

Social Skills Training for Students Who Demonstrate Poor Self-Control

DA SHAUNDA S. PATTERSON, KRISTINE JOLIVETTE, AND SHANE CROSBY, GEORGIA STATE UNIVERSITY

Marcy is a 12-year-old, sixth-grade student diagnosed with an emotional and behavioral disorder (EBD). She spends most of her academic day in a self-contained classroom, but has recently been assigned to Mrs. Hart's team-taught class for math in an effort to meet her academic needs in a less restrictive environment. Socially, Marcy has few friends and her peer interactions are usually negative. Marcy is generally competent at math-related tasks, and she enjoys being away from the "losers" in the self-contained class. Although math is a relative strength for Marcy, she does become easily frustrated if she raises her hand and is not immediately acknowledged. Marcy prefers assistance from the teacher, as she does not want other students to think she is stupid. If Marcy is unclear about an independent assignment, the directions for homework, or the procedures for when work is complete, she immediately seeks the teacher's help without making any attempts to problem solve on her own. Her attention-seeking behavior intensifies in relation to the time the teacher takes to get to her. Typically, Marcy will tap her pencil on her desk, yell out to the teacher, or "accidentally" knock things on the floor to get Mrs. Hart's attention.

Mrs. Hart has her "Ask three and then me" policy posted on the wall, and she expects all of her students to follow it. She feels that ignoring Marcy will encourage her to follow that classroom procedure, yet she becomes annoyed with the disruptive, attention-seeking behavior that Marcy frequently displays. Subsequently, Mrs. Hart fails to provide corrective feedback to Marcy because she doesn't want to "set her off." One day during instruction on a new concept, Mrs. Hart is called to the door. She asks the students to keep working on

the examples she has written on the board until she returns. Marcy, who has been confused about the new activity during whole class instruction, has no idea how to complete the example. After raising her hand for 30 seconds with no response, she starts tapping her desk and calling Mrs. Hart's name. Soon, a student seated next to Marcy turns around to help her. Marcy, already agitated, reaches for her neighbor's desk, knocking her papers to the floor, and yells, "Mind your own business, stupid! I wasn't talking to you, I was talking to the teacher!" Mrs. Hart returns immediately, angrily demanding an explanation for the behavior and scolding Marcy for her outburst.

This scenario is a classic example of a student becoming frustrated because her needs are not being met. Unequipped to advocate for herself in a socially acceptable manner, Marcy used the most effective strategy in her repertoire—losing self-control. Naturally, the teacher responds quickly, frustrated by this display. In spite of the reprimand, Marcy is satisfied with these results. From her perspective, she has accomplished her goal of gaining the teacher's attention in order to ask her a question.

Marcy represents over 470,000 students who receive special education services in a public school setting for emotional and behavioral disorders (U.S. Department of Education, 2001). Marcy, like many other students with EBD, is unaware that other equally effective, more socially acceptable strategies exist for meeting her needs. Like Marcy, many students with EBD demonstrate a lack of appropriate social skills and are considered to have a social skills deficit. (Social skills are

defined as a set of behaviors that allow individuals to initiate and maintain positive social relationships, contribute to peer acceptance, and allow for effective coping [Rutherford, Quinn, & Mathur, 2004]). A social skills deficit can take the form of noncompliance with school procedures, physical or verbal aggression, or defiance of authority figures (Lo, Loe, & Cartledge, 2002).

As stated in the Individuals with Disabilities Education Act (IDEA, 1997), two of the five qualifying criteria for EBD eligibility are deficits in social competence through (1) an inability to establish or maintain satisfactory relationships with peers or adults, and (2) the expression of inappropriate feelings or behavior under normal circumstances. Additionally, research has shown that students with EBD have difficulty expressing needs, adapting behaviors for various social settings, and reading social cues (Olmeda & Kaufmann, 2003). These behaviors are linked to a lack of social skills.

In many instances, the reason for an absence of social skills cannot be singularly identified. Research indicates that the absence of appropriate social skills may be classified in three ways: (1) acquisition deficit; (2) performance deficit; or (3) fluency deficit (Gresham, Sugai, & Horner, 2001). *Acquisition deficit* refers to the absence of knowledge about a particular social skill (Rutherford, et al., 2004). A *performance deficit* is characterized by having a particular social skill in one's repertoire, but failing to perform it in an appropriate context (Gresham, et al., 2001). Finally, a *fluency deficit* exists when a student has



knowledge of a particular social skill and a desire to perform it, but presents an awkward or unpolished version of the skill (Gresham, et al., 2001). Deficits might be the result of cultural differences, unclear or inconsistent expectations, developmental delays, or lack of motivation or opportunity to display appropriate skills (Rutherford, et al., 2004).

