the school-based counseling group. Teachers were asked

to select students according to directions given on Sheridan's nomination forms. Furthermore, general characteristics of the students that may benefit most from participation in the program were described by Sheridan on the nomination forms. The teachers responded positively to the concept of the group counseling intervention and were cooperative and enthusiastic about the counseling initiative.

The next procedure implemented prior to the onset of the intervention, was to provide each classroom teacher with a brief letter (Appendix B and Appendix C) requesting parental permission for student participation in the project. The letter briefly explained that the students were chosen to participate in a social skills training group with other classmates and the school counselor. Parents were told that the purpose of the program was to help their children achieve greater success in school and that students would learn skills about getting along with others and what behaviors were expected of them in school, and that students would participate in activities and discussions, listen to stories and they may also be bring home activities for the whole family to use with them so they could practice what they learned at home. Parents were asked to sign the form and return it to school. The phone number was provided with the request to please call or come into the school should they have any



questions or reservations. All parents responded favorable. A sample of the parental letter is included in Appendix B and Appendix C of this study.

The final preliminary activity was then to administer the SSDO (pre-test). The SSDO was administered according to the "instructions for Conducting Direct Observations" (Sheridan, 1997, p. 23). (Appendix F.) The Social Skills Direct Observation was administered to students about one week prior to the beginning of the group intervention. It required approximately 30 minutes per student. The pre-assessment data was collected for the 14 students comprising the sample group.

Positive ratings (S+) in the area of Playing Cooperatively denoted engagement in prosocial behaviors such as sharing, helping, taking turns, cooperative response to teacher directives/instructions, and positive peer interactions. The socially negative (S-) behaviors were typical of many of the social interactions seen in the school setting (Hovland, Smaby & Maddux, 1996). Such undesirable behaviors observed may have included: physical and verbal aggression, yelling out inappropriately, swearing, name calling, physically gesturing, throwing objects, refusal to participate, breaking rules, refusal to respond or answer to teacher directives/instruction.



After pre-test data was collected according to instructions, it was found to be overly time-costly once scoring the SSDO was also factored in. Therefore, the category of Playing Cooperatively was identified as the focus area for assessment and statistical analysis; because the primary purpose of this study was to see if the social skills training intervention would enhance prosocial behavior of the kindergarten sample. Following the group counseling intervention, the students were reassessed using the SSDO.

#### *Instructional Format*

The counseling groups began meeting at the beginning of the fourth quarter which was the first week of April 1998. Each of the three counseling groups met once per week for 40 to 60 minutes. The groups met in a small wing of the administrative office of the elementary school. They sat at a rectangular table facing each other, and the counselor sat at the end of the table. Although there was limited space to move around, it was adequate and the room was well lighted and ventilated. The lessons progressed weekly. (Appendix A.) In addition to the five group sessions, students returned at the end of the program to shop at the Incentive Store.

*Incentive and Motivation*

Encouragement certifications were utilized from the program from the pre-K - K series, and given to the students who worked on-task and implemented the expected behavior objective. Additionally, tickets (from Sheridan, 1997, p. 73) were used as a reward for on-task behaviors and kept in colored envelopes with each child's name written on it.

At the end of the program, an incentive store was set up. Reward items were purchased at a local dime store for the program incentives. Students were allowed a shopping day to purchase items with the tickets they earned during the program. Items for the store included such things as rings and beads, trucks, bubbles, jump ropes, balls and candy bars and chips. Students were not permitted to shop or view items until the program was completely over. Following the group counseling intervention / social skills training, the students were reassessed.

## TABLE 1

## Chapter 4

## RESULTS

The data was analyzed utilizing the Wilcoxon's Matched - Pairs Signed - Ranks Test, a non-parametric version of the t-test for matched pairs. This test for related samples tests the null hypothesis, specifically that the distribution of scores (in the population) is symmetric at about 0. This is the same hypothesis tested by the corresponding t test when conditions of the normality assumption are met (Howell, 1997). To test the null hypothesis, the differences were ranked with a mean rank of difference equal to 7.5.

A corresponding Z score of -3.296 was generated with a significance level of 0.001 manifested. According to this statistical test, a significant difference exists for students receiving the social skills intervention. See Table 1.

