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A study of the effects of a social problem solving intervention with emotionally disturbed youth at a special services school

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A STUDY OF THE EFFECTS OF A SOCIAL PROBLEM SOLVING

INTERVENTION WITH EMOTIONALLY DISTURBED

YOUTH AT A SPECIAL SERVICES SCHOOL

by
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A THESIS

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ABSTRACT

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A Study of the Effects of a Social Problem Solving

Intervention with Emotionally Disturbed Youth

at a Special Services School

1995

Dr. Roberta Dihoff

Master of Arts Degree in School Psychology

The purpose of this pretest-posttest descriptive study was to examine the efficacy of a SPS training intervention for emotionally disturbed children in the special education system, with respect to social skills acquisition, family environment, reduction in non-compliant behaviors and sociometric status. Participants included eighteen students in four self-contained classrooms of a Special Services Regional Day School. The sample included one white female, eleven white males, three black and three hispanic males with a mean age of eleven years and ten months.

All classes were exposed to a six month program with lessons from the Readiness Phase of Elias and Clabby's (1989) Social Decision-Making Skills: A Curriculum Guide for Elementary Grades. Teachers completed the Social Problem Solving Checklist at pre

and postintervention. Ex post facto data were collected from student files and sociometric data came from teacher interviews.

In general, percentage of change indicated that SPS training had positive effects on self-control and group participation skills and non-compliant behaviors decreased. This study highlighted the efficacy of preventative approaches and longitudinal research was recommended to evaluate the long term benefits of SPS training of emotionally disturbed children.

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There is an ongoing discussion among educators over the inclusion of social problem solving training as an integral part of the educational curriculum. Overall, SPS intervention has provided positive results with emotionally disturbed students as it effects social skills acquisition, family environment, reduction of non-compliant behaviors and sociometric status.

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CHAPTER ONE

Introduction

A major accomplishment of early and middle childhood is the development of prosocial behavior and the ability to achieve positive peer and adult interactions, which is reflected in children's social skills and overall social competence. Children with social skill deficits and/or poor peer acceptance have higher school dropout rates, more delinquency, childhood psychopathological disorders and are at risk for eventual adult mental health problems.

If children are to experience healthy relationships and occupy meaningful and productive roles in society as adults, they must be competent at communicating and working cooperatively with others. They need to be able to express their own beliefs and opinions, to understand and appreciate the perspective of others who differ from them in background, needs, or experiences and to become skilled at reasoned disagreement, negotiation and compromise as methods of solving problems when their own needs or interests conflict with those of others. Indeed, it can be argued that such qualities are essential to our survival. The question then, is not whether we must enhance children's social competencies, but rather how to accomplish this goal (Battistich, Elias, and Branden- Miller, in press).

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More and more, the responsibility for providing children with these skills to meet challenges is falling on educators. That these skills are necessary and as important as what previous generations labeled as "basic" academic skills is no longer open to dispute. Further, the skills necessary for sound social decision and problem solving have an important role in narrowing the gaps among students, especially those in special education and low socioeconomic circumstances and cultural or ethnic backgrounds different from those of the mainstream in their communities.

Purpose of Study

There is an ongoing debate over the inclusion of social skills training as an integral part of the educational curriculum. Some have emphasized the usefulness of this training as a preventative measure and have viewed it as the best measure to reach the greatest number of students while others have argued that school should focus strictly on academics and leave moral and social development to others.

In the past, there has been a great deal of research with children in regular education and within clinical or therapeutic settings. Emotionally disturbed youngsters have also received a considerable amount of research, although difficulties arising from a lack of a generally accepted definition of behavior disorders precludes a focused approach for assessment and intervention. One of the primary impediments to a universal definition is the varied and often conflicting viewpoints concerning the nature of behavior disorders, as well as the subjectivity of standards for determining exactly what is a

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behavior disorder: standards of normality can vary by age, sex, subculture, community, politics and economic conditions (Haring, McCormick and Haring, 1994).

It has also been suggested that children with special needs may not be "ready" for intervention programs that featured the learning of sequential problem solving steps. These children may need to develop readiness skills such as self-control, social awareness and the ability to participate with others in group settings (Elias and Clabby, 1989). This concept has not been empirically investigated.

Additional reasons for needed research were derived from a number of social skills reviews conducted over the last decade (Gresham and Lemanek, 1983; Zaragoza, Vaughn and McIntosh, 1991). A recent meta-analytic review of twenty seven studies suggested that social skills training technology should involve increased training time, a combination of training methodologies and programming for the generalization of skills built into the intervention.

Studies which address some of these issues may result in information that supports appropriate readiness instruction for children with deficits in their social interaction skills.

The purpose of this study is to investigate the effects of a social problem solving training intervention among emotionally disturbed children in the special education system. Specifically, the study assesses the effects of the intervention with respect to SPS acquisition and performance, family environment, level of non-compliant behavior and sociometric status as measured by scales and teacher ratings.

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A program by Elias and Clabby (1989) entitled <u>Social Decision-Making Skills: A Curriculum Guide for Elementary Grades</u>, was the framework for the study's intervention and it employed the Readiness Phase, consisting of two units designed to foster self-control, social awareness and group participation skills. Additional materials from various sources supplemented the concepts and skills in each lesson. The teachers also attempted to reinforce newly learned concepts and strategies in the classroom in order to promote the generalization of these skills.

The study included four self-contained classes of emotionally disturbed children with all classes receiving the treatment. There was no control group in the study. The children ranged in age from eight to seventeen years of age.

The students participated in thirty minute lessons, three times a week for six months. The duration of this study was considered lengthier than previous studies, allowing a measure of improvement in the dependent variables of the investigation.

The methodology of this study involved a pretest/ posttest design. Preintervention data included the Social Problem Solving Checklist a twenty eight item questionnaire that was administered to the students by their classroom teachers. Demographic data were collected including the student age, sex, reported IQ status and descriptive socioeconomic information.

Research Hypothesis One

Children who receive Social Problem Solving training will improve from pre to postintervention as measured by the Social Problem Solving Checklist.

Research Hypothesis Two

Children from intact family environments will improve from pre to postintervention as measured by the Social Problem Solving Checklist.

Research Hypothesis Three

The numbers and types of non-compliant behaviors of children will decrease from pre to postintervention.

Research Hypothesis Four

Children identified as popular and controversial from sociometric status groups will improve from pre to postintervention.

Definition of Terms

Emotionally Disturbed: For this study, emotionally disturbed means "the exhibiting of seriously disordered behavior over an extended period of time which adversely affects educational performance and shall be characterized by either an inability to build or maintain satisfactory interpersonal relationships or behaviors inappropriate to the circumstances, a general or pervasive mood or depression or the development of physical symptoms or irrational fears (New Jersey Administrative Code, 6:28-3-5).

Intervention: Design for changing an individual's behavioral, medical or health status or a program itself.

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Self-contained day class: A class composed entirely of exceptional children, usually all categorized under the same label (e.g. educable mentally retarded, learning disabled) who therefore do not participate in regular academics programs with their other peers.

