Efficacy of a social skills training procedure used on a child having moderate mental retardation

Anestacio Quintana Jr.

Follow this and additional works at: https://scholarworks.utrgv.edu/leg_etd

Part of the Special Education and Teaching Commons

Recommended Citation
Quintana, Anestacio Jr., "Efficacy of a social skills training procedure used on a child having moderate mental retardation" (2004). Theses and Dissertations - UTB/UTPA. 675.
https://scholarworks.utrgv.edu/leg_etd/675

This Thesis is brought to you for free and open access by ScholarWorks @ UTRGV. It has been accepted for inclusion in Theses and Dissertations - UTB/UTPA by an authorized administrator of ScholarWorks @ UTRGV. For more information, please contact justin.white@utrgv.edu, william.flores01@utrgv.edu.
EFFICACY OF A SOCIAL SKILLS TRAINING PROCEDURE
USED ON A CHILD HAVING MODERATE
MENTAL RETARDATION

A Thesis
by
ANESTACIO QUINTANA JR.

Submitted to the Graduate School of the
University of Texas-Pan American
In partial fulfillment of the requirements for the degree of
MASTER OF SPECIAL EDUCATION

August 2004

Major Subject: Special Education
ABSTRACT


This single subject multiple baseline study tested the efficacy of a social skills training procedure. The subject for this study was an eight-year-old female having Down Syndrome. The subject was diagnosed as having moderate mental retardation. Using an A-B-A-B design, the investigator and two observers collected data on off-task behavior, during baseline phases. During intervention phases, the Subject was introduced to a social skills training program addressing the off-task inappropriate behaviors.

The results of the study illustrated a positive effect of the social skills training procedure on the Subject. There was an established relationship between the implementation of the social skills training program and a reduction of off-task inappropriate behaviors with the Subject.
ACKNOWLEDGEMENTS

I would like to thank Dr. JoAnn Mitchell, chair, Dr. Marjorie Anne Estevis and Dr. Marie Simonsson, committee members at The University of Texas-Pan American for their dedication and continuous support in guiding me through this study. I gratefully would like to express my sincere appreciation for Dr. JoAnn Mitchell and Dr. Marjorie Anne Estevis, who have been a major influence in my educational career.

I would like to thank my daughters, Alysha and Aissa Quintana for their love and patience during the course of my studies. I most gratefully thank my parents, Anestacio and Irene Quintana along with my dearest friends, Howard and Lydia Muelberger. Your words of engorgement and acts of kindness will always be cherished.

My appreciation goes to the parents of the student in this study. I would also like to thank friends, family, administrators, and co-workers that contributed directly or indirectly in this study.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>iii</td>
</tr>
<tr>
<td>ACKNOWLEDGMENTS</td>
<td>iv</td>
</tr>
<tr>
<td>TABLE OF CONTENTS</td>
<td>v</td>
</tr>
<tr>
<td>LIST OF FIGURES</td>
<td>ix</td>
</tr>
<tr>
<td>CHAPTER I. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>Need for the Study</td>
<td>2</td>
</tr>
<tr>
<td>Statement of the Problem</td>
<td>2</td>
</tr>
<tr>
<td>Purpose of the Study</td>
<td>3</td>
</tr>
<tr>
<td>Research Question</td>
<td>3</td>
</tr>
<tr>
<td>Benefits of the Study</td>
<td>3</td>
</tr>
<tr>
<td>Definition of Terms</td>
<td>3</td>
</tr>
<tr>
<td>Social Competence</td>
<td>4</td>
</tr>
<tr>
<td>Social Skills</td>
<td>5</td>
</tr>
<tr>
<td>Mental Retardation</td>
<td>5</td>
</tr>
<tr>
<td>Intellectual Quotient (IQ)</td>
<td>6</td>
</tr>
<tr>
<td>Adaptive Functioning</td>
<td>6</td>
</tr>
<tr>
<td>Moderate Mental Retardation</td>
<td>7</td>
</tr>
<tr>
<td>Cooperative Learning</td>
<td>7</td>
</tr>
<tr>
<td>Modeling</td>
<td>7</td>
</tr>
</tbody>
</table>
LIST OF FIGURES

**Figure 1.** Measurement of Off-Task Inappropriate Behaviors ........................................ 29

**Figure 2.** Comparison of AM and PM Off-Task Behavior Scorers and Subject .................. 34

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
CHAPTER I

INTRODUCTION

The educational setting is a major contributor to an individual’s acquisition of social skills. From the first school year, children are taught how to behave in such settings and how to accept responsibility for their own actions. But what happens when the child has mental retardation? Should there be a difference in an educator’s approach? Should any attempt be made to teach social skills to children that have mental retardation? The answer is clearly yes. Social skills should be taught. Different approaches might have to be considered in teaching children with mental retardation. Social skills training is to be considered to reduce disruptive behavior in children with moderate mental retardation.

According to McArthur (2002) teaching social skills communicates society’s expectations for behavior to students. Teachers cannot assume that students will automatically act in an acceptable manner just because that is what adults expect. Students need to learn that they have choices and they need to learn to plan their behavior. When teachers stress social skills in the classroom and create a climate of cooperation and respect for others, there are fewer discipline problems and less negative behavior.

This chapter addresses the need for studying social skills training of individuals with moderate mental retardation. This study will help address the problem of non-
compliance and disruptive behavior through social skills training. The purpose and the research question are also addressed in this chapter. Definitions of terms are provided.

Need for the Study

Currently there are many resources addressing social skills. These resources include manuals on teaching social skills, adapting social skills in the classroom or at home, and enhancing social competence in young children. Even though there is an ample amount of literature on social skill training, there is a need for more information on teaching social skill training in individuals with mental retardation (Taylor, 1998). Teachers and parents will be able to benefit from a study that enables them to adopt effective approaches in reducing non-compliance and disruptive behavior in children that have moderate mental retardation.