**TABLE 1****Students Receiving Social Skills Intervention**

STUDENTS	PRE-TEST (A)	RE-TEST (B)	DIFFERENCE (B-A)	RANK OF DIFFERENCE
1	62.00	80.00	18	6
2	77.00	80.00	3	1
3	66.00	78.00	12	3
4	66.10	79.00	13	4
5	53.00	80.00	27	7
6	18.00	72.00	54	13
7	48.00	78.00	30	9
8	61.00	77.00	16	5
9	47.00	80.00	33	10
10	37.00	75.00	38	12
11	45.00	80.00	35	11
12	72.00	78.00	6	2
13	36.00	65.00	29	8
14	21.00	76.00	55	14

\* Mean score difference = 26

\* Mean rank of difference = 7.5



## Chapter V

### DISCUSSION

#### Discussion of Results

The result of the study was that the null hypothesis was rejected and a significant difference was found for students receiving the group counseling social skills intervention as measured by the Wilcoxon's Matched - Pairs Signed - Ranks test.

#### Limitations

When considering the statistical evidence, one must proceed cautiously. Other variables known as confounding variables are variables which can cause different effects on the subjects of the research and the research conditions (Huck & Cormier, 1996). For example, the motivational strategies and incentives that were used may have influenced and affected the subjects desire to change. Although the use of extrinsic rewards may have clearly been a good strategy to use with young children, it appears to be a confounding variable.

Other possible confounding variables included the counselor's leadership style, personality and rapport with students, as well as the personalities of the students. Confounding variables complicate the issue of duplication of the study. Such things as a leadership style can be

defined (like the directive and supportive leadership style for this project); however, each designated leader will still make choices and decisions that may be unique and reflective of their personality style.

Another limitation of this study was the bias of the researcher because she was the one who observed, taught the program and analyzed the data. In addition, there were significant weaknesses of the study related to the sample, which were primarily that it was a very small sample and there was no control pre-post group data. Furthermore, the research from this study would do little to answer the question of whether the benefits of social skills training would stay with the students beyond their experiences. For these reasons this study lacked generalizability and social validity.

### **Recommendations**

Because schools are becoming more involved in meeting the social, and emotional needs of their students, several recommendations are presented.

First, social skills training should be integrated as part of the curriculum and classroom instruction in programs designed for at-risk students. Secondly, system and management approaches need to be implemented by working with the administration and staff. Such

strategies in this category would allow administrators to restructure disciplinary interventions and allow for social skills training as part of disciplinary intervention. Other practical strategies would allow administration to plan and implement counselor and teacher workshops to train staff in the implementation of social skills programs.

Another recommendation would be for school systems to assist counselors in becoming specialized in skills and social skills training; and then to utilize the counselor's expertise in the promotion of the school-wide social skills program by serving as a consultant.

A final recommendation related to the program implementation is for school systems to develop intervention in the literature such as the urban school-based family counseling model and other strategies which link the community and the school. Recommendations specific to this study included a need to broaden the sample size and to use a pre-post test format for both a control and experimental sample. This recommendation would likely necessitate the selection of an alternative instrument to conserve time and increase practical application.

In general, it was found that much more research about social skills training programs needs to be conducted, especially longitudinal studies to determine lasting effects of social skills interventions. However, cost

and implementation factors make longitudinal studies rather than outcome based research difficult. For this reason and until more finite data is available, educators may have to continue to evaluate programs more upon what goes into the curriculums, the lesson, follow-up support and similar factors.

### Conclusion

The literature reviewed in this project (Ogilvy, 1994) and (Hovland, Smaby, & Maddux, 1996) documented the extreme need for schools to develop and implement interventions for at-risk students. Strategies such as the social skills training programs researched in this project that are designed to evoke changes in the patterns of behavior and school failure, have become the focus of many seeking solutions in this area. It is not surprising that in the past decade, there has been an explosion in the literature about programs designed to teach social skills. However, the research findings regarding the results of such programs appeared limited. Therefore, one would conclude that more research is needed to provide more evidence that positive results of social skills intervention would likely promote the skills initiatives in the school setting.



## APPENDIX A

## Description of the Instructional Materials

The actual lesson and experimental design for the study of the teaching intervention was selected from the Primary and Secondary Skills Learning & Activities program (Pascal, 1977). The program used a structured method and systematic teaching. The emphasis of the curriculum was to provide structured activities for teaching self-directional abilities which consisted of four basic components: (1) defining, (2) planning, (3) discussing, and (4) evaluating. (Pascal, 1977)

## APPENDIX A

Each structured lesson had a defined instructional objective which was stated in observable terms, that the behavior was modeled and practiced, and positive reinforcement was used to encourage a continuation of skills at all levels of the student's competence. There were eight steps to the structured lesson: 1. Establish the topic, 2. describe the purpose of the lesson and teach skill, 3. introduce a new concept or skill, 4. purpose is used to make the concepts more concrete, 5. the student identifies the skill components, 6. the steps used to teach the skill, 7. model the skill, 8. the teacher is a working model of the student's

## APPENDIX A

### Description of the Instructional Materials

The actual lesson and instructional format for the small group counseling intervention was selected from the Ready-to-Use Social Skills Lessons & Activities program (Begun, 1995). The program used a structured method and systematic teaching. The emphasis of this curriculum was to provide structured activities for socially skill-deficient children which consisted of four basic components: modeling, role playing, discussion of performance, and use in real-life situations (Begun, 1995).