Consider the loss of self-control that Marcy demonstrated in Mrs. Hart's class. To determine the type of deficit that Marcy may have, Mrs. Hart must consider whether Marcy's lack of self-control is isolated to her classroom. If so, this is indicative of a performance deficit. If Marcy's behavior is consistent across settings, then Mrs. Hart might conclude that Marcy has a performance deficit. Gathering this information is necessary in order to plan an intervention that addresses Marcy's specific behavior:

Because Marcy receives services in another academic setting, Mrs. Hart consults with the resource teacher to determine whether the behaviors are evident across settings. Additionally, Mrs. Hart asks a paraprofessional to conduct direct observations of Marcy during her own class.

Matching Deficits to Social Skills Training

An appropriate intervention for Marcy might be social skills training. *Social skills training* (SST) is a positive, proactive intervention, designed to teach specific social behavior by replacing negative behaviors with more desirable ones. It results in positive judgments of social competence by peers and adults (Sugai & Lewis, 1996). SST can be implemented with a published curriculum or by making appropriate modifications to present classroom practices that are anchored in various conceptual frameworks.

Some SST programs utilize operant and social learning strategies such as observation, modeling, guided practice, rehearsal, prompting, and role playing

(Lane, et al., 2003). Other programs were developed through the cognitive learning theory and implement such techniques as self-assessment, self-recording, and social problem-solving (Olmeda & Kauffman, 2003). Based on the research of Gresham, et al., (2001), the social skills programs that are most effective comprise direct teaching, modeling, coaching, and effective instruction.

The type of SST intervention should reflect the needs of the individual students. By assessing a student's skills, teachers can determine the type of SST to implement. The most successful SSTs are those that reflect assessment outcomes (Sugai & Lewis, 1996). Effective social skills assessments include: direct observation, functional behavior assessment (FBA), and rating scales. Direct observation is one of the most useful assessments of social skills. This assessment is conducted in the setting where the behavior occurs. Considerations to make during direct observations are the situation context, social validity of the behavior, and participants in the setting (Olmeda & Kauffman, 2002). Often, FBAs are associated with direct observation. In an FBA, the educator gathers information that can be used to provide effective behavior support. The FBA process involves evaluating the setting, antecedents, and consequences associated with a targeted behavior (Rutherford, et al., 2004).

Rating scales, the final and most common type of assessment, can be completed by teachers, parents, or students (Sugai & Lewis, 1996). This sociometric method allows the rater to rank the student's behavior on a Likert scale based on provided criterion. Often the rating scale provides various perspectives on behavior. For example, when teacher-rating and peer-rating scales are used, outcomes have been found to be useful for both screening and social validity (Sugai & Lewis, 1996). Conversely, student rating scales (or self-report rating scales) have little evidence to support their effectiveness

because students rarely recognize the severity of their own behavior.

After completing the assessment process, the teacher determines the type of SST to implement based on the specific deficit area that the student demonstrates. The teacher must use the results of the assessment to make an informed curriculum-related decision, as teaching social skills that a student already possesses is inappropriate (Gresham, et al., 2001).

Classifying Outcomes

Outcomes of social skills assessment can be classified in one of the five dimensions of social skills outlined by Caldarella and Merrell (1997): peer relations, self-management, academics, compliance, or assertion (see *Table 1*). Each dimension consists of specific behaviors that may be evident in various settings. This taxonomy is instrumental in creating a common language that practitioners can use to consistently identify and target social skills for intervention (Gresham, et al., 2001). In the case of Marcy, Mrs. Hart uses the information she gathers during the assessment to pinpoint the dimension that would best serve Marcy:

*The team completes the direct observations of Marcy, and behavioral interviews with the resource teacher, Mrs. Hart, the connections teacher, and Marcy. Based on the information they gather, the team decides that Marcy's behavior is most likely associated with a lack of self-management, evidenced by her disruption and lack of self-control (see *Table 1*). Marcy demonstrates lack of self-management most often in Mrs. Hart's class. However, according to the connections teacher, "Marcy can lose her cool if a sudden routine change occurs, but she usually recovers quickly."*

The interview with Marcy was especially revealing, as she indicated that she often does not know what she is "always s'posed to do." After a conference with the resource teacher, Mrs. Hart realizes



that she never specifically instructed Marcy, or any of her other students, on her classroom expectations, in particular the “ask three and then me” strategy. She assumed that they would read the bulletin board and “just figure it out.” Based on the data collected, Mrs. Hart agrees to provide a clear explanation of her behavioral expectations and the appropriate procedures in her class. The resource teacher also agrees to implement a social skill strategy, the ZIPPER, with her class so that the students learn to regulate their responses before losing self-control. The ZIPPER strategy is explicitly taught in the special education classroom setting.

