Social Skills Instruction for Students with Emotional and Behavioural Disorders

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Abstract

Estimates suggest that nearly 475,000 children and youth attending schools in the US are diagnosed with emotional and behaviour disorders (EBDs) such as childhood depression, dysthymia, conduct disorders, oppositional defiant disorder, attention deficit/hyperactivity disorder, selective mutism, and autism. Estimates of prevalence in Canada are assumed to be equally as high, ranging from >1% to 12%, although a lack of consensus and stability in the definition of EBD across the country makes it very difficult to provide valid estimates. These deficits affect performance in fundamental areas of functioning including behaviour, social interactions, social skill fluency, and academic achievement. Remediation in social skills training (SST) is required to help students with EBD develop in their areas of weakness.

One of the major concerns in schools today is the increase in behaviour disorders. Statistics show that nearly 475,000 children and youth attending schools in the US in 2009 were diagnosed with emotional and behavioural disorders (EBDs) (Wilhite & Bullock, 2012, p. 175). Unlike the United States, Canada has no federal department of education, and no federal responsibility of education, which leaves each jurisdiction, province or territory the responsibility of developing their own individual policies and practices for students with EBD. This leads to a lack of consensus and stability in definitions for EBD across Canada and difficulty providing valid estimates or prevalence (Dworet & Maich, 2007, p. 33.) Estimated prevalence of students with EBD varies from province to province, within a large range from a "low of <1% in Ontario to a high of 12% in New Brunswick" (Dworet & Maich, 2007, p. 33). Due to such improbability, the American statistic may be presumed comparable to what one would find in Canada.

Behavioural disorders include, but are not limited to, childhood depression, dysthymia, conduct disorders, oppositional defiant disorder, attention deficit/hyperactivity disorder, selective mutism, and autism (Gresham, Cook, Crews, & Kern, 2004, p. 32). These deficits affect their performance in fundamental areas of functioning including behaviour, social interactions, social skill fluency, and academic achievement (Simpson, Peterson, & Smith, 2011, p. 230). Based on the rapid increase of behaviour disorders in our schools, the negative consequences that it has on our students, and the challenges that EBDs pose to our teachers, we need to consider the cause of this disorder, and what can be done to treat it. Effective programming requires committed and qualified professionals in order to assess the needs of students with EBD, find ways to solve their problems by helping them to develop social skills, and further enhance their academic success and overall well-being.

Causes and Effects of Emotional and Behavioural Disorders

Children with EBD often come from economically and socially disadvantaged families. Therefore, people are quick to "point the finger" and blame parents for their children's problems (Farrell, 1995, p. 3). However, there is not one single cause of emotional and behavioural difficulties. Instead, it is suggested that these problem behaviours are a result of multifaceted interactions between "contextual factors" and "aspects" brought to the situation by the individual (Farrell, 1995, p. 3). Particular emphasis is placed on the home and school environments, which have a significant influence on the social and emotional adjustment of children. If the home and school environments are both very supportive, and an EBD still exists, a third factor to consider is the "child's own genetic predisposition," that is, the possibility that the cause is largely "within

the child" (Farrell, 1995, p. 5). Pinpointing the single cause of EBD is virtually impossible, as quite often it is a result of interacting influences. Regardless of the issue surrounding what causes EBD, we must be sensitive to all factors influencing children's behaviours, and find ways to meet their needs and help them to develop more appropriate behaviours.