Students who have mental retardation and display disruptive behavior in the classroom need to be taught social skills. These social skills will help the students adapt in the classroom and help them become less disruptive in the classroom setting. This study can help teachers learn effective approaches to teaching social skills in individuals with mental retardation.

Statement of the Problem

Educators that teach special education classes are now faced with many challenges. Not only are they responsible for teaching academics, but must now accept the challenges of teaching non-academic subjects. Such subjects include, fine-motor skills, gross-motor skills, language skills, and social skills. The major problem associated with these challenges is how to reduce non-compliant and disruptive behavior in students with moderate mild retardation.
Purpose of the Study

The purpose of this study was to investigate the efficacy of a social skill training procedure used with a child with moderate mental retardation.

Research Question

The following research question was used as a guide in the current study: What is the effect on the disruptive and off-task behavior when a social skill training procedure is applied to an eight-year old girl with moderate mental retardation?

Benefits of the Study

The benefit of this study was that of creating a more productive environment in the classroom by reducing disruptive behavior while increasing social awareness in a child. Moreover, the special education profession can utilize such approaches in teaching social skills to reduce disruptive behaviors. Students with moderate mental retardation who display disruptive behavior in the classroom more than likely exhibit the same behaviors at home. This study can benefit parents by providing more insight in addressing non-compliance and disruptive behaviors.

The field of special education receives benefits from this investigation. Due to the deficiency in resources regarding social skill training of students with mental retardation from the researcher's experience, the special education field has now acquired this information.

Definition of Terms

The following terms have special meaning in this study and are defined as follows:
Social Competence

According to Kaplan and Carter (1995), social competence is best described as an individual’s global, comprehensive ability to effectively select and successfully apply social skills in social situations. Social competence is an important part of interrelationships. The experience of interacting with others is necessary for existence (Taylor, 1998). Because of this experience, individuals with disabilities need to be acknowledged, noticed, valued, respected, and appreciated by others and to be aware that others want these things from them. Taylor (1998) states that:

Social competency is the sum total of one’s ability to interact with other people, to take appropriate social initiatives, to understand people’s reactions to them and to respond accordingly. This process of learning and practicing social skills lasts a lifetime (p. 8).

King and Kirschenbaum (1992) add:

Social competency may also be defined as a dynamic, changing social judgment regarding a child’s social skills in a given situation. Social competency is best considered on a continuum from extremely incompetent to extremely competent. A child’s behavior in a specific situation shows a certain degree or level of competence. It is important to note that competency is not concrete or engraved in stone. Competency is not even embedded within a child. Competency is judgmental and may be different in certain cultural settings or when judged by different groups of people (p. 11).
Social Skills

King and Kirschenbaum (1992) define social skills as:

Children’s abilities to organize cognitions and behaviors into an integrated course of action directed toward culturally acceptable social or interpersonal goals.

Social skills refer to social behaviors that are adaptive to, or related to desirable outcomes in, specific situations in one’s environment. These social skills are also believed to be acquired, maintained, and changed primarily through learning processes (p. 8).

Kaplan and Carter (1995) add:

Social skills are discreet social behaviors or processes that combine to make up one’s social competence. An educator’s ultimate goal should be to promote not only specific social skills but to emphasize the individual’s ability to apply social skills, which is the expression of social competence (Kaplan and Carter, 1995).

Bedell and Lennox (1997) suggest that social skills include the abilities to (a) accurately select relevant and useful information from an interpersonal context, (b) use that information to determine appropriate goal-directed behavior, and (c) execute verbal and nonverbal behaviors that maximize the likelihood of goal attainment and the maintenance of good relations with others. With this definition there are two components that are derived. One is that social skills are based on cognitive abilities and the other is that social skills are also based on behavior abilities.

Mental Retardation

The essential feature of Mental Retardation is classified by the American Psychiatric Association Diagnostic and Statistical Manual-IV-TR, (2000) as significantly sub average general intellectual function that is accompanied by significant limitations in...
adaptive functioning in at least two of the following skill areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety. The onset must occur before the age of 18. It goes on further to say that Mental Retardation has many etiologies and may be seen as a final common pathway of various pathological processes that affect the functioning of the central nervous system.

*Intellectual Quotient (IQ)*

General intellectual functioning is defined by the intelligence quotient or IQ obtained by assessment of standardized tests. These tests are individually administered and one or more can be given. Such test examples include: Stanford-Binet, Wechsler Intelligence Scales for Children, and the Kaufman Assessment Battery for Children. Significantly sub average intellectual functioning is defined as an IQ of 70 or below, which is approximately two standard deviations below the mean. There are some measurement errors of about five points in assessing IQ. These five points may vary from instrument to instrument. With this in mind, a person with an IQ of 70 to 75 can be diagnosed with mental retardation. These individuals would have to display deficits in adaptive behavior contrary to their IQ. In addition, a person having an IQ of 70 or below would not receive the diagnosis of Mental Retardation if there were no significant deficits or impairments in adaptive functioning.

*Adaptive Functioning*

Adaptive functioning deals with the common life demands of an individual and how well they meet the standards of personal independence expected of someone in their age group, sociocultural background, and community setting. Cognitive IQ tends to remain stable whereas adaptive functioning may improve due to education, motivation,
personality characteristics, social and vocational opportunities, and the mental disorders and general medical condition that may coexist with Mental Retardation.