Self-Control: The capacity to inhibit behavioral responses that conflict with a moral course of action: resistance to temptation.

Sociometric Status: This construct reflects the degree to which an individual is accepted, sought out and generally liked by peers.

Social Skills: Social skills are defined as socially acceptable learned behaviors that enable a person to interact effectively with others and to avoid socially unacceptable responses.

Social Problem Solving: This is a process involving a combination of social-cognitive skills through which social conflicts are resolved in ways that are mutually acceptable to the self and others.

Assumptions

1. The assumption is that the classroom teachers administered the intervention consistently.

2. The assumption is that information derived from individual student files was accurate and up to date.

3. Variables such as age, gender, race and individual disability cannot be controlled for this study.

Limitations

1. A limited sample size was used for this study.

2. The duration of the intervention was limited to allow follow-up of generalization and maintenance to other settings.

3. The definition of the children's classification is diversified and vague.

4. This study did not include a control group.

Overview

In chapter two, the literature that was researched for the study will be reviewed. It will include historical definitions and background of social skills, training perspectives of social skill deficits, theory and method. Social skills selection will be examined as well as research outcomes, culminating with a review of SPS skills programs.

CHAPTER TWO

Introduction

Theoretically, socials skills training begins at birth and continues throughout a person's life. Many people, including parents, teachers and friends function as sources of social skills acquisition. Ideally, appropriate social interaction is a well-trained, developmental process that occurs with little difficulty or need of investigation.

This chapter presents information that disputes these ideas by way of a thorough review of social skills research encompassing definitions, training perspectives, theory and methodology as well as the efficacy of training programs with both normal and emotionally disturbed populations. The complex nature of social skills acquisition and the roles of investigators and educators in this domain will be addressed.

Historical Definitions and Background of Social Skills

Social skills as a construct, has been conceptualized wide variety of terms. Combs and Slaby (1977) defined social skills as "the ability to interact with others in a given social context in specific ways that are socially acceptable or valued and at the same time personally beneficial, mutually beneficial or beneficial primarily to others " (pg. 162).

Cartledge and Milburn (1980) viewed social skills as subordinated under the hypothetical construct of social competence that evolved as a means to describe the intricacies of social exchange. Other theorists have posited that these constructs are

distinguishable in that social competence is more evaluative and reflects the subjective view of others regarding the quality of performance on a wide and complex variety of interpersonal skills, while social skills contain identifiable aspects of behavior which form a composite of a socially competent individual. Rin and Markle (1979) have suggested another definition of social skills:

The phrase "social skills" is defined as a repertoire of verbal and nonverbal behaviors by which children affect the responses of other individuals (e.g. peers, parents, siblings, and teachers) in the interpersonal context. This repertoire acts as a mechanism through which children influence their environment by obtaining, removing or avoiding desirable and undesirable outcomes in the social sphere.... The extent to which they are successful in obtaining desirable outcomes and avoiding or escaping undesirable ones without inflicting pain on others is the extent to which they are considered "socially skilled" (p.108).

Frank Gresham (1985a), in an attempt to differentiate the accumulated literature that has addressed social skills presented three general definitions of social skills that evolved as a response to the emphasis on adaptive behavior as it relates to assessment and skill identification. One definition is the peer acceptance definition in that researchers use indexes of peer acceptance or popularity to define social skills. The major drawback of this definition is that it does not identify those specific behaviors that lead to peer acceptance and thereby make it difficult to remediate the targeted behaviors.

The second definition can be termed the behavioral definition in which social skills are defined as situation- specific behaviors which were analyzed in terms of their ability to

elicit positive reinforcement and to minimize the probability of being ignored or punished. This definition has the advantage of naturalistic observation, in which the identification of both the antecedents and consequences of a particular social behavior can be identified and operationalized for assessment and intervention purposes. The disadvantage of this definition lies in its inability to ensure that certain social behaviors reflect social skill, significance or importance.

Finally, the social validation definition proposes that social skills, within given situations, predict important social outcomes including peer acceptance, popularity and other social behaviors known to correlate with the judgments of significant others, such as teachers. This definition has the advantage of not only specifying behaviors in which a child is deficient, but also defines these behaviors as socially skilled, based on their relationship to socially important outcomes in schools.

Perspectives on the Training of Social Skill Deficits

A review of research studies reveals that some approaches designed to assess and teach social skills to children subscribe to a deficit hypothesis (Curran, 1979 b). The general idea maintained that inappropriate social behavior was due to a lack of the required skills for competent behavior. A slightly different variation states that an individual may have possessed the skill at some point, but because of interfering responses, defined as unfortunate learning experiences or other emotional interfering variables, these skills were no longer part of the skill repertoire.

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Social skill deficiencies can be delineated into four basic types depending on the child's knowledge of how to perform the social skill in question and the presence or absence of the interfering cognitive, emotional or behavioral responses.

Gresham (1985a) conceptualized these deficiencies as skill deficits, performance deficits, self-control skill deficits and self-control performance deficits.

Children with social skill deficits involve a lack or absence of behaviors deemed appropriate to communicate and interact with peers. These skills are not present in the behavioral repertoire. Such skill deficits were typically addressed through modeling, coaching and /or behavioral rehearsal (Bandura, 1969). Social performance deficits occur when appropriate skills were observed in some situations but absent or not seen in others and include training techniques such contingency management and social reinforcement. Self-control skill deficits apply to individuals who have not learned a certain social skill because of some interfering response such as anxiety. Typical interventions involve methods such as flooding and desensitization as well as self-control strategies including self-evaluation and self-reinforcement. Finally, self-control performance deficits include inconsistently performed skills blocked by an interfering emotional response such as extreme impulsivity. Training in self- control strategies and reinforcement contingencies are plausible remedies (Meichenbaum, 1977).

Another attempt to conceptualize social skills deficits has been advanced by researchers. It is social isolation and can be viewed as either a function of social withdrawal or the result or peer rejection. Such a dichotomy required differential intervention techniques based on the nature of the two populations and points to the

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necessity of researchers to consider the ambiguity of the term socially skilled (Gottman, Gonso and Rasmussen, 1975).

Social skills training has also been important in the area of prevention. It is theorized that in order for individuals to function and thrive in our complex contemporary society, they must be prepared for the complicated aspects of human interaction and what better way to prepare children than to employ skills training methods to expand on the natural, on going process of maturation. From this viewpoint, social skills training became a preventative strategy and not exclusively a remedial process.

Intervention programs have been based on several assumptions. First, unpopular children are lacking in those social behaviors that bring out positive responses from others. Second, training programs have promoted the acquisition of new prosocial behaviors, and lastly, that improved social skills influenced positive responses from others and enhanced social acceptance (Combs and Slaby, 1977).

Social Skills Training: Theory and Method

The methodology used in social skills training emerged from three theoretical perspectives. Each perspective was examined briefly as it relates to its contribution to the methods and techniques used to teach social skills.

Social Learning Theory: Social Learning Theory is defined as the theoretical approach that emphasizes the role of modeling, reinforcement and more recently, intervening cognitive variables as determinants of human behavior. Behavior was thus explained in

terms of a continuous interaction between cognitive, behavioral and environmental determinants (Bandura, 1977).

