

Classroom-Based and Peer-Facilitated Social Skills Intervention

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Abstract

The school context provides the ideal setting and partners for facilitating social skills development in students with social skills challenges related to neurological and emotional delays. Most often, social skills delays remain unrecognized in early school years, although these skills provide a foundation for language development and academic success. In fact, curricular outcomes assume that students possess basic neurological and emotional readiness for group learning, but many students do not, and the number of students entering school with neurological and emotional diagnoses with concurrent social skills delays is on the rise. Although clinical treatments that provide pull out small-group instruction have shown success for improving social skills, the generalization of learned skills to the classroom remains a challenge. Yet, the classroom offers a constant, natural context to promote social skills development, when communicative partners – peers – receive appropriate training to provide supportive feedback.

Social skills training is most effective when intervention is delivered by communicative partners within the social context. Social skills typically develop contextually from infancy throughout childhood, preparing students to develop continued social and academic skills. Unfortunately, by kindergarten entry, many children are not ready socially or emotionally for learning within the classroom context. The number of children diagnosed with neurological and social-emotional delays is increasing, and many of these diagnoses are associated with delays in social development. Curricular objectives for academic success assume that students possess the basic cognitive and behavioural processes necessary for learning. Students and teachers, who are the primary communicative partners, are unprepared for responding and supporting students with social delays. Fortunately, children can be taught social skills, as evidenced by parent training programs in early intervention and small-group instruction in elementary and middle school. Peers, as primary communicative partners within the classroom, play an important role in facilitating social development for students with social delays, therefore necessitating a peer-based approach to effective social skills intervention.

Social skills are brain-based abilities that not only enable people to successfully begin, maintain, and end interactions, but are the precursory skills necessary for continued social and academic learning within the school context. The human brain is designed to promote social interaction because neurochemicals present from birth reinforce and motivate children to seek continued social development (Kohls, Chevallier, Troiani, & Schultz, 2012). Parents, as primary communication partners, shape this social development, facilitating the emergence of attention, regulation, and emotional skills necessary for continued cognitive and social development (Bernier, Carlson, & Whipple, 2010; Kochanska, Philibert, & Barry, 2009; Meins, 2013). Repeated social interactions reinforce continued social development in context (Fawcett & Gredeback, 2013), from which toddlers develop the precursory cognitive-social skills in order to understand perspective, and prepare them to learn cooperative play. Play is the means by which children learn cognitive processes to regulate impulses and emotions, to plan and predict actions, and to understand that others' thoughts and motivations differ from their own (Miller, 2012). These processes are all necessary skills for engaging in social interactions that require initiating ideas, attending and following a conversational topic, and monitoring and clarifying what is said. The continual evolution of social skills happens effortlessly and inconspicuously (Winner, 2013), but is essential for continued social and academic development in school. However, not all children possess the same neurological make-up, nor do they experience opportunities necessary to develop social skills and promote academic readiness.

A wide body of literature supports the coexistence of social delays in children with neurological diagnoses, including autism (Kennedy & Adolphs, 2012; Peterson & Slaughter, 2009), attention-deficit hyperactivity disorder (ADHD) (Demurie, Corel, & Roeyers, 2011; Uekermann et al., 2010), hearing impairment (Ludlow, Heaton, Rosset, Hills, & Deruelle, 2014), and specific language impairment (Brinton, Spackman, Fujiki, & Ricks, 2007). Students with neurological diagnoses and co-occurring social delays do not develop the cognitive or emotional perspective taking and regulation skills needed for school readiness. A wealth of research supports the concomitant existence of social and academic delays in students with neurological diagnoses (Denham, Bassett, et al., 2012; Denham, Warren-Khot, Bassett, Wyatt, & Perna, 2012; Rhoades, Warren, Domitrovich, & Greenberg, 2011). Furthermore, in the United States, the prevalence of autism and ADHD continues to rise (Baio, 2014; Centers for Disease Control, 2013). Consistent with the increased prevalence of neurological diagnoses, the number of children not ready for school in Manitoba has also increased in comparison to the national average for at least three of five developmental domains (Healthy Child Manitoba, 2010-2011). Increased delays in overall social competence have also been reported (Healthy Child Manitoba, 2010-2011). Social delays are not, however, exclusive to students with neurological diagnoses, with the most recent data for Manitoba reflecting an increased number of kindergarten students who show weak emotional development (Healthy Child Manitoba, 2010-11), and who require classroom-based intervention.

In contrast to neuro-based social delays, social-emotional delays result from little opportunity to experience positive interactions with caring adults. There is a significant link between the effects of parenting styles, relationship development, and social-emotional development in children (Brooker et al., 2013; Brumariu & Kerns, 2010). Even when students present with average cognitive abilities, delays in social-emotional growth result in a limited ability to develop empathy or use language beyond meeting basic needs (Music, 2009, 2011). Empathy is the ability to understand and respond to another person's emotions (Gordon, 2007). Students with emotional delays – similarly to students with neuro-based delays – lack empathy. Whether the reason for delay in social skills development is the result of a neurological or emotional impairment, the consequence is continued social and academic deficits that affect school participation and performance.