**Moderate Mental Retardation**

Individuals with moderate mental retardation have ranges of IQ levels of 35-40 to 50-55. These individuals account for about 10% of the entire population. As stated in the DSM-IV-TR (2000),

> These individuals can benefit from vocational training and with moderate supervision they can attend to their personal care. Furthermore, during their adolescence, their difficulties in recognizing social conventions may interfere with peer relationships. Most individuals with this level of Mental Retardation acquire communication skills during early childhood years (p.43).

**Cooperative Learning**

Taylor (1998) states:

> Cooperative learning is when everyone is responsible for learning and nobody is acting as a teacher or as a tutor. In cooperative learning the initial teaching comes not from a student but from the teacher, because students grasp concepts quickly and some slowly. These students reinforce what they have just learned by explaining concepts and skills to teammates who need help. Cooperative work puts a heterogeneous group of student together to share ideas and knowledge (p. 101).

**Modeling**

Kaplan (1995) states that "Modeling is the process of providing a person with a visual, verbal, and/or manual representation of the behavior you want him or her to engage in" (p. 519).
Role Playing

McGinnis and Goldstein (1990) state that “Role playing has been defined as a situation in which an individual is asked to take a role (behave in certain ways) not normally his own, or if his own, in a place not normal for the enactment of the role” (p. 10).

Generalization

According to Kaplan and Carter (1995) “Generalization is the transfer of learning from one environment or situation to another” (p. 519).

Summary

Teaching in a classroom with students that are classified as having mental retardation can be challenging. Furthermore, teaching students who have mental retardation and who display disruptive off-task behavior can be even more challenging. Studies have shown that with proper social skill training, students with mental retardation can learn to increase non-disruptive behavior and on task behavior. This chapter addressed the importance of social skills and explained the need for this study. The statement of the problem, the purpose of the study, and its benefits were spoken to. The terms used in the study were explained. This study sought to discover if using social skills training would reduce noncompliant behavior in a child with moderate mental retardation.
CHAPTER II

REVIEW OF LITERATURE

Social skills deficits are common in children with mental retardation. Currently there are many curricula available to educators that can be adapted to their classroom. With this in mind, it is important to understand that the fact that curricula are available does not imply they are easily acceptable or usable for all students. It is important to implement a social skills training program that meets the needs of the individual student. Deciding what social skills should be taught depends on the skills that students have and have not mastered. By observing, monitoring, and evaluation, teachers can pinpoint which social skills students lack.

Learning social skills is not very different from learning academic skills. The teacher should provide opportunities for students to see the need for the skill, understand what the skill is and when to use it, practice using the skill, receive feedback on how well the skill is being used, and persevere in practicing the skill until it becomes automatic (Goodwin, 1999).

This chapter will address the factors that lead to social skill deficits in children with mental retardation. This chapter will also concentrate on the attributes of social skill training curricula, and their implementation of social skill training curricula with individuals with mental retardation. In addition, methods of assessment will be addressed.
Social Skills

Because social development begins at birth and progresses rapidly during the preschool years, it is clear that early childhood programs should include regular opportunities for spontaneous child-initiated social play. It is through symbolic/pretend play that young children are most likely to develop both socially and intellectually (McClellan and Katz, 2001). If social development begins at birth, then it is important that parents be positive role models in the teaching of social skills. However, even if the parents are excellent role models and the environment of the child is optimal, what happens when the child has moderate mental retardation? The disability will have an effect on the whole learning process of social skills. For this reason it is important that a structured and consistent environment be implemented at home and at school when the child begins to attend.

The number of hours that children spend in relationships during their developmental years is staggering. Preschool programs, daycare, elementary school, religious school, sports, and extra curricular activities account for a significant amount of interpersonal hours of a child's life (Dana, 2002). Due to the fact that children are spending more time away from home, it is important that teachers and adult role-models implement some form of social skills awareness or training.

Social Skills Training

Factors for Social Skills Deficits

Children with mental retardation experience difficulty in making and maintaining peer relationships. According to Hundert (1995), there are many factors that lead to social skills deficits. Among these are changes in parents’ financial status, siblings leaving home, divorce, or other stressful events, which Hundert calls family variables.
Children with mental retardation do not have to experience these variables to develop social skills deficits. The mere presence of a cognitive disability leads to the development of behavioral deficits. This is a factor that teachers and parents need to take into account. Therefore, it is important to understand the characteristics of a child with mental retardation and the effective approaches that can be utilized to implement a social skills program. Children have varying characteristics and personalities. Moreover, mental retardation is a diagnosis that has multiple characteristics within it.

**Social Skill Interventions**

Social skills training covers a wide range of interventions that emphasize the acquisition and performance of prosocial behaviors and typically utilize nonaversive methods to teach these prosocial behaviors. Some social skills interventions, however, often concurrently focus on the reduction of interfering problem behaviors as well as the teaching of social behaviors. Thus, social skills training has four primary objectives: (a) promoting social skills acquisition, (b) enhancing social skills performance, (c) reducing or removing interfering problem behaviors, and (d) facilitating the generalization and maintenance of social skills (Elliott, 2001, p. 24)

**Cultural Implications**

Rivera and Rogers (1997) reported that the culture in which one grows up has an impact on the social behaviors that he or she exhibits across settings. Children from culturally diverse backgrounds may exhibit culturally based behaviors that might be misinterpreted by mainstream peers and adults, who in turn, may view these diverse children as functioning unsuccessfully in the school environment. It is important for a social skills trainer to understand the culturally influenced behaviors and to distinguish
between social skills differences and social skills deficiencies. Social skills instruction should promote an understanding of cultural differences and positive interactions across peer groups. Role playing should facilitate an understanding of situations that are relevant to the culture of the child while also facilitating successful functioning in the mainstream culture.