In a social learning context, information was presented in various formats, followed by experiential learning with later feedback from a teacher as to the acceptable response. Subsequently, instruction included a modeled presentation of the composite behavior. Adults, peers, puppets or storybook characters served as effective models. Media, such as films, television and audio tapes were also used for this purpose (Cartledge and Milburn, 1980,1986).

Bandura contends that repeated practice through guided rehearsal occurred through covert responding, verbal responding and motoric responding. Covert responding required a child to conjure up visual images of a situation. "Behaviors coded through imagery can be retrieved later for appropriate learning." (Cartledge and Milburn, 1980 pg. 73) Theoretically, the imagined anticipation of consequences for specific behaviors will preclude a child acting on impulse and practice forethought and enhance self-control. Verbal responding permits children to practice aloud the various situations they may encounter and examine solutions as well as possible consequences. Motoric responding equates with role playing which may incorporate multiple models such as the trainer and peers.

Operant Conditioning Paradigm: Operant conditioning also contributed to the theoretical basis of social skills training models. Feedback in the form of positive reinforcement or further information was provided to the role player following practice. Social skills

training advocates link the value of the trainer to the child as an essential component in the reinforcement process (Cartledge and Milburn, 1980). If verbal reinforcement was ineffective in increasing desired social responses, token reinforcement and contingency management systems were employed (Gresham, 1981b).

Prompting and shaping are two important components of reinforcement. Prompts such as coaching and modeling cues are antecedent stimuli that help initiate behaviors. In shaping, an individual is taught a new behavior by reinforcing responses that successfully approximate it (Rykman, 1993).

Cognitive Behavior Theory: The major premise of cognitive behavior theory was that thoughts or beliefs acted as mediators between the presentation of an environmental event and the reaction or response to that stimuli. In so doing, these mediational processes served to influence or direct behavior. (Meichenbaum, 1977).

Mediational processes directed specific models of intervention. Albert Ellis, the founder of Rational Emotive Therapy, a cognitive therapist, focused on the identification and awareness of maladaptive behavior. Intervention strategies included instilling an understanding of the variety and range of emotions in children and appreciating that feelings emanated from thoughts and understanding the differences between rational and irrational beliefs. Skill acquisition by way of practice and homework were encouraged. Self instruction and verbal mediational skills were emphasized as self- coping strategies.

Another focus of instruction was the development of cognitive problem solving skills. The sequence began with the recognition that a problem existed. Next, children

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compiled situations which enabled them to clearly formulate the problem. A list making exercise, containing alternatives and solutions was the next step, followed by the examination of various solutions for their appropriateness prior to implementation. The final step involved self-evaluation, self-reinforcement and self- correction prior to acting on a problem situation. This was accomplished through peer discussion, token reinforcement and further practice (Cartledge and Milburn, 1986).

In review, there seems to be considerable overlap in methodology of the many strategies and techniques that have been utilized to teach social skills to children. The following section addresses specific social skills considered important determinants of social functioning which have been the focus of instructional strategies and various intervention programs.

Social Skill Selection

The process of determining the types of social skills taught to children has been influenced by the same factors viewed as relevant to the selection of academic skills (Cartledge and Milburn, 1986).

Researchers have suggested that instructional goals and objectives of the types of social skills that are taught to children should emanate from three sources: the learner, contemporary society and the behavioral experts. Age, developmental stage, skill deficits, social and cultural milieu as well as the relevant outcomes and experience of researchers and practitioners fell in these categories. (Cartledge and Milburn, 1986).

The stage developmental theories of Freud, Erikson, Piaget and Kohlberg have developed frameworks for the child's level of understanding and interpretation of events which have relevance to both the selection of skills and intervention approaches used. The child's family, ethnic background and peer group as well as teacher expectations have influenced the appropriateness of facilitated skills. This is especially relevant as it affects issues creating conflict with families and /or confusion for the individual under the training.

A final consideration dealt with the value of the behavior to the child in social skill selection. Successful intervention highlighted behaviors that had some intrinsic value to the individual, were likely to benefit the person, and were viewed as being essential and likely to be rewarded in the environment (Cartledge and Milburn, 1986). A number of factors and relevancies have, therefore, influenced the many goals, methods and types of skills included in social skills training curricula.

One important area of training involved the teaching of socially relevant and competent overt behaviors. Cognitively oriented skills have been the focus of social skills curricula as well. Another aspect of cognitive training emphasized adaptive thinking by teaching problem solving skills. The premise of this model was that enhancement of consequential and causal thinking, means-end thinking and perspective taking among others, promoted control over emotions and assisted in the development of a repertoire of alternative solutions for dealing with interpersonal problems (Spivack, Platt and Shure 1976).

Training programs have also focused on the affective experiences of the individual. Teaching awareness of one's feelings and constructive ways to express those feelings in interpersonal situations led to socially responsible behavior (Dinkmeyer and Dinkmeyer, 1982). Finally, the various perspectives encompass a broad range of behaviors and vary as to the degree of focus on behavioral, affective and cognitive processes.

Research Outcomes

This section addresses the efficacy of social skills training interventions. Of the many volumes of literature concerning social skills, three broad categories have emerged in terms of the types of social skills targeted for intervention. They include instruction in overt behavioral and verbal skills, teaching to improve affective skills and teaching social problem solving skills.

Overt skills that are part of social competence include non verbal behaviors as eye contact, listening, facial expression and task related behaviors deemed favorable by teachers included completing assignments, following directions, being on task, raising hand for permission and general attentive behaviors (Walker et. al. 1983). Communication skills such as introductions, complimenting, negotiating, conversational skills and common courtesies were training targets and such skills have been deemed important in receiving, initiating, sustaining and terminating social interactions.

A number of studies have been focused on the training of discrete, overt behaviors with children identified as isolated, rejected, unpopular or unassertive.

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Oden and Asher (1977) assessed coaching, practice and feedback methods to promote peer acceptance in a sample of third and fourth grade isolated children. Three experimental conditions were created. They were coaching, peer pairing and control. Pre and posttest sociometric assessments indicated that the coached children were rated higher on play behavior than those in the other two conditions. At one year follow-up, the authors concluded that the training model of the coaching condition may have facilitated a lasting contribution to children's social learning.

A comprehensive review of peer-mediated research was conducted by Odom and Strain, (1984). The review focused on children and youth with behavior disorders and was restricted to studies targeting social skills. Social skills were defined as situationally specific observable behaviors which included social interaction, prosocial responses and communicative interaction. The advantage of behavioral definitions of social skills was that antecedents and consequences of behaviors were clearly defined, identified, operationalized and intervened upon. Peers were systematically trained in social initiation strategies that included establishing eye contact, suggesting joint play, sharing materials and responding to refusals and negative behaviors of the target child. Peer training incorporated direct instruction, verbal rehearsals, discussion, role plays and feedback.

Based on developmental, behavioral and naturalistic methods of child study, peer-mediated interventions have been shown to capitalize on the natural processes of peer influence for facilitating acquisition and elaboration of social skills (Odom and Strain, 1984).