Current research indicates that children's future academic success, social adjustment, and overall well-being are dependent on the development of social-emotional competence (Ashdown & Bernard, 2012, p. 397; Manitoba Education, 2011, p. 35). In addition, there are well-founded beliefs suggesting that "social-emotional competence has a direct positive relationship to academic functioning" (Elliott, Malecki, & Demaray, 2001, p. 21), and some evidence suggesting that "prosocial behavior enables academic success" (Snider & Battalio, 2011, p. 10). In contrast, there is a large body of research suggesting that students with EBD lack appropriate social skills including prosocial behaviours (e.g., sharing, helping, cooperating), the "development and maintenance of satisfactory relationships" (Gresham et al., 2004, p. 32), appropriate behaviour patterns, and self-management strategies (Casey, 2012, p. 44; Gresham et al., 2004, p. 32). Students with these disorders are renowned for their difficult, demanding, and erratic behaviours (Simpson & Mundschenk, 2012, p. 2; Simpson et al., 2011, p. 230), and are often described as "rude, disruptive and obnoxious" (Snider & Battalio, 2011, p. 10). Students experiencing EBD have a higher probability of "poor interactions with teachers and peers, diminished academic performance, an increased number of disciplinary infractions," and ultimately a very high expected school dropout rate of 51% (Wilhite & Bullock, 2012, p. 176). Thus the problem arises, what can be done to help students with EBD to develop behaviours that exhibit social-emotional competence in order to achieve academic success, social adjustment, and overall well-being?

Effective Educational Programming for Students with EBD

Effective educational programming is a successful route to the "prevention and amelioration of EBD" (Simpson et al., 2011, p. 231). Learners with EBD require individualized programming based on successful strategies implemented by trained and knowledgeable professionals. However, there seems to be much debate surrounding effective methods for students with EBD. Simpson et al. (2011) reviewed many existing models that outline services and programs for learners with EBD, and from their review developed a model of their own (pp. 233-238). This model classified fundamental program components identifiable in all classrooms and individual programs for students with EBD. The fundamental program component is qualified and committed professionals. Environmental supports, behaviour management systems, social skill and social interpretation training/social interaction programs, learning and academic support methods, parent and family involvement programs, and community supports are other important components. Thus, many of the effective educational programs for students with EBD focus primarily on the social skill training component in order to develop social-emotional competence, which directly correlates with improved academic functioning.

Social Skills Instruction

Students with EBD tend to exhibit behaviours that require social skills instruction. Some people argue that children will acquire their social skills "unconsciously" and in a "non-systematic way" simply by playing together, modelling, and observing their families, siblings, peers and other adults (Avcioglu, 2012, p. 346; Dewar, 2013, para. 1), but children need more than "free time and pretense" to develop social skills (Dewar, 2013, para. 4). It is necessary for children to have exposure to typical social skills; however, simply placing children who lack social interaction skills in a setting with peers and expecting them to develop positive social skills is not feasible (Wu, Hursh, Walls, Stack, & Lin, 2012, p. 372). Even in a rich social environment, such as a safe and caring classroom wherein students can interact comfortably

with their peers, students still need direct assistance to identify and learn social skills or they will remain isolated (Manitoba Education, 2011, p. 35; Wu et al., 2012, p. 372). All high school, middle year, and elementary students, including those who possess appropriate social skills, benefit from direct instruction in social skills and positive reinforcement for their performance of appropriate social skills. Students with EBD, or at risk of developing EBD, are particularly in need of specific social skills instruction and continual coaching to help them to socially adjust, make connections with teachers and peers, and feel as though they "belong to the school and classroom community" (Manitoba Education, 2011, p. 35). If not provided with social skills instruction, students who have or are at risk of developing EBD can suffer from both long- and short-term complications in various areas of functioning including educational, psychosocial, and vocational domains (Gresham et al., 2004, p. 32).

There are various effective ways to teach social skills to learning disabled students, including those with EBD (Dagseven Emecen, 2011, p. 1414). Such effective strategies include direct instruction, problem solving, collaborative teaching, and peer tutoring. It is difficult to differentiate between strategies and recommend one approach to instruction, because most social skills programs include multiple strategies (e.g., modelling, coaching, role playing, and feedback) (Casey, 2012, p. 46). Nevertheless, for decades the direct instructional approach most recommended and used by professionals is based on a behavioural or social learning framework, primarily consisting of behavioural or emotional interventions (Casey, 2012, p. 46; Dagseven Emecen, 2011, p. 1418; van der Worp-van der Kamp, Pijl, Bijstra, & van den Bosch, 2014, p. 30). One such behavioural-social learning framework that receives a lot of attention, and which is often used by teachers as an instructional approach for their students with EBD, is social skills training (SST).