*Proactive Approach*

When working with children who have mental retardation, it may not necessarily be appropriate to start using a curriculum that is available for social skills training. Once again, the need for the skills to be taught and the needs of the student are important and should be considered. A proactive approach should be employed when teaching social skills to individuals with disabilities. Proactive instruction provides children with social intervention before negative behaviors occur. Proactive instruction is designed to teach social skills before social rejection is experienced. Reactive instruction waits for the individual to fail and then applies intervention strategies (Taylor, 1998).

Taylor noted that there are different types of proactive strategies. Recommended strategies for proactive instruction may be to assist disabled and non-disabled individuals in respecting the feelings of others, avoiding fights and conflicts, cooperating with the class, apologizing for inappropriate behaviors, being well-groomed, asking permission to borrow or use others property, practicing self-control, and expressing anger in a positive way.

Because socially acceptable behavior patterns enable students to gain social reinforcement and acceptance and avoid aversive social situations, it is time for the training of social skills to be viewed as an essential component of the public school curriculum—especially for children with disabilities. It appears that the success of social
skills training depends upon several factors: engaging in collaboration, targeting prosocial skills, breaking prosocial skills into teachable steps, developing an instructional plan, systematically implementing the plan, and providing opportunities for generalization (Allsopp, Linn, and Santos, 2000, p. 141).

Implementation of Training

Functional Approach

When implementing social skills training programs for children who have mental retardation, one should consider a functional approach. A functional approach involves exposing the learner with real-life situations and activities such as, self-identity, acquiring self-concepts, achieving socially acceptable behaviors, bonding, respecting the rights of others, maintaining good interpersonal skills, achieving independence, employing problem-solving skills, taking turns, and communicating appropriately with others. A functional approach to teaching social skills to individuals with disabilities can easily be infused throughout the curriculum (Taylor, 1998).

Group Activities

Another point to consider when implementing social skills training programs to individuals with mental retardation is the use of group activities. Such group activities include cooperative learning, role-playing, and modeling. Cooperative learning is when everyone is responsible for learning and nobody is acting as a teacher or as a tutor. In cooperative learning, the initial teaching comes, not from a student, but from the teacher. These students reinforce what they have just learned by explaining concepts and skills to teammates who need help.

Collaborative Approach

A collaborative approach among the adults involved in the implementation of a
social skills training program is also needed to successfully assist students in the
development of positive prosocial skills and then to generalize the use of those skills
throughout the school day. Those individuals associated with the student, such as the
teacher, teacher assistants, and parents, must work together as a team. Working as a team
enables teachers to plan more effectively, to problem solve more efficiently, and to
intervene with a student throughout the school day, thereby creating the opportunity for
student generalization of the learned prosocial skills (Allsopp, Linn, and Santos, 2000).

Generalization

Generalization is an important part of a social skill-training program. Without
generalization there cannot be an effective social skills program. One of the current
limitations in social skills interventions relates to the lack of generalizability of the
program to other parts of a child's life. Often programs teach children social skills in the
classroom but fail to apply the skills in socially meaningful aspects of children's lives. It
is important that schools and professionals who work with children teach social skills in
ways that provide socially relevant outcomes, such as peer acceptance or reinforcement,
from important significant others (Butcher, 1999). One example of generalization is
when a child has learned to ask for permission to leave his or her seat to drink water in
the classroom and employs this same social skill in another setting such as in the music
classroom. Sheridan and Susan (1999) suggest that to maximize generalization of skills
to natural settings, social behaviors must be considered as they interrelate within
meaningful social environments.

Observational Learning

Garfinkle and Schwartz (2002), indicated that children learn from a variety of
ways. Through observational learning children learn skills that they see manifested by
peers. Furthermore, observational learning is suggested to be more effective for teaching social skills to school-age children with mental retardation than hand–over-hand modeling or hand-over-hand modeling with a response-contingent verbal prompt. To be an observational learner, the target child must be able to watch a model and imitate the model’s response when in the same situation.

**Skillstreaming**

McGinnis and Goldstein (2003) stated that:

Skillstreaming is a psychoeducational intervention--its roots in both psychology and education. Although used initially by therapists in the mental health field, its processes focus on four direct instruction principles of learning. These learning procedures-modeling, role-playing, feedback and transfer–have been used to teach a variety of behaviors, from academic competencies to sports, daily living skills, and vocational skills. They are applied in Skillstreaming to teach students desirable prosocial behaviors (p. 2).

Skillstreaming engages students in active learning through role-playing and practice. McGinnis and Goldstein indicated that this technique will not address every child’s needs in every situation. However, they do note skillstreaming is a well-validated instructional procedure that should be included with other techniques, such as behavior management, conflict resolution, and cooperative learning (McGinnis and Goldstein).

**Skillstreaming in Early Childhood**

Skillstreaming in early childhood involves the teaching of prosocial skills. McGinnis and Goldstein (1990) included preschool and kindergarten ages as early childhood ages that lack, or are weak in the skills, abilities, or behaviors needed to be socially competent. With this in mind, it is important that these children acquire
prosocial skills. Early childhood children that are lacking prosocial skills tend to be taught the skills that they lack. There should be educational interventions that focus on the desirable behaviors and not just have interventions for undesirable behaviors.

Prosocial skills should be implemented through skillstreaming in which the students will learn the behaviors necessary for effective and satisfying social interactions in school, on the playground and at home. The literature suggested that one ought to have concern with deficits in interpersonal or cognitive skills at this early stage of development. McGinnis and Goldstein (1990) suggested that social competence of preschool children has been found to be predictive of their academic achievement in elementary school. Moreover, early childhood children are also now faced with the challenges of not only coping with siblings, but with a larger group of students and adults.