Analysis of the overall studies revealed that despite the labeling of interventions as peer mediated, teachers, as in teacher prompts, are still in control of most interventions (Odom et. al. 1986). This review of research for teaching overt behavioral social skills has considerable support. However, there also remains a great deal of speculation regarding the efficacy of training in providing for generalizability in naturalistic settings.

The role of feelings and emotions in the development of social skills has gained real importance and favorable self perceptions and attitudes have been positively correlated with academic success. Additionally,, suggested teaching approaches and published affective education programs have been the focus of a great deal of research. For the most part, these curricula encompassed common themes, designed to foster self-identity, the awareness of feelings in self and others and the appropriate expression of feelings. (Cartledge and Milburn, 1986).

One example of affective educational programs was entitled Developing Understanding of Self and Others (DUSO; Dinkmeyer, 1970). Eight important developmental topics designed for installing positive self-concept and feelings of adequacy were displayed through colorful posters, picture story books and puppetry. The focus of this program is experiential and promotes active participation.

This research has produced mixed results. Early studies (Koval and Hales, 1972) of 300 first through third grade students, showed that the experimental group scored significantly higher than the control group after 10 weeks of weekly 30 minute DUSO sessions. On four subtests of the California Test of Personality, the authors concluded that

the interaction of the DUSO program and grade level affected the self-concepts of these primary school children.

Another study used the DUSO program with 98 second graders. Subsequent to the intervention, no significant differences were noted between the experimental and control groups on either the Piers-Harris Self Concept Scale or the California Test of Personality (Eldridge, Barcikowski and Witmer, 1973). Some studies have demonstrated the efficacy of DUSO in promoting affective gains, while others have reflected few or none. Methodological concerns such as intervention time, the specificity of intervention effects and maintenance of effects were addressed as areas in need of further research with exceptional children.

The teaching of Social Problem Solving Skills focused on the ability to conceptualize solutions to real life problems, consider the consequences of behavior and evaluate interpersonal situations with an underlying rationale that thought processes mediated overt behavior. In essence an individual was taught "how to think, not what to think" (Spivack and Shure, 1974, p.23).

Pioneers in school based social problem solving, such as George Spivack, Myrna Shure, Ellis Gesten and Roger Weissberg, provided the theoretical framework for the development of the Interpersonal Cognitive Problem Solving Training Program. It claimed that social adjustment was mediated by interpersonal sensitivity, alternative-solution thinking, means-end thinking, consequential thinking and causal thinking (Shure and Spivack, 1978). A great deal of research based on the correlation between adjustment and problem solving ability underscored the ICPS program.

In 1972, Spivack and Shure tested 108 subjects, aged 10-12 years, for their cognitive capacity to solve life- related problems. This capacity related to adjustment and socioeconomic status. The subjects were given the beginning and the ending of a story and the task was to fill in the middle. Irrespective of social class and intellectual functioning, emotionally disturbed children expressed both fewer elements of means-end thinking and stories more limited to pragmatic, impulsive and physically aggressive means. Implications are that training in this area early in a child's life could supplement a preventative mental health program (Shure and Spivack, 1972).

The ICPS program was administered to a group of inner city preschool children in which they received 8 weeks of 20 minute sessions followed by an incorporation of the newly learned skills into the curriculum. Positive changes in their ability to generate alternative solutions and consequences indicated by teacher ratings, were maintained at 1 and 2 year follow-up investigations. Furthermore, well adjusted preschoolers exposed to the ICPS program, exhibited significantly fewer behavioral difficulties over a 2 year period than comparable controls (Shure and Spivack, 1982).

Gesten and Weissberg, (Gesten et. al., 1982) and researchers from the University of Rochester, developed a Social Problem Solving (SPS) curriculum for normal second to fourth grade children based on the work of Spivack and Shure (1974). A behavioral measure was included which permitted observation of the application of SPS skills in a standardized situation. The treated children made significant gains in SPS skills (i.e. increased generation of alternative solutions, increased consideration of consequences) as demonstrated by improvement on both cognitive and behavioral measures. Although

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posttest problem solving gains were not associated with concurrent adjustment gains, compared to controls, treated children made significant gains in adjustment at 1 year follow-up. The researchers hypothesized that adjustment gains may only appear after problem solving skills have had time to be integrated into a child's behavioral repertoire. (Amish, Gesten et. al., 1988).

Yu, Harris, Solovitz and Franklin (1986) studied clinical populations using the Rochester SPS program with 7-12 year old psychiatric outpatients over 21 weeks and 40 sessions. Relative to traditional psychotherapy treatment, SPS trained children generated more problem solutions and exhibited greater reductions in acting out symptoms. This study failed to demonstrate problem solving skills as critical mediators of adjustment as reported earlier by Spivack and Shure (1974).

Stiefvater, Kurdek and Allik (1986) studied the impact of the Rochester curriculum on fourth grade boys and girls of different social status, identified through peer nominations as popular, neglected, rejected or average. At the conclusion of five 40 minute lessons, there was evidence that social problem solving skills were related to gender and social status. Results indicated that girls demonstrated a higher level of interpersonal understanding than boys and the rejected category produced relatively more irrelevant solutions and had lower means-end thinking posttest scores than the other groups. Overall, the trained children improved their ability to generate alternative solutions when compared to attention group children.

Maurice J. Elias and John F. Clabby of Rutgers University in Piscataway, New Jersey, have conducted a comprehensive research and field testing project over the past

decade which has produced yet another approach to teaching SPS skills to children. The program, Improving Social Awareness-Social Problem Solving (ISA-SPS) was created with funding provided by the National Institute of Mental Health out of its interest in social problem solving as a preventative approach (Elias and Clabby, 1989).

The theoretical framework of the curriculum was derived from the works of Piaget, Dewey, Spivack and Shure and based on several key principles. First, teaching a hierarchy of skills that are necessary to analyze, comprehend and respond to everyday problems. Secondly, to provide a cognitive strategy for making appropriate social decisions which included a sequential 8 step strategy. A third tenet involved getting children to focus on specific decision making situations to prepare for the effects of peer pressure. Fourth, assurance that the program could be useful for both parents and educators to promote internalization and generalization of concepts. Finally, the fifth tenet entailed the use of a curriculum based procedure to convey a sense of commitment via structured, consistent focus on social decision making skills followed by guided practice and reinforcement (Elias and Clabby, 1988).

This curriculum approach incorporated three phases. The Readiness Phase targeted self-control, social awareness and group participation skills. During the Instructional Phase, an 8 step social decision making strategy and the final part, the Application Phase focused on the guided integration of the newly acquired skills in real-life interpersonal and academic situations.

A North Jersey school district became the sight of a pilot program with third and fourth grade students. Posttest scores at the end of the 6 month training program

demonstrated a significant difference in the strategies of experimental and control students in such areas as paying attention, identifying emotional stress, using specific strategies to become less upset, asking for help or thinking about a problem (Elias and Gara, 1989).

