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Circle of Friends and its Impact on Social and Behavioral Change in Disabled and Non-Disabled Students

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CIRCLE OF FRIENDS AND ITS IMPACT ON SOCIAL AND BEHAVIORAL

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CIRCLE OF FRIENDS AND ITS IMPACT ON SOCIAL AND BEHAVIORAL CHANGE IN DISABLED AND NON-DISABLED STUDENTS

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University of Nebraska, 1998

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This study examines the effectiveness of the Circle of Friends (COF) program in improving social skills of elementary students using 3 case studies. Social skills groups utilized a cognitive-behavioral approach and problem solving sessions. Groups were heterogeneous in nature, including regular education and special education students. Students serving as targets for intervention were identified as having a disability, as well as exhibiting poor social skills according to their classroom teachers. Social skills for all target students were evaluated by results of the Social Skills Rating System (SSRS) - parent, teacher, and student report forms, as well as teacher recorded behavioral data over the course of 10 weeks. Social skills for nontarget students were evaluated by results of the SSRS - teacher and student report. Social skills for students with disabilities improved over the course of the study according to teacher and parent reports, but decreased according to student self reports. Nontarget circle members maintained average level social skills throughout the course of the study. Results indicate COF may contribute to improvements in social skills for children with disabilities, and the maintenance of average level social skills for students without disabilities. Implications are discussed for school psychologists.

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Statement of the Problem

Researchers and practitioners alike agree on the importance of social skills for the development of healthy, well-adjusted children. Several studies have demonstrated that if children do not acquire appropriate social skills in childhood, they have a greater likelihood of exhibiting future problems in areas such as academics, self esteem, and delinquent behavior (e.g. Lewis, Feiring, McGuffog, & Jaskie, 1984; Landau & Milich, 1990). Of even greater concern is the fact that children with disabilities demonstrate fewer and less appropriate social skills when compared with their non-disabled peers (e.g. Bender, Wyne, Stuck, & Bailey, 1984; Vaughn & Haager, 1994). This lack of social skills sets the stage for future problems.

The present discussion will focus on several important topics. Included will be the concept of inclusion of children with disabilities with their non-disabled peers, the importance of social skills and related adjustment issues for those who lack them, the status of children with disabilities regarding social competence, and methods for training children to effectively use appropriate social skills, specifically the Circle of Friends program.

Circle of Friends is a program in which a child with a disability is joined by peer volunteers to form a group with the aim of creating and enhancing social skills. It is hoped that acquisition of appropriate social skills will ultimately lead to the formation of friendships and social supports. Current literature available on the Circle of Friends program is purely descriptive in nature (e.g. Forest & Lusthaus, 1989).

This study hoped to demonstrate the effectiveness of Circle of Friends. It was proposed that not only would this program prove successful in improving social skills and supports for those children with disabilities, but would also be of benefit to their non-disabled peers. A quasi-experimental pretest-posttest study was utilized to evaluate the results of the Circle of Friends program with elementary students.

Review of the Literature

<u>Inclusion</u>

Due to integration movements, increasing numbers of students with diverse needs are being included in the mainstream of regular education (Stainback, Stainback, & Forest, 1989). Federal legislation mandates that all children with handicaps be educated in the least restrictive environment. The intent of the law is to ensure that these children are educated with their non-handicapped peers (Pullatz & Gottman, 1981).

In a broad sense, inclusion represents a philosophy that promotes the participation of children with disabilities in all aspects of school and community life (Banerji & Dailey, 1995). Inclusion is the commitment to educate each child, regardless of his/her handicapping conditions, to the maximum extent appropriate, in the school and classroom he/she would otherwise attend (Rogers, 1993). This involves bringing support services to the child, rather than moving the child to the services. The only requirement is that the child will benefit from being in the class, rather than having to keep up with the other students (Rogers, 1993). "The concept of inclusive educational programming is based on the premise that children of exceptional abilities and backgrounds benefit both academically and socially in a learning environment where they are served alongside normally achieving students, as opposed to being segregated from them" (Banerji & Dailey, 1995, p. 511).