McGinnis and Goldstein (1990) indicated that there are three main groups of young children that can benefit from systematic instruction in social skills. One group represents children who are withdrawn or aggressive. Another group includes children who are developing normally but who have periodic deficits in prosocial skill behaviors. The last group consists of children that have learning disabilities, communication disorders, behavioral problems, or other handicaps.

Methods of Assessment for Social Skills

Merrell (2001) suggested that most experts in social-emotional assessment of children and youth would agree that there are six primary methods of gathering social skills assessment information. Behavioral observation, behavior rating scales, interviewing, self-report instruments, projective –expressive techniques, and sociometric techniques are the six primary techniques that have their own unique set of advantages.
and disadvantages. These six methods of assessing social skills in children are not equal to each other. These methods should be reviewed in order to use the most appropriate method for an individual student.

Merrell (2001) goes on further by identifying behavior observation and behavior rating scales as the first line methods for assessing children’s social skills. The second line of methods to be used for assessing children’s social skills are sociometric techniques and interviewing scales. Projective-expressive techniques and self-report instruments should be used as the third-line for assessing children’s social skills.

*Naturalistic Behavior Observation*

Naturalistic behavior observation includes three key components. The first component is observation and recording of behaviors at the time of occurrence in their natural settings. A second component is the use of trained, objective observers and the third is a behavioral description system that requires a minimal level of subjective inference by the observer-coders.

For the assessment of children’s social skills using naturalistic behavioral observation, the appropriate settings are those in which children commonly interact with peers. The school is a relevant setting for assessment through naturalistic behavior approach. An appropriate coding system should be utilized for recording in naturalistic behavior assessments. Merrell noted there are five observational coding and recording procedures. Event recording, interval recording, time-sampling recording, duration recording, and latency coding are the five observational recordings. Interval recording is the procedure that most researchers tend to use when trying to assess social skills. This recording assessment consists of dividing the observational period into intervals and recording the specified behaviors that occur at any given point during the interval.
Naturalistic behavioral observation does not require the use of specific instruments or tests; it relies on observer-constructed observational protocols which are designed to meet the assessment needs of the situation.

*Behavior Rating Scales*

Merrell (2001) described behavior rating scales as less expensive in terms of professional time involved and amount of training required to use the assessment system. The behavior rating scales are capable of providing data on low-frequency but important behaviors that might not be seen in a limited number of direct observation sessions. Behavior rating scales are more objective and can be used to assess individuals who cannot readily provide information about themselves. This includes children with limited verbal skills or youth who are extremely uncooperative. Behavior rating scales capitalize on observations over a period of time in a child or adolescent’s natural environment.

Elliott (2001) pointed out that behavioral rating scales seem to be the featured aspect of most assessment packages. A major advantage is the ability to obtain judgment about a variety of traits or behaviors from several sources in a time-efficient manner.

*Summary*

Social skills deficits are common in children with mental retardation. Children with mental retardation experience difficulty in making and maintaining peer relationships. It is important to implement a social skills training program that meets the needs of the student. By observing, monitoring, and evaluating, teachers can pinpoint which social skills students lack. When working with children who have mental retardation, it may not necessarily be appropriate to start using a curriculum that is available for social skills training. Once again, the need of the skills to be taught and the needs of the student are important and should be considered. It is important to use proper
assessment when evaluating children’s social skills. By utilizing proper assessments such as behavioral observations and behavior rating scales, one can attain a clearer picture of the social skills that student has or lacks.

When implementing social skills training programs for children who have mental retardation, one should consider a functional approach. Another point to consider when implementing social skills training programs in individuals with mental retardation is the use of group activities. One must understand what to consider in a social skills-training program for an individual that has moderate mental retardation. This will create an effective approach in reducing non-compliance behavior. This study took such considerations into effect, which allowed for an effective program to be utilized with the teacher and the student.
CHAPTER III

METHODOLOGY

The purpose of this study was to investigate the efficacy of a social skill training procedure used with a child with moderate mental retardation. The investigator collected data by using a functional behavior assessment chart. Four inappropriate social skills were identified and isolated by the investigator. The functional behavior assessment consisted of recording the isolated inappropriate social skills during instruction by the investigator and two Secondary Scorers. This chapter describes how the study was conducted and addresses the following subsections: (1) research design; (2) subject; (3) setting; (4) dependent variable; and (5) data collection procedures.

Research Design

The research design consisted of a single subject multiple baseline, which was used to answer the research question. This design was selected to determine if a change in behavior occurred after the implementation of the intervention. ABAB (A=baseline phase; B=treatment/intervention) was the paradigm that was employed. Richards, Taylor, Ramasamy, and Richards, (1999), state that introducing the intervention twice to compare the target behavior with two baseline phases is done to strengthen or validate the functional relationship between the target behavior and treatment (p. 113).

Richards et al. (1999) also noted that the ABAB design has advantages and disadvantages. One of the advantages of using this design is that when a behavior is
learned, it is not likely or undesirable that it would be unlearned when the intervention is withdrawn (p.115). Even with the beneficial advantage that is associated with this design, there are also disadvantages. One disadvantage is that individuals’ behaviors during subsequent baseline conditions might be negatively affected by resentment over having the treatment withdrawn.

Subject

The subject for this study was an eight-year-old female with Down Syndrome. The subject was diagnosed as having moderate mental retardation. She has one younger brother and lives with both her father and mother. She is Hispanic and has attended the same school district for all her educational classes. The subject manifested a cognitive and verbal functioning level of a 48–60 month old child.

According to the subject’s teacher, the student displayed inappropriate behaviors such as hitting other students when she was angry and getting up from her chair without permission. The subject also demonstrated noncompliance behavior such as leaving her work area, going under table during instruction, and running away from the teacher.