At the same time, a number of special education teachers, primarily of elementary students educationally classified as emotionally disturbed, perceptually impaired and neurologically impaired, expressed an interest in the decision making lessons. After some initial training sessions, it became apparent that many of these children were not "ready" to listen cooperatively because of shy, verbally dominant and disruptive behavior. With extensive research and field testing, it was determined that greater emphasis had to be given to building students' capacities for self-control and improving social awareness. The result was the development of the Readiness Phase. Further, teacher requests and research findings suggested the importance of emphasizing follow through and transfer of learning to social and academic areas.

One important and well designed research project provides evidence for the efficacy of this program. Elias (1981) studied teachers' responses to hypothetical problem situations with regard to the teachers' ability to improve their facilitation of social problem and decision making skills. Comparison of teacher responses trained in the SPS method at various points throughout the academic year, indicated that the training resulted in a significant reduction of inhibitory approaches in assisting children to resolve problem situations. Conversely, training significantly increased appropriate questioning strategies that facilitated independent problem solving and thinking.

Summary

Social skills training is a complex and multifaceted process consisting of innumerable known and unknown variables, definitions and contradicting theoretical and methodological approaches. In addition, the research in social skills training for exceptional children has, until recently, been minimal although the current general intellectual, moral and cultural climate demands responsibility for this training in the educational environment.

The present study investigates the effects of a respected social skills training program on a emotionally disturbed population in a special education locale. The review of the literature clearly states the many aspects associated with this task. It is anticipated that this study will highlight and clarify variables that may effect social skills training in populations of exceptional children.

CHAPTER THREE

The methods chapter describes the participants in the study, the intervention, instruments, method of data collection as well as the study's hypotheses and the methods used to analyze them.

Sample and Measures

The general population that was studied consisted of eighteen students from a Special Services Regional day school. They range from eight to seventeen years of age, with one caucasian female, age ten and eleven caucasian, three black and three hispanic males completing the sample. The students' IQ's span from 49 to 112. These scores were derived from four standardized intelligence tests including: the Stanford Binet Intelligence Scale: Fourth Edition, the Wechsler Preschool and Primary Scale of Intelligence and the Wechsler Intelligence Scale for Children-Revised. These tests have been administered to the subjects within the previous five years. Their classification is Emotionally Disturbed as defined by the New Jersey Administrative Code, with most students diagnosed with Attention Deficit Hyperactivity Disorder and labeled as Multiply Handicapped, Perceptually Impaired, Neurologically Impaired and Communication Handicapped.

The population included in this study was not a random sample. Demographic data include both partly rural and residential/suburban community environments drawn from three counties, while socioeconomic backgrounds consist of a mixture of blue collar, personal/service and unemployed categories.

The study focused on those students who had completed a six month Social Problem Solving training program and are currently enrolled at the Special Services school. These subjects were from four self-contained classes for students who exhibit significant behavior problems which impact their abilities to make cognitive and affective gains and hinder their return to the educational mainstream.

The measuring devices used for this study with respect to social skills acquisition, family environment, peer acceptance status and non-compliant behaviors, were obtained from individual student files, including psychological evaluations, background information, daily feedback sheets, direct classroom observation and teacher interviews. They include The Social Problem Solving Checklist, which is a 28 item questionnaire that was adapted from the Social Decision-Making Curriculum Guide, developed by Maurice J. Elias and John F, Clabby (1989). Appendix A contains a copy of the Checklist. It is designed to rate the students in relation to the listed skills on a Likert-type scale ranging from 1- student does not have this skill to 5- skill mastery. Sample statements include:

Listen carefully and remember accurately

Remember and follow directions

Converse appropriately with peers

Keeps control of self when frustrated/angry

These examples are from the Readiness Area of the curriculum, which addresses primarily self-control and group awareness skills.

The family environment of the student will be subdivided into categories. Intact will be defined as a child living with biological parents and will also include foster

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care/step-parent situations if they are considered two parent and stable. Single and other complete the categories.

Non-compliant behaviors will be obtained from the daily feedback sheets completed by the classroom teacher and/or classroom aide, documenting the number and type of behaviors during the social problem solving intervention. A representative sample of a daily feedback sheet is included in Appendix B. Non-compliant behaviors address three areas:

1. N.F.D.- not following directions

2. Off task- disruptive classroom behavior as in calling out, getting out of seat and refusal to participate in classroom or physical education activities.

3. Inappropriate language to teachers and/or peers - put downs, cursing, name calling and rudeness.

Sociometric status in the classroom will be measured by teacher ratings via interviews with teachers, using a classification system developed by J.D. Coie, K.A. Dodge and associates (1982) which identifies four sociometric status groups.

1. Popular- children viewed as leaders, more cooperative, and initiate more prosocial behavior deemed to have positive effects.

2. Neglected- often regarded as shy and isolated and choose to play alone and generally not observed to be aggressive.

3. Controversial- these children are likely to have a repertoire of interpersonal skills that are not displayed consistently across persons or settings and can · exhibit excessive amounts of aggression.

4. Rejected- children with a wide range of negative social behaviors who exhibit

high rates of conflict, aggression and are hyperactive with disruptive and

immature forms of play behavior.

The data for this study were ex-post facto in nature and collected in the following

manner: Family environment and non-compliant behaviors were collected from individual

student files and daily feedback sheets. Peer acceptance status data were obtained from

classroom observations and teacher interviews.

Purpose and Goal of the Design

The primary framework used for this study was developed by Elias and Clabby

(1989) called Social Decision-Making Skills: A Curriculum Guide for Elementary Grades.

Much of the emphasis of this intervention pertains to the Readiness phase of the

curriculum, the goal of which involved the teaching of prerequisite skills necessary for

children to become effective social decision makers and problem solvers in a group

context. Self-control issues comprise one aspect of readiness skills, which include learning

to listen carefully, remain calm when upset, follow directions and effective

communication. Another set of skills relate to group issues of cohesiveness, teamwork and

sharing. They include perspective taking, accepting and offering approval to others,

selecting praiseworthy friends and appropriately asking others for help. As children gain

proficiency in these skills, they would become more socially prepared for learning the

fundamental abilities that are consistent with effective social problem solving. The goal of

this intervention is to install these readiness skills in emotionally disturbed children.

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Description of the Design

For six months, from January 1994 to June 1994, four self-contained classes of emotionally disturbed students were provided with formal instruction in Social Problem Solving. To that end, the E.D. staff which included four classroom teachers, their aides one crisis aide the Child Study Team, the reading specialist as well as the Principal and vice Principal were trained in the use of the Social Skills Curriculum in a one-day workshop with supplemental regular follow-up meetings to develop schedules and implement lesson plans. The students were provided instruction a minimum of three times per week in thirty minute sessions. All classes followed the general outline of the curriculum with some teachers emphasizing particular skills more to coordinate with an ever changing classroom environment. In addition, all students participated in one weekly session of Experiential Education, with hands on opportunities to apply their emerging social skills strategies. Teachers were also encouraged to reinforce the newly acquired concepts and strategies by incorporating them into the academic schedule in order to promote the generalization of these skills. Each teacher approached this reinforcement on an individual basis and therefore, it was not measured for this study.