An integrated setting provides a social environment that is far more supportive of social competence than a social environment containing only other children with disabilities. In comparison to segregated, specialized programs, integrated programs are more socially interactive overall, yield interaction patterns that are more responsive to the child's initiations, place important and developmentally appropriate social demands on children, and provide extensive opportunities for observational learning (Guralnick, 1990).

Some parents and teachers report concerns about the effects of an inclusive setting on normally achieving children. The available research refutes these concerns. Affleck, Madge, Adams, & Lowenbraun (1988) compared the performance of students without disabilities placed in integrative and mainstreamed educational programs and reported no significant differences between the two groups, suggesting that normally achieving

students are not adversely affected by being placed among students with disabilities. In fact, in addition to the benefits for children with disabilities, benefits for children without disabilities have also been reported. Peers benefit from the attention and from interacting with handicapped or at-risk peers (Strain, 1985). The presence of included classmates provides opportunities for growth for the entire class. Classmates develop a sense of responsibility and enhanced self esteem; enhance their understanding of the range of human experience; benefit from their disabled classmates as role models for coping with disabilities; and are enriched by the opportunity to have friends with disabilities who successfully manage their affairs and enjoy full lives (Rogers, 1993). Children themselves do not appear to be against the idea of integration with peers with disabilities. Kennedy & Thurman (1982) found in an analysis of helping behavior that given the choice of helping a handicapped child or a non-handicapped child, the majority of children preferred to help the handicapped child.

Concerns of adverse effects created by inclusive settings are unfounded. A review of the literature finds no studies which report negative consequences for children with or without disabilities in the areas of academic performance or socialization as a result of integration. Just the opposite, it is reported that children who understand and appreciate differences and similarities among people of various backgrounds are more likely to feel comfortable socializing and forming friendships (Luckner, Schauermann, & Allen, 1994). Integrated settings allow for this understanding and appreciation of differences to develop.

In sum, given proper guidance, students can learn in integrated settings to understand, respect, be sensitive to, and grow comfortable with the individual differences and similarities among their peers (Voeltz, 1980). Further, research suggests that social relations will be more frequent, positive, and equitable when children are educated in an integrated setting (Cole & Meyer, 1991), and when educators create opportunities for collaboration among students with and without disabilities (Putnam, Rynders, Johnson, & Johnson, 1989). In an integrated setting students can learn to interact, communicate, develop friendships, work together, and assist one another based on their individual strengths and needs (Stainback & Stainback, 1988). When given individualized, adaptive,

and cooperative learning programs, all students can be provided an opportunity to achieve their potential in integrated settings (Stainback & Stainback, 1985).

Some factors that may help to produce successful integration efforts have been suggested. Educators and parents who have been extensively involved in integrated schools have noted that a major key to successful integration is the development of informal peer supports and friendships for isolated students in regular education classes (Forest, 1987). Additionally, research suggests that diminished social skills are related to referral for school related problems and the probability that children with handicaps will be successfully mainstreamed (Hersh & Walker, 1983).

Social Skills

The development of social competence is of great importance for students with and without disabilities. The importance of social skills is a common theme found throughout the research literature. Definitions of social skills abound. Social skills can be thought of as "identifiable, learned behaviors that individuals use in interpersonal situations to obtain or to maintain reinforcement from their environment" (Kelly, 1982, p. 3); "socially acceptable learned behaviors that enable a person to interact with others in ways that elicit positive responses and assist in avoiding negative responses" (Elliott & Gresham, 1993, p. 287); "the ability to interact with peers in a given social context in specific ways that are acceptable and valued and at the same time personally beneficial, or mutually beneficial" (Combs & Slaby, 1977, p. 162); or as positive social behaviors that contribute to the initiation and maintenance of positive social interactions (LaGreca, 1993).

