

Teachers' and Mothers' Assessment of Social Skills of Students with Mental Retardation*

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Abstract

The purpose of this study is to compare the assessment results of social skills of students with mental retardation by their teachers and mothers through relational model by using descriptive statistics. The research group in this study consisted of mothers and teachers of 562 children with mental retardation aged between 6 and 12 who enrolled in special education schools and special classes. For 6-12 age group, Teacher Form of Social Skills Rating System (SSRS-TF) and Parent Form of Social Skills Rating System (SSRS-PF) were used to collect data. Initially, this study investigated whether there was a relation between the mother and teacher assessment results of social skills of students with mental retardation. Then it examined whether the social skills of students with mental retardation differ according to the various variables such as gender, age, level of retardation, and additional disability. According to the results of analysis, a high correlation was found between the total scores of social skills scale obtained after mother and teacher assessments. Additionally, a high correlation was found between externalizing behavior subscale score and hyperactivity subscale score and the assertiveness subscale score of teachers and parents forms. Moreover, a high correlation was observed between the total scores of problem behavior subscales of teachers and parents forms. There is a moderate relationship between cooperation skills subscales score, self-control skills subscales score and internalizing problem behaviors subscales score. In addition, the social skills of the girls are more than those of the boys, and their problem behaviors are lower than those of the males. The social skills of the students with mental retardation who are in 6-9 age group are significantly lower than those of the students who are in 10-12 age group, and problem behaviors do not differ according to age of the students.

Key Words

Social Skills, Problem Behaviors, Evaluation of Social Skills, Children with Mental Retardation.

One of the most important challenges individuals with mental retardation face while interacting with their peers and other people is their deficiency in

social skills (Heiman & Margalit, 1998; Merrell & Gimpel, 1998; Sargent, 1991). Cognitive limitation is considered to be the most important factor for the inadequate social skills of students with mental retardation (Gumpel, 1994). Greenspan and Shoultz (1981) state that cognitive limitations of individuals with mental retardation adversely affect their decision making about how to behave in some certain situations (cited in Huang & Cuvo, 1997). Therefore, it is noted that students with mental retardation are unable to master social skills and have difficulty in generalizing the learnt social skills in different environments (Sargent, 1991; Warger & Rutherford, 1996). Moreover, it is accepted that students who lack social skills display problem behaviors to express themselves and thereby the need to decrease such problem behaviors and teach soci-

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al skills have been emphasized (Merrell & Gimpel, 1998; Russell & Forness, 1985; Sargent).

Prior to teaching social skills, social skills of students need to be assessed (Gresham, 1997; Merrell, 2001). Rating scales, one of the commonly used assessment techniques, are applied to self-assess the social skills of the individual also used to be assessed by significant people such as parents and teachers (Gresham & Elliott, 1987; Luiselli, McCarty, Coniglio, Zorilla-Ramirez, & Putnam, 2005; Mercer & Mercer, 2005; Oppenheim, 1966; Zirpoli & Melloy, 1997). Numerous behavior rating scales have been developed to assess social skills. The most widely used of these is the Social Skills Rating System (SSRS) (Gresham & Elliot, 1990). SSRS is used to assess social skills of children at different ages and with varying characteristics; additionally, it is used to compare social skills of children with and without insufficiency (Bramlett, Smith, & Edmonds, 1994; Fagan & Fantuzzo, 1999; Fujiki, Brinton, & Todd, 1996; Lyon, Albertus, Birkinbine, & Naibi, 1996; Macintosh & Dissanayake, 2006; Merrell & Poppinga, 1994; Oord et al., 2005; Silver, Elder, & DeBolt, 1999). The researchers believed that evaluation of skills in schools and at home would provide valuable insights and accordingly assessed social skills of children by collecting data from both the parents and teachers. The findings reveal that parents and teachers assess social skills in a different way and there is a low and medium level relation between parent and teacher assessment (Fagan & Fantuzzo; Macintosh & Dissanayake; Manz, Fantuzzo, & McDermott, 1999; Merrell & Poppinga).