Each structured lesson had a defined behavioral objective which was stated in observable terms, then the behavior was modeled and practiced; and positive reinforcement was used to encourage a continuation of skills in all areas of the student's environment. There were eight steps to the structured lesson: 1. Establish the need: Describe the purpose of the lesson and taught skill; 2. Introduction: Stories, poems, puppets are used to make the concepts more concrete to the children; 3. Identify the skill components: The steps used to teach the social behavior; 4. Model the skill: The teacher or a socially adept child demonstrates

appropriate behaviors for the others to imitate; 5. Behavioral rehearsal: The children are given the opportunity to perform the behavior or actively participate through role play, discussion, reading of a selection, etc. 6. Practice: Students are given activities that help the children summarize the skill using such materials worksheets, projects, and journals; 7. Independent use: Activities that help to facilitate the use of learned behaviors and transfer them to other environments. (For example, the teacher is made aware of the lesson skills taught and asked to encourage student use of the behavioral objective in the classroom environment.) and 8. Continuation: Students discuss the importance of social skills and reasons why and how it is helpful to use them in their lives. For example, the use of social skills will help them to avoid conflicts and will help them to have their needs met when used appropriately (Begun, 1995).

In this study, two levels from the 1995 Begun series were used for lesson preparation (Pre-K - K and Grades 1 - 3). Five lessons were implemented. Following are descriptions of the directed lessons, the Begun series program level and skill focus.

*Lesson 1:* (Grades Pre-K - K) Lesson 1, pages 1-3. The lesson objective/skill focus was to teach students the need for rules in order to provide an

orderly, safe environment. The story selected to supplement the lesson was the book of Peter Rabbit.

**Lesson 2:** (Grades 1-3) Lesson 8, pages 28-30. The lesson objective/skill presented was listening for prediction. All readings and activities were included in the program.

**Lesson 3:** (Grades Pre-K - K) Lesson 9, pages 26-28. The instructional objective/skill presented was following oral directions upon request. All lesson materials and activities were included in the program.

**Lesson 4:** (Grades 1-3) Lessons 17 and 18, pages 57-61. The skill objective presented was improving self image. All instructional materials and activities were included in the program.

**Lesson 5:** (Grades Pre-K - K) Lesson 40, pages 118-120. The skill component presented was dealing with feelings and showing empathy for the feelings of others. All instructional materials and activities were included in the program.



## APPENDIX B

## Family Letter

Dear Family,

We are starting a new program in our kindergarten classroom. It is called Social Skills Training. Your child, along with other students was nominated by the classroom teacher to participate. Students will work in small groups of five to eight students two or three times weekly. They will participate in games, activities, stories, role plays, and discussions. The purpose of the program is to help students learn about such things as getting along with others, what is expected in school (rules, sharing, cooperation, etc.) and other skills that will help your child to achieve success in school.

## APPENDIX B

Program activities are fun and give students the opportunity to interact with other children in a positive learning experience. I would be happy to share more information about the program with you. Please call or come by my office should you have any questions or like more information.

Please sign and return the enclosed permission slip to the school by \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Early Childhood School Director

**APPENDIX B****Family Letter**

Dear Family,

We are starting a new program in our kindergarten classrooms. It is called Social Skills Training. Your child, along with other students was nominated by the classroom teacher to participate. Students will meet in small groups of five to eight students two or three times weekly. They will participate in games, activities, stories, role playing and discussions. The purpose of the program is to help students learn about such things as getting along with others, what is expected in school (rules, sharing, cooperation, etc.) and other skills that will help your child to achieve success in school.

Program activities are fun and give students the opportunity to interact with other children in a positive learning experience. I would be happy to share more information about the program with you. Please call or come by my office should you have any questions or like more information.

Please sign and return the attached permission slip before April 25, 1998.

Sincerely,

Kathy Bennett, School Counselor

APPENDIX C

PERMISSION FOR PARTICIPATION

I, \_\_\_\_\_, grant my permission  
(parent's name)

for my child/daughter \_\_\_\_\_

**APPENDIX C**

to participate in the classroom Social Skills Training program.