Elliott & Gresham (1993) distinguish social competence from social skills: social competence is a summary term used to reflect social judgment about the general quality of an individual's performance in a given situation, while social skills form the basis for socially competent behavior. Similarly, Hubbard & Coie (1994) define social competence as being well liked by peers. Despite the variety of terms and definitions, all professionals emphasize the importance of peer support and friendship for children's positive social and emotional development. In a survey of special education teachers, regular classroom teachers, and parents of special education students, teachers and parents alike rated social

skills as important, with teachers rating them as important regardless of student age or severity of disability (Baumgart, Filler, & Askvig, 1991).

Research indicates that children who are socially competent have more positive academic experiences and emotional adjustment than those children lacking social skills (Coie & Dodge, 1983). A review of the literature on elementary school children suggests relationships exist between pro-social behavior and peer acceptance, and between antisocial behavior and peer rejection (Coie, Dodge, & Kupersmidt, 1990). Several suggestions have been made regarding what socially appropriate behavior includes. According to Kelly (1982), components related to social skills in childhood include greetings, social initiations, asking and answering questions, praise, proximity and orientation, task participation/playing, cooperation/sharing behaviors, and affective responsiveness. The proximity component refers to the fact that almost any form of social interaction will be impossible for a child who is physically distanced from others. Research supports the importance of proximity. In order for children to form the necessary bonds for friendships, they must have frequent access to one another (Howes, 1983). Kelly (1982) stresses physical closeness of peers, active interaction with peers in the context of some shared activity or task, turn taking behavior, offering assistance, sharing a play object with another child, following game rules, and emotional demeanor while interacting with others as essential components of a socially skilled child. Ramsey (1991) states that successful social behavior requires initiating social contacts and entering groups, maintaining social encounters, resolving conflicts, controlling aggression, and responding pro-socially to the needs of peers.

One thing that is clear is that descriptions of popular children differ markedly from those of rejected children. Children who are well liked by their peers are usually very capable and more cognitively, socially, and emotionally mature than their peers (Ramsey, 1991). These children show more communicative competence throughout their interactions (Hazen, Black, & Fleming-Johnson, 1984). Popular children are found to initiate and receive more positive interactions with their peers than unpopular children (Gottman, Gonso, & Rasmussen, 1975). They are helpful to peers, follow the rules, cooperate in

group situations, are generally competent, and are described by peers as more likely to use calm discussions and less likely to retaliate angrily when confronted with a conflict (Coie, et al., 1990). Peers and teachers both describe popular children as more cooperative and helpful than average children (Coie, Dodge, & Coppotelli, 1982). Popular children choose more pro-social and fewer aggressive solutions when faced with social problems than do other children (Asher & Renshaw, 1981; Deluty, 1983).

On the other hand, rejected and neglected children lack many social skills when compared to their popular peers (Ramsey, 1991). Coie et al. (1990) divide rejected children into two groups: aggressive-rejected children who are impulsive and exhibit verbal and physical attacks on their peers; and withdrawn-rejected children who withdraw as a result of not being liked by their peers. Their definitions of withdrawn-rejected resembles others' descriptions of neglected children (e.g. Ramsey, 1991). Rejected children are more likely both to choose aggressive solutions to social problems and to evaluate pro-social solutions as being less effective than their average peers (Asher & Renshaw, 1981; Deluty, 1983). Neglected children appear to be uncomfortable and perhaps reluctant to join peer groups (Hazen et al., 1984).