There has been an increase during the last decade in the studies examining social skills and competencies of students with disability and the effects of social skills training programs in Turkey; additionally, social skills of children with different characteristics have been assessed by the parents and teachers in many studies (Baydık & Bakkaloğlu, 2009; Çolak, 2007; Poyraz Tüy, 1999; Sucuoğlu & Özokçu, 2005; Vuran, 2005). Nevertheless, there is no such study in Turkey which focuses on the assessment of social skills of children with mental retardation in special education schools and classrooms by their mothers and teachers. However, assessment by mothers and teachers would provide more detailed and valid information of children with mental retardation (Glover-Gagnon, Nagle, & Nickerson, 2007). The main purpose of this research is to determine the relation between the social skills assessment of students with mental re-

tardation by their mothers and teachers. This study also aims to examine the see whether there are any changes observed in the SSRS subscale scores of children with mental retardation depending on their age, gender, degree of disability and any extra disability.

Method

Research Design

This descriptive study is based on the relational scanning model (Karasar, 2006) for the assessment of social skills and problem behaviors of children with mental retardation by their mothers and teachers.

Population of the Study

The students with mental retardation aged 6-12 forms the population of the study.

Sampling

Convenience sampling technique (Özen & Gül, 2007) was used to determine the sampling for the study. Following this technique, the sampling of the study was composed of 562 students with mental retardation aged 6-12 who are in special education schools and classroom, their mothers and teachers in Ankara, Bolu, İstanbul and Bursa. The students in the study group have varying mental retardation; 49.1% of them are at the mild and 50.8% are at the moderate level. Eighty-three percent of the 277 participating teachers are female whereas 17% of them are male. The teachers are graduates from various programs; 23.5% of them are from special education teaching, 31% are from classroom teaching, 28.2% are from child development and 17.3% are from various programs.

Data Collection Instruments

Parent Form of Social Skills Rating System (SSRS-PF) for 6-12 age group, developed by Gresham and Elliott (1990) was used to collect data.

Parent Form of Social Skills Rating System (SSRS-PF):

SSRS-PF includes Social Skills Inventory (SSI-PF) and Problem Behavior Scale (PBS-PF) as two separate scales. *SSI-PF* has subscales of assertiveness, cooperation, responsibility and self-control. There are 40 items in the scale and the total score varies from 0 to 76. Problem Behavior Scale (PBS-PF) has the subscales of externalizing beha-

viors, internalizing behaviors and hyperactivity. Total score obtained from PBS-PF ranges from 0 to 36 where the higher scores mean the high level of problem behaviors of the children. The validity and reliability of SSI-PF (6-12) were carried out by Şahin (2006) in Turkey with the data collected from third grade primary school students with normal development processes. On the other hand, as the validity and reliability of PF for the students with mental retardation fit factor analysis for the data collected by Çifci-Tekinarıslan, Sazak-Pınar, and Sucuoğlu (2010) exploratory factor analysis (Kalaycı, 2005) was conducted. It is observed the four factors are kept as in the original scale: responsibility, cooperation, assertiveness and self-control. Internal consistency coefficient for total score of SSI-PF is found to be .94, for the subscale of *cooperation* .86, for *assertiveness* subscale .83, *self-control* subscale .77 and .86 for the *responsibility* subscale. On the other hand, the Cronbach's alpha internal consistency coefficient for the PBS-PF total score is determined to be .84 and for each subscale respectively as following: .77 for *externalizing subscale*, .59 for *internalizing subscale* and .95 for *hyperactivity subscale*.