Pre-intervention data were collected during November and December of the 1993 school year. This consisted of the Social Problem Solving Checklist, completed by the classroom teacher for each student. The same checklist was used for post-intervention data. Based on the pre-post test measures, SPS acquisition, family environment and peer acceptance status of each child will be compared with the scores to determine the level of

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improvement in Social Problem Solving training and displayed in descriptive form through tables. Number and types of non-compliant behaviors will appear as a graph.

Hypotheses

Children who receive Social Problem Solving training will improve from pre to post-intervention as measured by the Social Problem Solving Checklist.

Children from intact family environments will improve from pre to post-intervention as measured by the Social Problem Solving Checklist.

The number and types of non-compliant behaviors of children will decrease from pre to post-intervention.

Children identified as popular and controversial from sociometric status groups will improve from pre to post- intervention.

Analysis

The collected research will be displayed in descriptive form through tables and graphs and will document the relationship between specific research variables and the level of social skills training improvement among individual emotionally disturbed students.

Summary

Chapter three provided information on the specific population who participated in a six month Social Problem Solving training program so that the study could be replicated. General information about the subjects, including demographic data and the geographical location of the school were included. The method of data collection was stated which includes ex post facto data from the individual student files, classroom observations and teacher interviews. The specific purpose and goal of the intervention used in the study was stated and a description included definitions of specific variables to be compared with Social Problem Solving outcomes using pre-post intervention data.

CHAPTER FOUR

Introduction

This descriptive study was designed to investigate the efficacy of teaching social problem solving to emotionally disturbed children. Each research hypothesis will be stated and results will be described and interpreted with tables and graphs. Finally, a summary of the overall study findings is provided followed by a section which presents the anecdotal comments of the teachers relative to the intervention.

Research Hypotheses and Interpretation of Results

Research Hypothesis One

Children who receive Social Problem Solving training will improve from pre to postintervention as measured by the Social Problem Solving Checklist.

Mean social skills ratings from the Social Problem Solving Checklist were compared with levels of improvement in Social Problem Solving. Three of the four groups showed improvement in measures of social competence. One group's pre and posttest means varied by two points demonstrating only minimal changes. Table (4.1) contains group pre and posttest means and the percent change for each group.

Table (4.1). Means and Percent Change of SPS Checklist ratings at Pre and Posttest

Group	n	Pretest M	Posttest M	% Change
A	5	59.8	80	.34
B	3	54	81	.50
C	6	68	70	.03
D	4	72	86	.19

Research Hypothesis Two

Children from intact family environments will improve from pre to postintervention as measured by the Social Problem Solving Checklist.

Mean group family environments defined by specific categories were compared with levels of improvement in Social Problem Solving. Results indicated that children from both intact and single family environments improved. One subject lives with a single relative and improved as well. Table (4.2) contains group pretest means, posttest means and percent changes in Social Problem Solving.

Table (4.2). Means and Percent Changes of Family Environment at Pretest and Posttest

Group	n	Pretest Mean	Posttest Mean	% Change
Intact	7	69.7	75.2	.08
Single	10	59.4	79	.33
Other	1	72	92	.28

<u>Research Hypothesis Three</u>

The numbers and types of non-compliant behaviors of children will decrease from pre to postintervention.

Mean non-compliant behaviors were tracked for each class during the six month training program. Results indicated modest decreases in these behaviors in all classes for the duration of the treatment as shown in Figure (4.1).
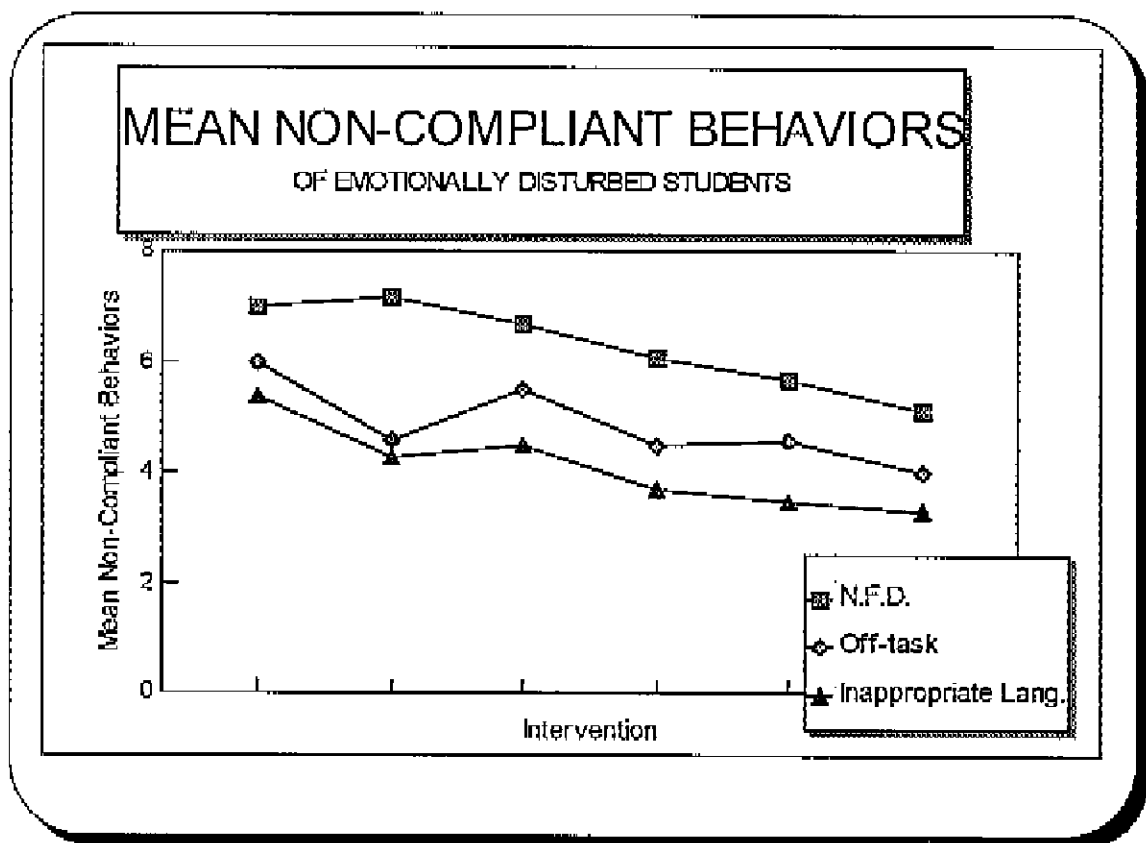

Figure 4.1

Research Hypothesis Four

Children identified as popular and controversial from sociometric status groups will improve from pre to postintervention.

Mean sociometric status groups were compared with the level of improvement in Social Problem Solving. The four sociometric groups showed improvement from pre to postintervention. Table (4.3) contains sociometric group pretest means, posttest means and percent changes in Social Problem Solving.