\_\_\_\_\_  
(parent's signature)

**APPENDIX C****Permission for Participation**

I \_\_\_\_\_ give my permission  
(parent's name)

for my son/daughter \_\_\_\_\_

to participate in the classroom Social Skills Training program.

\_\_\_\_\_  
(parent's signature)



## APPENDIX D

## Group Rules

1. Stay in your own space.
2. Participate.
3. Take turns speaking.
4. Speak in a nice voice.
5. Use nice words.

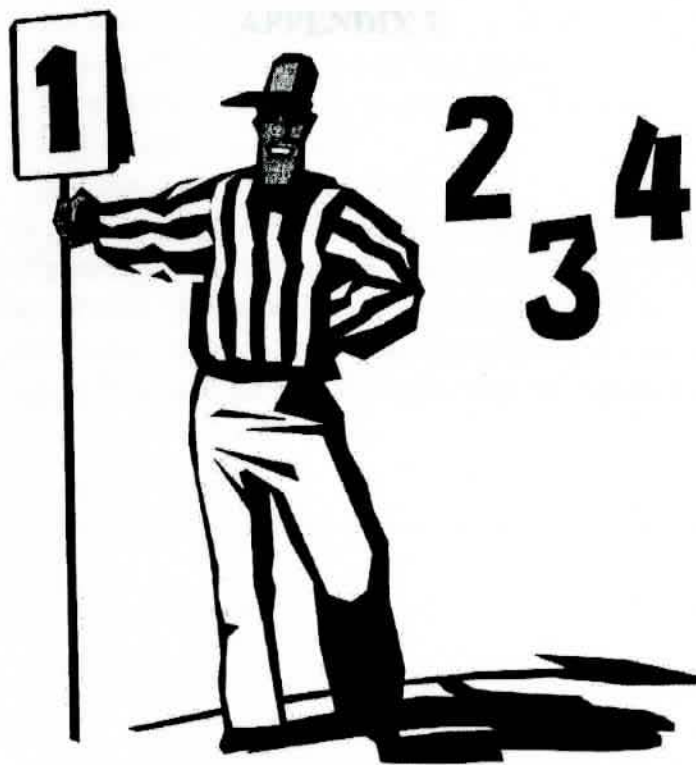
## APPENDIX D



## APPENDIX D

# Group Rules

1. Stay in your own space.
2. Participate.
3. Take turns speaking.
4. Speak in a nice voice.
5. Use nice words.



## APPENDIX E

The Tough Kid and the Tough Kid, Grade 1

## Tough Kid Teacher Nomination

Teacher's Name: \_\_\_\_\_

A social skills treatment program will be offered to students in this school. The students who are expected to benefit most from the program are those who:

- Have few friends
- Frequently fight
- Blame others for problems that arise
- Do not show up willing to solve problems with others
- Fail to use self-control
- Are not well liked by others

### APPENDIX E

You know the students in your classroom better than anyone else. I would appreciate it if you could refer a few students on this list about your classroom list on the lines below. No more than five students who lack sufficient skills such as the ones listed above. Once I have received your nomination, I will follow up with you regarding the next step of implementation. Thank you!

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

## APPENDIX E

*The Tough Kid Social Skills Book: Chapter 2*

# Tough Kid Teacher Nomination

Teacher's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

A social skills treatment program will be offered for students in this school. The students who are expected to benefit most from the program are those who:

- **Have few friends**
- Frequently fight or argue with classmates
- Blame others for problems that arise
- Do not show an ability to solve problems with classmates
- Fail to use self-control
- Are not well liked by others

You know the students in your classroom better than anyone! So, I would appreciate it if you could take a few minutes to think about your class and list on the lines below no more than five students who have difficulties such as the ones listed above. Once I have received your nominations, I will follow up with you regarding the next step of assessment. Thank you!

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_





## APPENDIX F

# Social Skills Direct Observation

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Setting: \_\_\_\_\_ Grade: \_\_\_\_\_