SSRS Teacher Form Includes Three Separate Scales: *Social Skills Inventory (SSI-TF)*, *Problem Behavior Scale (PBS-TF)* and *Academic Competencies Scale (ACS-TF)*. Validity and reliability of SSRS Teacher Form was carried out by Sucuoğlu and Özokçu (1995) with data collected from students with and without mild level mental retardation. The study group of this research is students with medium level retardation; therefore, validity and reliability of TF were re-conducted. The analyses reveal that SSI-TF total for Cronbach's alpha coefficient is .94, .88 for the *cooperation*, .89 for the *assertiveness* and .84 for the *self-control* factor. Additionally, Cronbach's alpha coefficient PBS-TF total score is .86, .82 for the *externalizing behavior*, .76 for the *internalizing behavior* and .81 for the *hyperactivity factor*. Cronbach's alpha coefficient for the ACS-TF total score is .95.

Data Collection and Analysis

The students with mental retardation and their mothers in the study sample were contacted through school administration and classroom teachers. The mothers were asked to answer the questions at home following the instructions on the SSRS-PF and submit the forms to the school administrators or the classroom teachers. The teachers completed the forms in classrooms by assessing the social skills of each student separately.

Findings

Consistency between the PF and TF subscale and total scores of social skill assessment of children with mental retardation by their parents and teachers was analyzed through Pearson's correlation coefficient. Cohen (1988) acknowledged that if the correlation coefficient is 0.10 it is considered low if between 0.30 and 0.50 it is medium and if more than 0.50 it is of high relation (cited in Ood et al., 2004). Based on these criteria, there is a linear, positive and high correlation between the total scores of SSI-TF and SSI-PF. A high correlation is seen between the total scores of PBS-TF and PBS-PF. Moreover, there is a medium level correlation between the *cooperation* subscale scores of SSI-TF and SSI-PF forms; a high correlation between their *assertiveness* subscales, a medium correlation between *self-control* subscales; a high correlation between *externalizing behaviors* subscales; a medium level between *internalizing behaviors* subscales; and finally, a high correlation between *hyperactivity* subscales. *Responsibility* subscale in the SSI-PF is not included in the SSI-TF. A high correlation is identified between the SSI-TF subscales of *responsibility* and *assertiveness* and SSI-TF total score. In summary, social skills of children with mental retardation assessment by their teachers and mothers are observed to be fairly consistent.

The analyses conducted to determine the effects of gender, age, disability status and additional disabilities on the students' social skills and problem behaviors are based on the data collected through SSRS Teacher Form and t-test was applied as the data were normally distributed (Çapri & Kan, 2006). As a result, SSI-TF total scores and assertiveness subscale scores of female are found to be higher than those of the male. SSI-TF total scores, assertiveness and self-control scores of children with retardation in the 6-9 age group are observed to be significantly lower than those in the 10-12 age group. Students in the study group who are enrolled in special education classes are referred to as with the mild mental retardation whereas those who are enrolled in special education schools as with the medium mental retardation at level (Milli Eğitim Bakanlığı [MEB], 2011). SSI total and subscale scores of mild mental retardation students are found to be higher than those of medium mental retardation group and the difference is statistically significant. The medium mental retardation students are observed to have higher scores in total and subscales of PBS-TF except for the externalizing subscale and the difference is statistically significant. Furthermore, students with additional disabilities display higher scores than those without additional disabilities in the total and subscale scores of SSI-TF; the mean difference between the two groups is significant.

Discussion

In this study, the consistency between the mother and teacher assessment of social skills and problem behaviors of children with mental retardation is questioned. A high correlation between the parent and mother assessment was observed in the total score and assertiveness subscale of SSI and total, externalizing problem behaviors and hyperactivity subscales of PBS. This finding corresponds to the research findings of Gresham and Elliott (1990) and Shahim (2001). Social behaviors are known to be context-dependent (Achenbach, McConaughy, & Howells, 1987; Kazdin, 1979 cited in Gresham & Elliott, 1990). Merydith (2001) states that the difference between the teacher and parent assessments can be eliminated when number of children assessed is equalized; additionally, it can improve the consistency if a teacher assesses a single student as do the parents (cited in Demir, 2009). In this study, the majority of the special education teachers have known the children for more than six months and this could have led the increase in the correlation between the mother and teacher assessments. Furthermore, teachers in special education classes might have spent more time in filling out the scale than classroom teachers as they have fewer students; thus, the harmony between assessors could have been increased.