Table (4.3). Means and Percent Change of Sociometric Status at Pre and Posttest

Group	n	Pretest Mean	Posttest Mean	% Change
Popular	6	69.1	82	.19
Rejected	3	49.6	69	.39
Controversial	3	68.3	85.6	.25
Neglected	6	64.1	75.5	.18

Summary

In general, teacher ratings from the Social Problem Solving Checklist showed improvement in three of the four groups, irrespective of variables such as race, gender and intellectual functioning. All children were judged to exhibit consistent or higher levels of readiness skills which include self- control, empathy and cooperation as a result of the educative/intervention process.

All students from the three categories of family environments demonstrated improvement in social problem solving. It appears that the status of the family is not a factor that impacts on social skills training.

Generally, documented non-compliant behaviors decreased slightly across time, although other factors such as chronic absences and inconsistent medications may have affected ratings.

Finally, teacher ratings of sociometric status indicated overall improvement in the four categories across time and by group. The pre and posttest ranges were similar for popular, controversial and neglected children. The rejecteds had lower overall pre and posttest scores, but also the largest percent change.

Anecdotal Comments

In addition to the measurable improvements, there were some valuable insights that were gathered from the anecdotes and impressions of the teachers concerning the study.

The teachers indicated that the training program exhibited positive effects in several ways. The teachers reported an increased sensitivity to peer feelings and an enhanced appreciation for perspective taking. Frequent in- class arguing among the students has diminished. The sharing circle has been effective as a forum for sharing opinions and discussing problem situations. During one observation, the children were asked to verbalize the emotion "disappointed" in a circle group. Later in the same lesson, the teacher showed the children pictures of people in a magazine and asked them to

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describe what was happening and the associated mood or feeling. Overall, the portions of lessons that elicited the greatest interest and participation involved the sharing circle. Additionally, favorable responses generally applied to lessons that permitted active participation, such as individual drawing, working in pairs or small groups on projects, story telling and discussion and role playing situations.

In contrast, the portions of lessons that drew the least interest were those during which the teacher was the primary speaker, giving directions and explaining new concepts. The use of posters and pictures seemed helpful in attaining and keeping children's attention.

A few major concepts of the Readiness Phase of the curriculum seemed understood and integrated into the lesson and classroom behavior. For example, the concepts involving Listening Position and Best from Lessons 2 and 6 were reportedly reinforced throughout other lessons and for the most part, resulted in favorable individual and group responses. When prompted or cued, during the daily classroom routine, the teachers reported appropriate responses from the children to these concepts.

On the other hand, Keep Calm from Lesson 4 was more difficult for the children to generalize its application to everyday situations. In addition, Lessons 9 and 10, which focused on provoking situations and alternative solutions that involved ignoring a person, walking away or telling an adult about a problem, were least accepted by some of the children. They indicated that aggressive responses, either verbal or physical, would yield better results. The teachers surmised that the children's neighborhood environment exerted

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an influence and accounted for the manner in which they typically reacted to problem situations that required self-defense.

Finally, many of the techniques and approaches recommended for teaching Readiness Phase required expressive language skills beyond the development and maturation of some of the children who were also labeled Learning Disabled and/or Communication Handicapped. In response, the teachers and staff developed and utilized ideas and materials from related social skills programs to supplement the major topics of the Readiness Phase as it pertains to the social skills, sociometric status, family environment and level of non-compliant behaviors of emotionally disturbed youngsters.

CHAPTER FIVE

Summary of the Study

This descriptive study was designed to investigate the efficacy of the Readiness

Phase of Elias and Clabby's (1989) program, Social Decision-Making Skills: A Curriculum

Guide for Elementary Grades as it relates to the social skills, family environment, level of

noncompliant behaviors and sociometric status of emotionally disturbed youngsters.

The subjects in this study are eighteen students from four self-contained classes for

the emotionally disturbed, who attend a Special Services Day School. The intervention

spanned six months and focused on teaching prerequisite skills deemed necessary to help

children become good problem solvers. Participants were rated prior to exposure to the

social problem solving program and again at the conclusion of the program by their

classroom teachers. A brief description of the rating scales used in the study follows:

1. The Social Problem Solving Checklist: This rating was adapted from a similar

   scale in the Social Decision-Making Curriculum Guide for Elementary Grades,

   developed by Elias and Clabby (1989) and measures primarily self-control and

   groups awareness skills.

2. The classification system that identifies four sociometric status groups was

   developed by Coie, Dodge and Coppotelli (1982), in which sociometric

   status was conceptualized in terms of social preference and social impact.

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The study's four research hypotheses focused on the pre to post changes in emotionally disturbed children's social skills, non-compliant behaviors, sociometric status and the effect of family environment.

Summary of Findings and Discussion

The first research hypothesis addressed the efficacy of the intervention as measured by the Social Problem Solving Checklist. Teacher ratings indicated that three of the four groups demonstrated improvement over time. One group's scores varied by two points, demonstrating only minor changes. There were no control groups involved in this study and this was not a random sample because the subjects were part of classes designated for this study. The Social Problem Solving Checklist, specifically items pertaining to readiness skills, has demonstrated an ability to reliably measure social skills acquisition and performance in the areas of self-control and group awareness, both of which are important in the special education domain. Additionally, the literature has demonstrated evidence for the efficacy of social skill interventions. (Shure and Spivack, 1982; Gesten et. al., 1982; Yu et al. 1986).

Because of the duration of the study, the effects of maturation and history must be considered pertinent factors. Changes in behavioral adjustment, according to Nelson and Carson (1988) may be more influenced by contextual variables, such as classrooms, school and family environment than social skills training programs.

The second research hypothesis examined pre to post changes compared to categories of family environments. Most of these students are in stable, if not always

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positive, living arrangements. The statuses of the children's families had no appreciable

effect on the outcome of the intervention. One child who lives with a single relative and

her five children, showed significant improvement.

The third research hypothesis tracked three types of non-compliant behaviors for

the six month duration of the intervention. The data obtained for these behaviors came

from daily feedback sheets, which were completed by either the teacher or the classroom

aide and included behavior ratings for cafeteria and playground settings as well. Since the

classroom teacher was the facilitator of the intervention as well as the probable rater of

feedback behaviors, teacher opinions and perceptions of children may be difficult to

change unless substantial and stable improvement in classroom behavior is noted.

Extended absences and inconsistent dosages of medications may have impacted individual

problem behaviors during the study.

The final hypothesis examined the children's sociometric status groups and the

level of improvement from pre to postintervention. The obtained data came from teacher

ratings. The issue of teacher personality and influence on the social growth of the group is

a factor that needs to be considered. Researchers have found that the major organizing

principle of the classroom is the personality of the teacher. Often, the "likeability" of the

teachers is more important than the academic strategies and techniques used in the

educative process. Well respected and liked teachers, by their very nature, promote good

will and mutual trust. The teacher's power to effect change is translated through

meaningful interpersonal relations that occur with and among the students. Also, the

teacher's involvement and investment in the intervention cannot be discounted as a factor of influence on the resulting sociometric findings.

In effect, the levels of improvement of the sociometric groups, especially the rejecteds, may be due to chance and/or a combination of factors including teacher bias, the program emphasis on awareness/acceptance of individual differences, teacher "likeability," teacher personality and the ability to promote and model equitable acceptance for all students in the group.