The subject had to be constantly supervised at all times due to the fact that she would either run off or hit another student. An adult had to sit next to her or watch over her to ensure that she sat and attended to task.

Setting

The subject was in a self-contained classroom with 8 other students. She was the only child with Down Syndrome in the classroom. The classroom had one male special education certified teacher and one male and one female paraprofessional. The subject received instruction in areas of cognitive skills, fine motor skills, social skills, functional living skills, language skills, and self care skills.
The study was conducted in the subject’s self-contained special education classroom. The classroom was set up like a regular classroom; however it did have some amenities that other classrooms do not have. Such amenities included a bathroom, shower, washer, dryer, refrigerator, stove, microwave, water fountain, and sink. These are all used for various areas of instruction.

The social skills training was conducted in a whole group setting and an individual setting. During the whole group setting the students were sitting on the carpet facing the teacher. The two assistants were sitting with the students while the teacher instructed the group. During the individual instruction, the subject was on a one-to-one ratio with either the teacher or one of the two teacher assistants.

**Dependent Variable**

The dependent variable in this study is represented by the off-task inappropriate behaviors that were recorded and measured by the investigator using a functional assessment (See Appendix A). Off-task inappropriate behaviors were used to measure change after the social skills training was implemented. Four off-task inappropriate behaviors were defined as non-compliance behavior during instruction such as (1) hitting other students; (2) name calling; (3) leaving seat without permission; and (4) taking or destroying other students’ property. A task analysis approach was employed by the observer and the two interobservers in order to determine the exact inappropriate behaviors. Hitting other students was recorded only when the Subject purposely hit a classmate using her hands or blunt objects. Name calling was recorded as a dependent variable only when the Subject used profane language as determined by the observers, towards another student. Leaving seat without permission was only recorded as a dependent variable when the Subject left her seat during an instructional setting without
obtaining permission from the teacher. Destroying other student’s property was only recorded as a dependent variable when the Subject tore or wrote on other student’s school clothes or school supplies.

**Data Collection Procedures**

Data collection consisted of four conditions, which all took place in a special education self-contained classroom during cognitive instruction. Baseline Phase 1; Treatment/Intervention Phase 1; Baseline Phase 2 and Treatment/Intervention Phase 2 were the four conditions in which the subject was observed.

**Baseline Phases**

Baseline Phase 1 and Baseline Phase 2 were each conducted for a 1-month period. During this month the investigator and a trained paraprofessional recorded the student’s off-task inappropriate behaviors on a daily 30 minute morning and afternoon session form (Appendix A). Both sessions began at same time each day by using a set teacher schedule. Both sessions included the same subject area of cognitive instruction.

Each 30-minute session included whole group instruction for the first 20 minutes and one to one or independent instruction for the remaining 10 minutes. The Investigator did not implement any social skills training activities during Baseline Phase 1 and Baseline Phase 2.

**Interobserver Training**

Primary data were collected by the Investigator, who completed 100% of the data collection. Two observers were used to collect data simultaneously during the observations. These two observers were trained by the Investigator in determining which behaviors were to be considered the dependent variable. Both observers were trained by the Investigator to record their observations on an appropriate recording sheet (Appendix...
A). An agreement for the dependant measure was adopted after the Investigator and the two observers trained and practiced and scored 85% in agreement for the dependent measure. During the observations, the two data collectors simultaneously, but independently, measured the occurrences of the dependent variable. Interobserver agreement was determined by the following formula (Richards et al. 1999):

\[
\frac{\text{Smaller Number of Occurrences}}{\text{Larger Number of Occurrences}} \times 100\%
\]

Treatment/Intervention Phases

Treatment/Intervention Phases were each conducted for a one-month period. During these phases the subject received social skills training twice a day for 30 minutes each session. Social skills training sessions were conducted before the a.m. and p.m. cognitive instructional times.

Social skills training consisted of addressing off-task inappropriate behaviors by using a proactive, functional approach. The first 10 minutes of the social skills training consisted of the subject sitting down on the carpet while the investigator acted out each of the four off-task inappropriate behaviors (1) hitting other students; (2) name calling; (3) leaving seat without permission; and (4) taking or destroying other students' property. The investigator modeled the appropriate behavior after each off-task behavior. The subject had to pick which behavior was appropriate and which one was not appropriate. If the subject did not answer, the investigator would choose for the subject and act out the appropriate behavior.

The next 15 minutes of the social skills training program included the subject skillstreaming the appropriate behaviors through role-playing and group play. This included group activities with an emphasis on recreational activity and not an emphasis on academic skills. During this time the subject was to learn how to share with the other
students and not become aggressive towards them. The subject also had to accept
direction from adults and comply with the rules of the scheduled recreational activity.
The goal during this time period was to have the student learn acceptable social skills that
could be generalized into the morning and afternoon cognitive lessons.

For the last 5 minutes of the 30 minute social skills training, the Investigator
employed an observational learning strategy. During this time the subject was separated
from the recreational activity group. The subject was asked to observe the students
interact with each other. With the subject not being able to read, the Investigator
employed a picture rules system (Appendix B) that displayed both pictures of the four
inappropriate off-task behaviors and pictures of the proper social skill behaviors. During
the recreational group activity, the subject had to observe and pick behaviors that were
visible by pointing at the picture rules system.

After treatment and intervention the subject proceeded with cognitive instruction.
During this instruction, the investigator and the two interobservers observed and recorded
the subject's off-task and inappropriate behaviors. Interscorer agreement was established
for the collection of data for all phases. Treatment fidelity was maintained by the
consistency of the investigator and interobservers. The investigator and interobservers
monitored that the treatment was carried out as planned.