		A (15 seconds)	B (30 seconds)	C (45 seconds)	D (60 seconds)
1	S+	SE PC SP	SE PC SP	SE PC SP	SE PC SP
	S-	VA PA SN IS	VA PA SN IS	VA PA SN IS	VA PA SN IS
2	S+	SE PC SP	SE PC SP	SE PC SP	SE PC SP
	S-	VA PA SN IS	VA PA SN IS	VA PA SN IS	VA PA SN IS
3	S+	SE PC SP	SE PC SP	SE PC SP	SE PC SP
	S-	VA PA SN IS	VA PA SN IS	VA PA SN IS	VA PA SN IS
4	S+	SE PC SP	SE PC SP	SE PC SP	SE PC SP
	S-	VA PA SN IS	VA PA SN IS	VA PA SN IS	VA PA SN IS
5	S+	SE PC SP	SE PC SP	SE PC SP	SE PC SP
	S-	VA PA SN IS	VA PA SN IS	VA PA SN IS	VA PA SN IS
6	S+	SE PC SP	SE PC SP	SE PC SP	SE PC SP
	S-	VA PA SN IS	VA PA SN IS	VA PA SN IS	VA PA SN IS
7	S+	SE PC SP	SE PC SP	SE PC SP	SE PC SP
	S-	VA PA SN IS	VA PA SN IS	VA PA SN IS	VA PA SN IS
8	S+	SE PC SP	SE PC SP	SE PC SP	SE PC SP
	S-	VA PA SN IS	VA PA SN IS	VA PA SN IS	VA PA SN IS
9	S+	SE PC SP	SE PC SP	SE PC SP	SE PC SP
	S-	VA PA SN IS	VA PA SN IS	VA PA SN IS	VA PA SN IS
10	S+	SE PC SP	SE PC SP	SE PC SP	SE PC SP
	S-	VA PA SN IS	VA PA SN IS	VA PA SN IS	VA PA SN IS
11	S+	SE PC SP	SE PC SP	SE PC SP	SE PC SP
	S-	VA PA SN IS	VA PA SN IS	VA PA SN IS	VA PA SN IS

## APPENDIX G

How to Use It

Instructions for Conducting  
Direct Observations

1. Study the behavioral information in Dev 1, carefully before beginning the observation. Use only the information provided by the instructions to write behaviors. Make sure that you use the same information for each observation.
2. Start your observations at the beginning of the first journal. Start observing whenever the subject is 15 years old.
3. At the end of the 15-minute period, record the behavior you observed onto a sheet through the appropriate code. Follow the behavior if it occurred a second time the codes as the first time will not code for the first 15-minute period. After your approach is complete, bring \_\_\_\_\_.
4. Record the behavior again, and begin observing again for another 15-minute period. When your approach is over, do record your observations in the box on the right of the protocol, recording in other words, record your observations from left to right in four stages.
5. Make certain that you do not observe the subject for more than 15 minutes. For example, if you see the subject during the 15-minute period, you should stop observing and start observing again when the subject is 15 years old.
6. Continue to observe the subject for 15 minutes, recording the behavior you observed on a sheet through the appropriate code. Follow the behavior if it occurred a second time the codes as the first time will not code for the first 15-minute period. After your approach is complete, bring \_\_\_\_\_.
7. Repeat the observation again, and begin observing again for another 15-minute period. When your approach is over, do record your observations in the box on the right of the protocol, recording in other words, record your observations from left to right in four stages.
8. Record the behavior again, and begin observing again for another 15-minute period. When your approach is over, do record your observations in the box on the right of the protocol, recording in other words, record your observations from left to right in four stages.

## APPENDIX G

## APPENDIX G

### *How to Box 2-4*

## Instructions for Conducting Direct Observations

1. Study the behavioral definitions in Box 2-2 carefully before beginning the observation. Use only the definitions provided by the observation to avoid confusion. Make sure that you use the same definitions for each observation.
2. Start your stopwatch at the **beginning** of the first interval. Begin observing. Observe the student for 15 seconds.
3. At the end of the 15-second interval, record the behaviors you observed with a slash through the appropriate code. Record the behavior if it occurred at all. Use the codes in the first (top left) cell only for the first 15-second interval. Allow your stopwatch to continue running.
4. Score the behaviors quickly and begin observing again for another 15-second interval. When your stopwatch indicates :30, record your observations in the box to the right of the previous recording. In other words, record your observations from left to right as time elapses.
5. More than one behavior can be recorded per interval, but each behavior should be recorded only once during each interval. For example, if you see the target student ask two different students to play and then yell at one of them when he is turned down, SE and VA would each be scored once for the interval.
6. Columns on the "Social Skills Direct Observation" form indicate the **end** of the point at which you should record students' behaviors.
7. Rows on the observation form indicate the minutes elapsed in the observation. Because each column represents 15 seconds, one minute will have elapsed when you complete the first row.
8. Summarize the data by adding the total number of slashes recorded for each behavior. Complete the summary table by recording totals and dividing each total by the number of intervals. This will give you a rate for each behavior exhibited by the student. As observations occur over time, these behavior rates can be compared to each other to gauge the Tough Kid's progress.



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