ZIPPER Strategy

The ZIPPER strategy uses the mnemonic acronym ZIPPER to teach appropriate behavior. In an emotionally triggering situation, a student reminds himself or herself to: (1) Zip your mouth; (2) Identify the problem; (3) Pause; (4) Put yourself in charge; (5) Explore choices; and (6) Reset (Smith, Siegel, O’Connor, & Thomas, 1994).

The ZIPPER strategy is anchored in cognitive-behavioral theory (Smith, et al., 1994). In the cognitive-behavioral framework, strategies, including problem solving, self-instructional training, relaxation training, and verbal mediation, are implemented to remediate social deficits. The outcomes of various empirical research studies indicate that the cognitive-behavioral model is highly effective for students who are aggressive and/or disruptive (Smith, Lochman, & Daunic, 2005).

The ZIPPER strategy requires students to self-monitor their behavior and use verbal rehearsal to determine the appropriate steps to follow. Research in which this strategy was utilized indicates a decrease in unwanted behavior while low levels of aggression and anger were maintained (Smith, et al., 2005). Further, the data indicate that students utilized self-statements and physical cues to help remember the strategy. To implement this strategy, the teacher first presents the six ZIPPER steps to the student to discuss the potential outcomes that might occur from utilizing the strategy. The teacher then models the steps, demonstrates

self-statements, and suggests physical self-cues that the student may use. For example, the teacher models the first step by stopping talking and taking a deep breath. Each step is modeled for the student, providing opportunities for questions that are situation specific (Smith, et al., 2005). During the final part of the modeling stage, the teacher engages the student in role-playing activities for practice and corrective feedback:

Before beginning the role plays, the resource room teacher provides students with a card that outlines each step (see Figure 1) and possible self-prompts for the steps. “Since we have already reviewed the six steps of the ZIPPER strategy, let’s practice using it in class situations. Marcy, let’s start with you. Mrs. Hart gives a math assignment, but you are uncertain about how to get started. She’s told you that she’ll be right with you after she sees Dan and Lisa. You are really getting annoyed because everyone else is working and you will have to do it for homework if you don’t finish in class. What do you do?”

Table 1 TAXONOMY OF THE FIVE SOCIAL SKILLS DIMENSIONS

Dimension	Related Social Skills
Peer Relations	Offers help or assistance to peers when needed, defends a peer in trouble, shares laughter with peers, assumes leadership role in peer activities, is sensitive to feelings of peers, participates in discussions.
Self-Management	Remains calm when problems arise, controls temper when angry, accepts imposed limits, compromises in conflicts, responds to teasing by ignoring peers, cooperates with others in various situations, receives criticism well.
Academic Skills	Accomplishes tasks independently, displays independent study skills, completes, listens to and carries out teacher directions, uses free time appropriately, appropriately asks for assistance as needed, functions well despite distractions.
Compliance Skills	Follows instructions and rules, appropriately uses free time, responds appropriately to constructive criticism; puts work or property away properly, finishes assignments and tasks.
Assertion Skills	Initiates conversations with others, acknowledges compliments, invites peers to play, appropriately expresses feelings when wronged, joins ongoing group activities, questions unfair rules, introduces self to new people.

Adapted from Caldarella, P. & Merrell, K. W. (1997). Common dimensions of social skills of children and adolescents:

Marcy refers to the ZIPPER card if she can't remember the steps as she explains, "First, I would zip my mouth and take a breath, so I don't get in trouble. Then, I have to think about what the problem is. Do I have to wait for her to do the whole page? After that I'm supposed to pause. So I shouldn't tap my desk or yell out. OK, then I put myself in charge, and that means I make a choice about what I am going to do. I choose to keep out of trouble, so I stay in my seat and wait for her. Last, I have to reset. That means I get back to my work until Mrs. Hart comes. That's the ZIPPER."

Later, students are reminded to use the ZIPPER strategy as a precorrection in all academic settings.

Conclusion

In both group and individual settings, SST programs produce moderate changes in behavior, including improving social problem-solving, conflict resolution, and overall behavior (Lane, Wehby, Menzies, Doukas, Muntont, & Gregg, 2003). To

achieve positive outcomes, social skills instruction should include: modeling and promotion of appropriate behavior through direct instruction and exemplars; teaching and reinforcement in various settings throughout the school day; and facilitating the learning process with peer-inclusive activities (Lo, et al., 2002).

Social skills are behaviors that are learned and can be taught (Gresham, et al., 2001). Many students easily learn to appropriately engage in social situations across various settings as a result of their successful learning histories (Sugai & Lewis, 1996). Unfortunately, students with EBD often are unequipped to casually learn the implied expectations of various settings. As a result, they may demonstrate unrefined or inappropriate skills and experience negative outcomes. Often, students who demonstrate significantly inappropriate behavior develop progressively more serious antisocial behavior (Smith, et al., 2005). These behaviors can contribute to underachievement, juvenile delinquency, and mental health

problems (Lo, et al., 2002).