Summary

The purpose of this study was to investigate the efficacy of a social skill training
procedure used with a child with moderate mental retardation. A single subject multiple
baseline research design was used to implement the study. The dependent variable in this
study was represented by the off-task inappropriate behaviors that were recorded and
measured by the investigator using a functional assessment. Primary data were collected
by the Investigator, which completed 100% of the data collection. Two observers were used to collect data simultaneously over a minimum of 50% of the observations. Treatment/Intervention Phases were each conducted for a one-month period. During these phases the subject received social skills training twice a day for 30 minutes each session. Social skills training sessions were conducted before the morning and afternoon cognitive instructional times. Off-task and inappropriate behaviors were recorded during the cognitive instructional times.
CHAPTER IV

RESULTS

This study examined the efficacy of a social skill training procedure used with a child with moderate mental retardation. The subject in this study was an eight-year-old female with Down Syndrome. The subject was diagnosed as having moderate mental retardation.

A single-subject multiple baseline research design was employed using an ABAB design to assess the efficacy of a social skill training procedure used with a moderately mentally retarded child, in which inappropriate off-task behaviors would be decreased and appropriate on task behaviors would be learned and generalized throughout the classroom settings. Observation data were recorded during the baseline phases and treatment phases. Inappropriate and off-task behaviors were recorded during the ABAB phases. These behaviors were graphed and analyzed visually.

Interscorer Agreement

Inappropriate and off-task behaviors were measured and collected during all four phases of the study. The investigator was the principal data collector. Two additional data collectors were used. Interscorer agreement was established for the collection of data for all phases. An agreement level of 99.38 % was established between the Investigator and Scorer one and two. The percentage of 99.38 showed that there was a high level of consistency between the data collectors.
Results of Study

The results of the study are presented in Figure 1. Weeks one through four consisted of baseline phase A1. This was a one month period in which the dependant variable was measured and recorded by the Investigator and the two Interobservers. There was no implementation of a treatment or intervention during this phase.

Treatment/Intervention phase B1 was introduced during the second month of the study and off-task inappropriate behaviors were measured during the cognitive instructional times. In comparing the data between month 1 and month 2, there was a decrease in off-task inappropriate behaviors. During month 1 the subject demonstrated a mean of 60 off-task inappropriate behaviors. On the second month of the study, the subject had a mean of 45.33 off-task inappropriate behaviors.

Phase A2 consisted of having the intervention withdrawn. The subject demonstrated a mean of 44 off-task inappropriate behaviors. This mean consisted of calculating the total occurrences of off-task inappropriate behaviors amongst the Investigator and the two Interobservers and dividing by three.

During phase B2, the intervention was reintroduced. Figure 1 demonstrates a trend of decreased off-task inappropriate behaviors. The mean of off-task inappropriate behaviors for this month was 27.33. This shows that a significant reduction of off-task inappropriate behaviors were evident during intervention phases.
Figure 1: Measurement of Off Task Inappropriate Behaviors
**Validity**

*Internal Validity*

Tawney and Gast (1984) state that internal validity is established when the intervention and only the intervention is responsible for the change in behavior. With the consistency of the Investigator and use of high interobserver reliability, evidence of internal validity is demonstrated in this study. Results of the study suggested that the intervention treatment produced decreases in off-task inappropriate behaviors.

*External Validity*

If the intervention can be applied with other subjects, in other environments, with other experimenters, and with minor variations in the basic procedure, then there is an external validity (Tawney and Gast, 1984). This study exhibits a unique special education setting. Due to the nature of the subject's disability and educational setting, variation of these characteristics is unlikely.

*Summary*

This study examined the efficacy of a social skill training procedure used with a child having moderate mental retardation. The subject was diagnosed as having moderate mental retardation and Down Syndrome.

A single-subject multiple baseline research design was employed using an ABAB design to assess the efficacy of a social skill training procedure used with a child with moderate mental retardation.

Results of this research suggest that the intervention was effective, however; the decrease of off-task inappropriate behaviors was more evident when the intervention was reintroduced.
CHAPTER V

SUMMARY AND DISCUSSIONS

This study was conducted in order to examine the efficacy of a social skills training procedure used with a child having moderate mental retardation. The intent was to decrease off-task inappropriate behaviors while increasing more appropriate behaviors using social skills training. A review of literature indicated that there are many different social skills programs for children, but there are not many social skills programs for children with mental retardation. With the use of the existing literature on both social skills training and mental retardation, a conscious effort to create a suitable social skills training was employed.

A single-subject research multiple baseline design was used to determine the effects of the social skills training procedure used with the child with mental retardation and Down's Syndrome. The results of this study demonstrated that the intervention was effective in decreasing off-task inappropriate behaviors for the subject.

Research Question

What is the effect on the disruptive and off-task behavior when a social skill training procedure is applied to an eight-year old girl with moderate mental retardation? This was the research question that was employed in the study.

The study engaged a single subject multiple baseline research design. An eight year old Subject who was diagnosed with Down's Syndrome and moderate mental
retardation, participated in the study. Observation data were collected during a four month period. All observations took place in the subject's special education classroom.

The results of the study illustrated a positive effect of the social skill training procedure on the Subject. There was an established relationship between the implementation of the social skills training program and a reduction of off-task inappropriate behaviors with the Subject. Once the intervention was applied, the number of off-task inappropriate behaviors decreased. The results indicated that the intervention was effective in improving the Subjects on-task behavior, while reducing the occurrences of off-task inappropriate behaviors.

Relevant Factors

There are relevant factors that could have contributed to the outcome of this study. These factors are not under the control of the Subject or the teachers that work with the Subject.