A medium level relation between the assessments of mothers and teachers in the cooperation and self-control subscales of SSI and internalizing problem behaviors subscale of PBS is seen. There are studies in which a medium level consistency between mothers and parents is observed (Bramlett et al., 1994; Shahim, 2001) whereas there are also some that reveal low level of consistency (Demir, 2009; Fagan & Fantuzzo, 1999; Glover-Gagnon et al., 2007; Koning & Magill-Evans, 2001; Macintosh & Dissanayake, 2006; Manz et al., 1999; Merrell & Poppinga 1994; Oord et al., 2004). Researchers who investigated the harmony between the parent and teacher assessments report that the degree of consensus is generally below the average (Achenbach et al., 1987; Cai et al., 2004 cited in Uyanık-Balat, Şimşek, & Akman, 2008). Gresham and Elliott (1990) attribute the reason for the low level of relation between assessors to the fact that they interpret the behaviors they observe according to their own perceptions.

In many studies examining social skills, as social skills are associated with problem behaviors, students' problem behaviors are also assessed (Fagan & Fantuzzo, 1999; Hinshaw, Han, Erhardt, & Huber, 1992; Poyraz Tüy, 1999; Winsler & Wallace;

2002). This study also reports that there is an adverse relation between social skills and problem behaviors, students with mental retardation who have low social skills display more problem behaviors.

This study investigates the effect of demographic variables; gender variable is found to influence social skills and total SSI-TF as well as assertiveness subscale score average of the female is higher than those of the male. Gresham and Elliott (1990) concluded that girls have more social skills than boys in all age levels (preschool, primary and high school). Some studies conducted in our country show the effect of gender on social skills (Atılın, 2001; Bülbül, 2008; Dinç, 2002; Gültekin, 2008; Koçak & Tepeli, 2006; Merrell, 1994; Sucuoğlu & Özokçu, 2005) and some show no effect (Demir, 2009; Gülay, 2004; Poyraz Tüy, 1999; Seven, 2008). The findings are in parallel to those displaying no effect of gender on problem behavior (Çifci & Cora-İnce, 2002; Poyraz Tüy; Sucuoğlu, 2003) while contradicts to findings stating that male have more problem behaviors than female (Atılın, 2001; Çiçekçi, 2000; Gresham & Elliott, 1990; Gültekin, 2008; Koçak & Tepeli, 2006; Sucuoğlu & Özokçu, 2005).

Regarding the effect of age variable on the social skills and problem behaviors, the results support the findings about the increase in age along with the social skills (Kapıkıran, İvrendi, & Adak, 2006; Koçak & Tepeli, 2004; Merrell, 1994; Poyraz-Tüy, 1999). In this study, age was found not to be effective on problem behaviors. This finding is supported by some studies (Achenbach & Edelbrock, 1986; Gresham & Elliot, 1990), while some do not (Demir, 2009; Sucuoğlu, 2003; Sucuoğlu & Özokçu, 2005).

The more the degree of mental retardation interference increases, the more incapable these individuals become in their social skills (Sargent, 1991; Warger & Rutherford, 1996). This study also concluded that students with medium mental retardation have less social skills but more problem behaviors than students with mild mental retardation. Problem behaviors increase depending on the degree of mental retardation interference (Özen, Çolak, & Acar, 2002; Sucuoğlu, 2003; Vostanis et al., 1996).

The last finding of this study points out that additional disability of children with mental retardation negatively influences their social skills. Accordingly, students with additional disabilities such as vision or hearing impairments have lower SSI total and subscale scores than those without any additional disabilities. The multiple deficiency state complicates acquisition of social skills and limits the social interaction (Hallahan & Kauffman, 2003). This

finding can further be studied examining the relation between additional disability and social skills in detail. Furthermore, students with different age groups, different deficiencies and their social skills could be compared. The amount of training period of students with mental retardation is not addressed in this study and it forms a limitation to the study. Further studies can focus on the effect of duration of training on social skills and problem behaviors.

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