Several reasons have been given to explain why some children fail to exhibit socially skilled behavior. Kelly (1982) attributes it to a lack of skill acquisition or learning, meaning that these children do not have the appropriate skill behaviors in their repertoires. Oden & Asher (1977) attribute deficient social skills to lack of knowledge, insufficient practice, absence of opportunities to learn or perform pro-social behaviors, lack of reinforcement for socially skilled behavior, and the presence of interfering problem behaviors that block acquisition or impede performance of pro-social behaviors. Similarly, Elliott & Gresham (1993) list several areas where a child can have deficits: lack of knowledge in which children either cannot recognize appropriate goals for peer interactions, do not know of behavioral strategies to reach socially appropriate goals, or lack the knowledge of contexts in which certain behavior strategies would be appropriate; a lack of practice in performing a social skill, as well as lack of feedback; a lack of cues that would prompt socially appropriate behaviors as well as a lack of opportunities in which to

use appropriate skills; a lack of reinforcement from the environment which leads a skill to be performed infrequently; and lastly, interfering problem behaviors which block or prevent social skill acquisition and/or performance.

The ability to make friends is important for every child. Children who approach others in a confident and positive manner are more likely to meet an accepting response than those who are very tentative (Mize, Ladd, & Price, 1985). Delays in developing age appropriate communications skills and problem solving skills inhibit any child's opportunity to interact effectively with peers as well as with adults.

Effects of Social Skills Deficits

Children who persistently exhibit social skills deficits often experience short and long term negative consequences. In the short term, research suggests that social skills are related to academic achievement and school adjustment (Stumme, Gresham, & Scott, 1983). There is good reason to believe that rejected children are dissatisfied with their peer relationships. Unpopular children receive fewer positive initiations and more negative treatment from others (Dodge, 1983). Children rejected by peers report higher levels of depression, loneliness, and social anxiety than their more accepted classmates (Asher & Wheeler, 1985). Similarly, children neglected by their peer group report high levels of social anxiety, social avoidance, and peer related distress (LaGreca, Dandes, Wick, Shaw, & Stone, 1988). Coie & Dodge (1983) found that rejected children are likely to exhibit aggressive and disruptive behavior, remain unaccepted by peers as they move into new settings, and experience academic failure, loneliness, and social dissatisfaction. Peer rejection has been shown to be consistently predictive of early school withdrawal (Parker & Asher, 1987; Kupersmidt, Coie, & Dodge, 1990). What is even more concerning is that peer relationship difficulties have been found to remain stable over time (Coie & Dodge, 1983). Social competence in children is considered to be an indicator of positive adult adjustment, and social skill deficits may be indicative of future problems (Lewis et al., 1984).

The effects of a lack of appropriate social skills reach beyond the childhood years. Numerous studies have found that failure to achieve social status in a peer group places

children at risk for subsequent adjustment difficulties and/or psychopathology in adolescence and adulthood (e.g. Cowen, Pederson, Babigian, Izzo, & Trost, 1973; Farington, 1986; Parker & Asher, 1987; Landau & Milich, 1990). A widely cited study found that peer ratings of dislike, taken as early as the third grade, were better predictors of emotional maladjustment some eleven years later than other traditional adjustment indices, including IQ, grades, academic achievement, and ratings by teachers and other school personnel (Cowen et al., 1973). Literature reviews also reveal that juvenile delinquency and adult criminality are predicted by a pattern of childhood behavior that can be characterized as aggressive, troublesome, antisocial, and marked by violations of peer group and school norms (Parker & Asher, 1987; Kupersmidt et al., 1990). Parker & Asher (1987) identified several patterns from their analysis of longitudinal studies. Children classified as aggressive-rejected were found to have high levels of juvenile and adult delinquency; nonaggressive-rejected children had higher school drop-out rates; and shy/withdrawn/neglected children were found to be at greater risk for mental illness in adolescence and adulthood.