One factor is the Subject's home environment. The Subject did not have control over the home environment. A notable increase in off-task behavior was identified after every weekend. The Subject was not presented with the same social skill training at home as in the classroom. While at home, the Subject was not presented with the choices such as sharing and taking turns with a larger group of students. At home, the Subject had more recess time than a formal approach to cognitive instruction. At school, the Subject was faced with the challenges of having to take turns for activities and having to share with a larger group of students. This could have had a frustrating effect on the Subject, thus resulting in off-task inappropriate behaviors.

Another factor was the Subject's disability. Due to the fact that the Subject was functioning at a lower mental age than her chronological age, one cannot be sure if the
subject was ready to learn new social skills. This cannot be controlled by the Subject or the Subject’s parents. It is important to understand at what appropriate age level the Subject is able to learn new information. When this is clear, information should be presented at that age level.

**Summary of Relevant Factors**

These factors addressed above may have affected the Subject’s behavior, which may have affected the results of the study. These factors occurred throughout the study. Behavior oscillated both with an increase in off-task behaviors to a decrease of off-task behaviors. A higher incident of off-task inappropriate behaviors occurred on Mondays when the Subject returned from her home. Furthermore as identified in Figure 2, there was a higher incidence of off-task behavior during the a.m. sessions, which were conducted shortly after the Subject had been at home.

**Limitations of the Study**

Even with the positive results and the occurrence of decreasing negative behaviors for the Subject in this study, the social skills training used in this study is limited by several factors. One factor is that only one subject was used in this study. Single subject research studies are not believed to be easily generalized. Another factor to be considered is that educators might question the procedures of the study, considering that there are many duties that have to be fulfilled along with teaching. A third possible limitation is the possibility of interference by other students in the classroom. Given the fact that there are other students with disabilities, off-task inappropriate behaviors could be displayed at a higher incidence than most classrooms.
Figure 2: Comparison of AM and PM Off-Task Behavior Between Scorers and Subject
Recommendations for Future Research

The Investigator feels that there is more needed research in the area of addressing social skills in children with mental retardation. In conducting this study, the researcher discovered that there maybe correlations between inappropriate behavior and children with mental retardation. A correlational study on such a topic would benefit both the educational field and parents of children with mental retardation. By identifying such a correlation, one could create more adequate social skill training programs that would meet the specific needs of the student. Furthermore, the Researcher felt that both parents and teachers of children with mental retardation that displayed social inappropriate are crucial factors in the education and nurturing of these children. With this in mind, it is imperative that these two factors collaborate and work together. A possible consideration for future research could be identifying the efficacy of a collaborative approach between parents and teachers in teaching social skills to children with mental retardation.

Summary

The study examined an intervention using a social skills training procedure. The primary research question was answered by a multiple baseline single subject design. Off-task inappropriate behavior was decreased in the eight-year-old Subject.

The results of this study indicated that the intervention was effective to a limited degree. Contributing to the outcome of this study could have been relevant factors such as the home environment, school environment, and the Subject’s disability. These relevant factors were not under the control of the Subject or the teachers that worked with the subject. Furthermore, the results of this study raised questions and ideas for future recommended research.
REFERENCES


McArthur, J. (2002). Need for teaching social skills; People who must decide what social skills to teach; Activities to teach social skills. *Social Studies, 93*, 183-185.


APPENDICES
### DATA COLLECTION SHEET

Frequency of observed off task inappropriate behaviors

<table>
<thead>
<tr>
<th></th>
<th>a.m. session</th>
<th>p.m. session</th>
<th>Total</th>
</tr>
</thead>
</table>

A=HITTING OTHER STUDENTS  
B=LEAVING SEAT WITHOUT PERMISSION  
C=TAKING OTHER STUDENT’S PROPERTY OR DESTROYING THEIR PROPERTY  
D=NAME CALLING
APPENDIX B
PICTURE RULES SYSTEM
Rules

1) Do not leave your chair without permission.

2) Do not take things from other students without permission.

3) Do not say bad words or call other people bad names.

4) Do not hit other students or teacher.
Informed Consent Form

I ______________________________ PARENT(S) OF ______________________

Have been asked for my child to participate in a Masters thesis research study. The purpose of this study is to provide data for a Masters thesis examining the use of social skill training to reduce disruptive behavior. The student will learn more appropriate social skills that he or she may use instead of disruptive behaviors in the classroom.

All information obtained during this study will be kept confidential. Student initials will be used in any written materials.

Participation in the study is voluntary. Parents(s) or student may elect not to participate and are free to withdraw from the study without any penalty or loss others are entitled.

This research has been reviewed and approved by the Institutional Review Board – Human Subjects in Research. For research related problems or questions regarding subject’s rights, the Human Subject’s Committee may be contacted through Dr. Bob Faraji, Chair, at 381-2287.

Should you have any questions about the study or procedures please call Anestacio Quintana Jr., Truman Elementary, Edinburg CISD, at 316-7520.

_______ Yes, I give permission for my child to participate.

_______ No, I do not give permission for my child to participate.

___________________________________________   ______________________
Parent Signature                              Date

Sincerely,

Anestacio Quintana Jr.
Masters of Special Education Candidate
Truman Elementary Special Education Teacher / University of Texas Pan-American
VITA

Anestacio Quintana Jr. is a graduate student at the University of Texas-Pan American specializing in The Culturally Linguistically Diverse Exceptional Learner – a Masters in Special Education. His projected date of graduation is August 2004.

Mr. A. Quintana Jr. graduated in 1999 from the University of Texas Pan American, with a Bachelor of Interdisciplinary Studies in the field of Elementary Education and a minor in Generic Special Education. He has been teaching Special Education for six years.

For further information contact:

Anestacio Quintana Jr.

Rt. 6 Box 541-A

Edinburg, Texas

78540