Conversely, students who demonstrate positive social skills often experience success within and beyond the school setting (Lane, et al., 2003). Social skills have been identified as necessary prerequisites for academic success (Sugai & Lewis, 1996). Research indicates that students who are socially capable often experience greater academic outcomes, including increased academic engagement time (Lane, et al.). To help students develop positive alternative behaviors, educators can integrate skills into the daily curriculum and provide students with opportunities to demonstrate those skills in various settings (Gresham, et al., 2001). In the case of Marcy, receiving explicit instruction about the appropriate way to demonstrate self-management (using the ZIPPER strategy) enabled her to have a more meaningful instructional experience in her math class. Additionally, it provided her with a skill that could be useful in other academic and social settings. Mrs. Hart learned that her suggestive, implicit management technique was ineffective in her classroom. After Mrs. Hart reviewed her expectations with the entire class and began to provide daily precorrections, she spent more time instructing and less time disciplining students.

For students with EBD, who lack appropriate social skills such as self-control, the implications of social skills research are notable. Overall, the literature suggests that social skills instruction, including cognitive-behavioral interventions, is an appropriate and effective way to remediate a deficit. However, the implementation of social skills instruction should be completed judiciously; educators must consider the outcomes of individualized social skills assessments when implementing a social skills program. Teachers should also work towards increasing the opportunities for generalization across settings and over time for the targeted skills (Gresham, et al.,

Figure 1 ZIPPER STRATEGY CARD, INCLUDING VERBAL SELF-STATEMENTS AND PHYSICAL CUES

ZIPPER

ZIP YOUR MOUTH. (STOP AND TAKE A DEEP BREATH.)

IDENTIFY THE PROBLEM. (WHAT DO I NEED? WHAT IS MY PROBLEM?)

PAUSE. (TAKE A MOMENT TO CALM DOWN. REMOVE MYSELF FROM THE SITUATION I CAN.)

PUT YOURSELF IN CHARGE. (TAKE CONTROL OF YOUR ACTIONS.)

EXPLORE CHOICES. (WHAT CAN I DO? "TRY TO RELAX." "I COULD FORGET ABOUT IT." PICK AN OPTION.)

RESET.

Source: Smith, S. W., Siegel, E. M., O'Connor, A. M., & Thomas, S. B. (1994). Effects of cognitive-behavioral training on angry behavior and aggression of three elementary-aged students. *Behavioral Disorders, 19*, 126–135.

2001). Planning and implementing a successful social skills program requires an investment of time, effort, and attention to detail by all school staff (Sugai & Lewis, 1996). However, assisting students with EBD develop socially and academically appropriate behavior produces invaluable outcomes.

REFERENCES

- Caldarella, P. & Merrell, K. W. (1997). Common dimensions of social skills of children and adolescents: A taxonomy of positive behaviors. *School Psychology Review, 26*, 264–278.
- Gresham, F., Sugai, G., & Horner, R. H. (2001). Interpreting outcomes of social skill training for students with high-incidence disabilities. *Exceptional Children, 67*, 331–344.
- Individuals with Disabilities Education Act (IDEA) Amendments of 1997. Public L. No. 105-17. 111 Stat. 37 (1997).
- Lane, K. L., Wehby, J., Menzies, H. H., Doukas, G. L., Muntont, S. M., & Gregg, R. M. (2003). Social skills instruction for students at risk for antisocial behavior: The effects of small-group instruction. *Behavioral Disorders, 28*, 229–248.
- Lo, Y., Loe, S. A., & Cartledge, G. (2002). The effects of social skills instruction on the social behaviors of students at risk for emotional or behavioral disorders. *Behavioral Disorders, 27*, 371–385.
- Olmeda, R. E., & Kauffman, J. M. (2003). Sociocultural considerations in social skills training research with African American students with emotional or behavioral disorders. *Journal of Developmental and Physical Disabilities, 15*, 101–121.
- Rutherford, R. B., Quinn, M. M., & Mathur, S. R. (2004). *Handbook of Research in Emotional and Behavioral Disorders*. New York: Guilford Publications.
- Smith, S. W., Lochman, J. E., & Daunic, A. P. (2005). Managing aggression using cognitive-behavioral interventions: State of the practice and future directions. *Behavioral Disorders, 30*, 227–240.
- Smith, S. W., Siegel, E. M., O'Connor, A. M., & Thomas, S. B. (1994). Effects of cognitive-behavioral training on angry behavior and aggression of three elementary-aged students. *Behavioral Disorders, 19*, 126–135.
- Sugai, G. & Lewis, T. J. (1996). Preferred and promising practices for social skills instruction. *Focus on Exceptional Children, 29*, 11–26.
- U.S. Department of Education (2001). *National Center for Education Statistics: Statistics in Brief*. Washington, DC: Author.