Children With Disabilities

A group who has received considerable attention in the social skills literature is children with disabilities. Numerous studies have compared children with learning disabilities, mental retardation, and low achievement to their normally achieving peers (Bender et al., 1984; Vaughn, Zaragoza, Hogan, & Walker, 1993; Bramlett, Smith, & Edmonds, 1994; Vaughn & Haager, 1994). The findings of these studies do not present a very positive outlook for the social interactions of children with disabilities. These children have been found to display fewer positive social behaviors, show less initiative in peer interactions, exhibit lower rates of peer reinforcement, and display less cooperative behaviors than their peers without disabilities. Additionally, social skills deficits have been shown to be related to poor academic adjustment for children with disabilities (McKinney & Speece, 1983; Hoge & Luce, 1979; Gresham, 1988). These findings help to explain the fact that children with disabilities are over-represented in both neglected and rejected categories (LaGreca, 1993).

Bender et al. (1984) found that children with learning disabilities, mental handicaps, or low achievement differed markedly from their non-handicapped peers. As a group, children with disabilities were less well accepted socially and perceived to be less task-oriented than their "normal" peers. Interesting in this study was the fact that peers made no distinctions among learning disabled, educable mentally handicapped, and low achieving children; but these children were always found to be significantly different from their normally achieving peers on social acceptance, classroom behavior, and task orientation. Vaughn et al. (1993) conducted a four year longitudinal study and found that, although there were no significant differences between learning disabled and low achieving children, these children exhibited significantly lower social skills and higher levels of behavior problems than their average and high achieving peers. Bramlett et al. (1994) found similar results. They compared children with learning disabilities, mild mental retardation, and non-referred students. As a group, students with disabilities scored significantly lower than the non-referred group on social skills, and significantly higher on problem behaviors. It was concluded that students with disabilities, as a group, have fewer social skills, more problem behaviors, and less academic competence than non-referred students. In a six year longitudinal study, Vaughn & Haager (1994) found that students with learning disabilities did not differ significantly from their low achieving non-learning disabled peers on any measures of social competence (i.e. peer relations, social cognition, behavior problems, social skills), but that they did differ significantly from average and high achieving non-learning disabled children on social skills and problem behaviors.

Children with learning disabilities are perceived by peers, teachers, parents, and even strangers as less desirable social partners when compared to non-learning disabled peers (Pearl, Donahue, & Bryan, 1986). Teachers believe that more than one-third of students with learning disabilities exhibit deficits in social skills and require social skills training (Baumm, Duffelmeyer, & Geelan, 1988). Results of a meta-analysis of relevant literature do not suggest social skill deficits exhibited by children with learning disabilities are unusual and distinct from other handicapping conditions or low achievers (Swanson & Malone, 1992). For example, Coleman, McHam, & Minnett (1992) found that few

differences exist between the social competencies of children with learning disabilities and other children who have comparable academic difficulties, but who have not been diagnosed with a disability. This finding was true for males and females; African-Americans, Hispanics, and Anglos; and regardless of who provided information - child, peers, or teacher (Coleman et al., 1992).

In sum, children with identified disabilities, and those with low achievement, appear to be at greater risk for social skills deficits than normally achieving children. Those with disabilities, especially those labeled with intellectual impairment, do not have friendships with non-handicapped peers, which often leads to loneliness (Gold, 1994). Literature suggests that children with disabilities have fewer non-paid relationships and that friendships can play an important role in allowing children with disabilities to live, work, and play in the mainstream of their communities (Forest & Lusthaus, 1989; Haring, 1990). It is essential that identification and remediation of social skills deficiencies, as well as enhancing the acceptance of students with disabilities by peers and teachers are seen as critical aspects of an "appropriate" education. The importance of social competence among peers to later adjustment, to acceptance by others, and ultimately to one's quality of life argues for its significance in the design of early intervention programs (Guralnick, 1990). "Improvement requires programs specifically designed to teach social skills for peer acceptance, not just placement in the regular class" (Gresham, 1988, p. 283).