Conclusions

As a result of this research and the preceding discussion, the following conclusions are presented:

In general, the results of this study provided evidence for the efficacy of the Readiness phase as it pertains to the social skills, family environment, level of non-compliant behaviors and sociometric status of emotionally disturbed children. The Readiness phase of Elias and Clabby's curriculum was presented as a workable approach for teaching children the needed skills to become effective social decision makers and interpersonal problem solvers. This phase, which focuses on self-control, social awareness and group participation skills was viewed, according to the teachers, as fundamental to becoming a contributing member of the classroom or family unit.

Although past research has posited that increased training time was considered necessary to demonstrate the efficacy of social skills training, the present study's extended intervention of six months was still not sufficient to reflect changes in the generalization of

skills to other settings. If we are to have confidence in the premise that social skills curricula can be effective in promoting behaviors that correlate with healthy social adjustment, training used in this study must be perceived as an integral part of the student's academic program. Also, in order to effect behavior changes that are molded by contextual variables as early life experiences and family environment, intervention must be preventative, early and continuous throughout the elementary and secondary educational levels. The results of an integrative approach would provide the data necessary to confidently conclude that social skills curricula assist in the healthy social development and adjustment of children.

Limitations and Implications for Future Research

This study had a number of limitations which have implications for future research. The number of children involved in the study was small, precluding any measure of statistical significance and limiting generalization of skill acquisition to other groups, classes or settings. The lack of a control group was another limitation. An examination of gender differences was also not possible because there was only one female in the sample.

The definition of emotionally disturbed is diversified as it affects educational performance, encompassing seriously disordered behavior of varying degrees in different areas. The ramifications of this factor was noted as the teachers apparently believed the make-up of their classes as substantially different in terms of problem behaviors, self-control and academic competence, as evidenced by one class, which exhibits very little hyperactivity.

Also, the issue of intellectual functioning with respect to available IQ scores, was not included in the analysis due to the incompatibility of tests used and the time of administration. Since learning socially appropriate behaviors naturally entails cognitive processes, this factor may contribute to the acquisition of social skills. In addressing this issue, an assessment of all subjects' intellectual functioning, using the same IQ test at the beginning of the study would provide additional information regarding the comparability of subjects within groups.

In addition to teacher ratings of peer acceptance, children's ratings of peers would provide comparative information and indicate children's levels of consistency in their ratings of peers over a specific period of time. Oden and Asher, (1977) and other researchers have long advocated using social status as a predictor variable for long-term problems of adjustment and as a basis of for identifying children for preventative intervention.

Also, socioeconomic status, gender, race and age variables would provide valuable information regarding future antisocial activity and risk for juvenile delinquency when controlled for in peer assessments of sociometric status. In essence, factors such as sample size, differences in types and severity of behavioral disorders and intellectual functioning, may have impacted to alter the effects of the intervention to some degree.

Finally, an ideal research study for assessing the efficacy of social skills training programs, should be longitudinal. Maurice J. Elias et. al. (1991) conducted a two year, intensive elementary school based primary prevention program, targeting critical social decision- making, self-control, group participation and social awareness skills, which was

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followed up six years later. The subjects came from four elementary schools that fed into one middle school and eventually into one high school. A benefit of this type of design is tracking the transition impact of moving to a new school and the adjustment effects and gender differences in the amount and quality of social decision-making at various developmental stages.

Enhancing the social problem-solving skills of children is, ultimately, an effort requiring the work of researchers, practitioners, policy makers and the administrators. The schools have been the focus of increased activity toward this goal, with emphasis on promising programs in prevention and social competence promotion. In this context, future research that is likely to contribute to valid Social Problem Solving interventions, requires emphasis on both the child and setting levels, such as the socioeconomic status and family environment to social skills acquisition, maintenance and generalization.

It is recognized that the time and expense as well as the investment of both the teacher and school is involved in compiling such an ambitious study. According to the authors of the Social Problem Solving curriculum guide, efforts to provide a multi-year curriculum have been and are currently implemented in several school districts. Therefore, such a research effort is both realistic and within reach given the level of interest in this aspect of education.

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APPENDIX

School:_____   Student Name:_____

Teacher:_____   Date:_____

Social Problem Solving Skills Checklist

Post-test Measure

Please rate the students in your class in relation to the skills listed below.

        1 – Student does not have this skill.

(25%)   2 – Student demonstrates this skill rarely.

(50%)   3 – Student demonstrates this skill occasionally.

(80%)   4 – Student demonstrates this skill often and consistently.

(90%)   5 – Skill Mastery – always demonstrates skill.

Units I and II

Listen carefully and remember accurately.	1	2	3	4	5
Remember and follow directions.	1	2	3	4	5
Converse appropriately with peers.	1	2	3	4	5
Converse appropriately with adults.	1	2	3	4	5
Keeps control of self when frustrated/angry.	1	2	3	4	5
Resists provocations by others.	1	2	3	4	5
Shows trust, comfort with peers.	1	2	3	4	5
Shows trust, comfort with adults.	1	2	3	4	5
Shares feelings with classmates.	1	2	3	4	5
Selects praiseworthy friends.	1	2	3	4	5
Appropriately asks others for help.	1	2	3	4	5
Appropriately gives help to others.	1	2	3	4	5

Unit III

Recognizes others' feelings.	1	2	3	4	5
Recognizes own feelings.	1	2	3	4	5
Puts problems into words.	1	2	3	4	5
Clearly states a goal in problem situations.	1	2	3	4	5

Unit IV

Considers more than one way to solve an impersonal problem.	1	2	3	4	5
Considers more than one way to solve an interpersonal problem.	1	2	3	4	5
Decides on their own best solution based on consequences.	1	2	3	4	5

Unit V

Considers how a solution must be carried out.	1	2	3	4	5
Anticipates possible obstacles to a planned solution.	1	2	3	4	5
Learns from past related experiences.	1	2	3	4	5
Brings personal examples into discussions.	1	2	3	4	5

Application

Attempts to find compromise solutions in discussions.	1	2	3	4	5
Shows personal initiative in resolving problems.	1	2	3	4	5
Believes that problem will be resolved positively.	1	2	3	4	5
Applies problem solving thinking to academic/learning activities.	1	2	3	4	5
Applies problem solving thinking to actual interpersonal situations.	1	2	3	4	5

(Revised 11/12/93)

NAME: _____   DATE: _____

. Attitude towards:

authority _____

eers _____

cademics _____

. Follows Directions _____

. Obeys Rules _____

. Completes Academics _____

. Accepts Positive Criticism _____

. Refrains From:

Temper Outbursts _____

Bad Language _____

Verbal Attacks _____

Physical Attacks on Peers _____

Physical Attacks on Authority _____

7. Respect for Property _____

8. Homework _____

General Overall: Poor   Fair   Below Average

                          Good   Excellent   Super

_____

Parent/Guardian's Signature

Please: Check and discuss your child's report each night! Thank You!

Comments: _____

_____

_____

_____