In addition to presenting with neuro-based or social-emotional challenges, the curriculum itself is a significant barrier to social and academic learning by students who have social delays, because of the assumption that all students possess the precursory social skills that students with neurological and emotional delays lack (Winner, 2013). Classroom skills include the ability to attend, wait, listen, read and understand nonverbal signals from teachers and peers, and reflect on learning and mental states of self and others. Classroom participation requires flexible thinking, problem solving, and perspective-taking skills (Bowers, Huisinigh, & LoGiudice, 2008; Robinson & Westby, 2009), which compel students to understand and take perspective in order to follow character development, make inferences and predictions, and create their own stories (Robinson & Westby, 2009). Students with social delays struggle with narrative writing due to a weakness in their ability to infer, predict, and organize language (Ketelaars, Jansonius, Cuperus, & Verhoeven, 2012; Rumpf, Kamp-Becker, Becker, & Kauschke, 2012; Winner, 2013). Even the mechanics of learning to read relate directly to the cognitive processes that develop concurrently with social skills (Farrar & Ashwell, 2012). The Manitoba English language curriculum document measures academic development through children's reflection of their learning experience (Manitoba Education, n.d.), with which students with attention and regulation challenges struggle. Comprehension of any lesson cannot occur without the attention and self-regulation that evolves from social development; however, successful curricular instruction requires that teachers address social language within the classroom context.

Regardless of neuro-based or social-emotional causes for social delays, the result is an increased number of students with diversified needs entering school without the social skills required to communicate successfully and learn from teachers and peers within the classroom.

Consequently, communication partners in the school setting – teachers and peers – are not prepared to respond to or assist students with social delays, especially students with social delays in absence of cognitive impairment. Recent findings from the Centers for Disease Control have shown an increased prevalence in autism spectrum disorder among students with average and above-average intelligence (Baio, 2014). The disparity in social skills may not be readily identified due to the obtuse nature of typical social skills development, and also because teachers and peers do not often recognize that social skills and intelligence are exclusive abilities (Winner, 2013). This disparity often leads to an expectation that the student should know better, but in reality if the student were able to learn and extrapolate from experience, he/she would have learned the skills and would not have a social delay. Unfortunately, students with social delays cannot easily generalize across contexts and need the support of communication partners to assist them to learn within the social context. Intervention that targets teacher and peer training is essential, as teachers and peers replace parents as the primary partners across social contexts in the school environment.

Students who are transitioning from early to middle years shift from receiving instruction from one classroom teacher to instruction from multiple teachers across environments. Socially, students are influenced less by teachers and more by peers who become increasingly consistent partners in classroom contexts. The school context and peer influence necessitate a curricular-based model that encompasses all potential communication partners as primary facilitators for social skills development in students with social delays. Peers are the most readily available support; however, they may be less tolerant when peers with social delays do not understand social rules. Students with social delays are at significant risk for victimization (Fisher, Moskowitz, & Hodapp, 2012; White, Wu, Borelli, Mayes, & Crowley, 2013), and this risk for victimization increases with students of average intelligence who appear as though they should know better, but who have missed critical learning opportunities in early development (Winner, 2012). These students requiring support are less likely to qualify for assistance, and fall through the cracks both socially and academically as a consequence of not receiving the needed support. Peers are available, but need to be educated on understanding and using strategies to support socially weak peers within classroom context. In contrast to teachers who offer limited structured interactions, peers offer students with language delays repeated consistent interactions to learn social development in context.

Indeed, studies have shown that peers can influence student attitudes toward academic goals and success (Erath, Flanagan, Bierman, & Kelly, 2010; Terry, 2008). Typical students have the cognitive and emotional processes that provide good models for socially delayed peers, and positive peer support has been shown to improve academic success in students with poor social skills (Tu, Erath, & Flanagan, 2012). Research supports treatment efficacy for social and communication development through caregiver training (Ingersoll & Wainer, 2011; Kaiser & Roberts, 2014; Vivian, Hutchins, & Prelock, 2012). There is also evidence to suggest that social training is effective in small-group instruction (Winner, 2013); however, the carry-over and generalization of skills to a naturalistic context is often slow. Students with social language delays do not easily generalize concepts from clinical to naturalistic settings, and they need assistance with extrapolating learned strategies to apply in context (Winner, 2013). The next step to effective training is to bridge the use of strategies from the clinical setting to the classroom, that is, to provide explicit instruction about what is often assumed to have been learned implicitly. Peers have the skills, the influence, and the availability to become effective facilitative partners for socially delayed students. Curricular-based social skills programming in the classroom context, which targets peers as facilitators of strategies, is a practical and effective choice when considering social skills instruction for students with social delays.

Social skills are an underappreciated but necessary precursor to ongoing social and academic learning within the school setting. Typically, social skills develop naturally through experiential learning in ongoing interactions with adults and children prior to school entry. However, differences in neurological and emotional development can affect a student's school

readiness, resulting in significant delays in social skills, and the number of students affected with these social delays appears to be on the rise. Within the classroom context, curricular expectations and assumptions of pre-requisite skills in students at school entry pose further social and academic challenges to students with social delays. Peers and teachers may not readily recognize why social delays occur, especially when students present with no delays in cognitive skills. Although students with social delays can be taught strategies, they are not likely to transfer social skills learned from a clinical session to a naturalistic context without ongoing support. As students transition from early years to middle school, peers play an influential role in supporting students with social delays, because they are the primary communicative partners to facilitate social skills strategies in the classroom context.

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