The recommendation of SST must begin with a definition of social skills. Defined through a behavioural construct, social skills are a set of competencies that enable individuals to initiate and maintain positive interactions with others, adjust to the expectations at home and in school, and manage the demands of the social environment (Avcioglu, 2012, p. 345; Casey, 2012, p. 44). Based on this definition, the evidence-based SST is highly recommended as a practice for developing social skill competencies. It can be used to increase the emotional, behavioural, social, and academic success of EBD students (Wilhite & Bullock, 2012, p. 175). Its purpose is to "develop specific skills in an individual's repertoires" and to increase effective social interactions, enabling children to interact in natural social settings (Wu et al., 2012, p. 373). The definition of social skills and SST is important to its recommendation, but equally important are the steps for implementation.

The implementation of SST follows three steps: determining the skill performance, choosing social interventions, and spending time and effort to practise the newly acquired skills. SST begins with determining the individual's skill performances and priorities (Avcioglu, 2012, p. 346). Students with EBD typically manifest social skill acquisition deficits (lack knowledge or inability to execute a social skill or determine its appropriateness), social performance deficits (failure to perform social skills in required situations even though they are capable), and fluency deficits (discomfort and inability to perform a learned skill at appropriate times) (Simpson et al., 2011, p. 237). Once the social competence deficits are identified, social interventions are carefully crafted to match the desired social outcomes, taking into consideration the severity and complexity of the behaviours being targeted for change. Common procedures used in SST to establish social-interaction skills for children include educational programs in natural settings such as playgrounds and schools, models and scaffolds such as verbal or physical prompts to engage in specific social skills, and positive reinforcement for demonstration of particular skills. The final step in the recommended SST intervention involves devoting time and effort to social skills training, and providing many opportunities for students to practise their newly acquired skills in their natural settings (Simpson et al., 2011, pp. 236-237).

There is vast research on social skills instruction for students with EBD, including a large number of meta-analyses that examine whether SST is effective for youth with EBD (Casey,

2012, p. 45). These meta-analyses reveal that SST has positive effects for children and youth with EBD or who are at risk for EBD (Casey, 2012, p. 45; Gresham et al., 2004, p. 40). In the last decade, many studies have also investigated the academic characteristics of students with EBD and instructional approaches that improved their academics (Hagaman, 2012, p. 24; van der Worp-van der Kamp et al., 2014, p. 30). These investigations argued that traditional behavioural approaches toward EBD have not always had the desired effect on academic outcomes. Therefore, recent research also recommends that instead of always focusing on behaviour prior to learning development, teachers could replace this idea with "learning instruction as the basis of the prevention, improvement and treatment of behavioral problems" (van der Worp-van der Kamp et al., 2014, p. 31). However, because the research on teaching academic subjects to students with EBD as a means to improve education results while decreasing problem behaviour is still in its infancy, there is still a strong recommendation for SST as an effective intervention for students with EBD, and a suggestion for academic intervention as an alternative method.

Conclusion

In conclusion, there currently is an ever-growing population of students with EBD in the regular classroom. These students are often rude, disruptive, obnoxious, and pose extreme difficulties to the teachers attempting to instruct them. Many students with EBD have social skill deficits severe enough to be rejected by their peers, and therefore require remediation in social skills training. It is not always easy to identify the cause of the EBD; however, professional educators have the responsibility to assess these children's needs and provide them with appropriate educational programming to help them develop in their areas of weakness. One highly recommended method for training students with EBD in social competence is SST. If this method is not effective, another suggested method to remediate social skill competencies is teaching academic subjects to students with EBD as a means to improve educational results while decreasing problem behaviours. Regardless of the method chosen, it is very important that teachers dedicate themselves to the intervention and pursue any training or knowledge necessary, and provide models for their students, opportunities for students to practise new skills, and feedback or positive reinforcement for successful use of appropriate social skills. If professional educators do their part to remediate the lack of social skills in students with EBD, perhaps in the next decade there will be a decrease, as opposed to an increase, in this challenging disorder.

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Raisa Vallis is currently working on her Master of Education degree in special education through Brandon University. She works as an elementary school teacher in Kinistino, Saskatchewan, where she grew up. Passionate about sports, Raisa hopes to encourage the use of physical activity in social skills interventions for children and youth with EBD.