Social Skills Training

Just as most student cannot read without instruction, many students will not naturally use appropriate social skills unless they are taught to do so. Remediating social skill inadequacies during childhood is important for a variety of reasons. It can lead to increased happiness, self esteem, and peer adjustment; socially skilled behavior during childhood is a prerequisite for development and elaboration of an individual's later interpersonal repertoire; and early life skill deficits might perpetuate circumstances of continued social isolation, which precludes the learning of additional skills (Kelly, 1982). The goals of social skills training (SST) are to improve children's social interaction skills, to promote positive peer relationships, and to give children a vehicle for social acceptance

by others through teaching specific skills (Mehaffey & Sandberg, 1992). Ultimately, the building and strengthening of these behaviors will cause children to improve their peer relationships and to cue their new skills so improved peer relations will occur outside of the training setting. Typically, the aim of SST interventions has been to increase the general frequency of peer interactions of formerly isolated children, or to increase their popularity based on sociometric indices (Foster & Ritchey, 1979).

The predominant focus in the SST literature has been on children in school settings who experience interpersonal problems and are at risk for future adjustment difficulties (LaGreca, 1993). The range of SST has spread over the years. Initially, SST was applied mainly to socially isolated and withdrawn children (e.g. Wanlass & Prinz, 1982). More recently, intervention programs exist for children with learning disabilities and mental handicaps (e.g. Davies & Rogers, 1985; Schumaker & Hazel, 1984) as well as prevention programs for socially deprived children (e.g. Weissberg & Allen, 1986). The research findings appear promising. SST research generally indicates that children can be taught appropriate ways of integrating with peers (Ladd, 1985). A meta-analytic review of 49 studies from 1981 through 1990 on the effect of SST on 3-15 year olds found SST to be moderately effective, leading the authors to conclude that SST is an effective intervention for children (Beelman, Pfingsten, & Losel, 1994).

Social Skills Training in Groups

One area of much research is with group training. Advantages of social skills training in groups over individualized training for target children include cost and time effectiveness, peers serving as live skill models for one another, and peers providing feedback, reinforcement, and suggestions to one another. In addition, the session itself is an interaction which may serve a useful function for many isolated individuals. Group administered social skills training encourages the formation of associations and friendships while providing a setting for the practice of learned skills (Kelly, 1982). Communication within groups can be structured to produce positive interactions (Bierman & Furman, 1984). Training social skills in groups has been shown to be very effective (LaGreca & Santogrossi, 1980; Bierman & Furman, 1984; Luckner et al., 1994). LaGreca &

Santogrossi (1980) demonstrated that behavioral skills-training principles can be applied to the group treatment of socially unpopular elementary school children. Children who received such training improved significantly more than a control group in their knowledge and use of appropriate social skills (LaGreca & Santogrossi, 1980). Members of a social skills/friendship skills group formed to help a hearing-impaired student reported increased confidence in making friends, increased conflict resolution skills, better communication skills, and better understanding of what a true friend really is as a result of group membership (Luckner et al., 1994).

Several researchers have described what an effective group should look like. Mehaffey & Sandberg (1992) state that heterogeneous groups are most effective because they provide for the inclusion of students to serve as positive role models. These groups include students who are at risk for future problems due to their lack of current social skills, and those students who appear to have appropriate social skills. Studies that involved non-problem or high status peers in the intervention have met with greater success than those focusing exclusively on treating low-accepted children (Bierman & Furman, 1984; Vaughn & Lancelotta, 1991). Research indicates that proximity is a critical variable in peer support and friendship development (Asher & Gottman, 1981). Stainback & Stainback (1990) agree that if a student without friends is to gain the support and friendship of other students, he/she must at least have the opportunity to be with the other students. In fact, research demonstrates that in order for children to form the necessary bonds for friendships, they must have frequent access to one another (Howes, 1983).

Most researchers list several intervention characteristics and components associated with social skills intervention effectiveness. McIntosh, Vaughn, & Zaragoza (1991) suggest using cognitive-behavioral intervention procedures, applying long-term intervention and training, and providing small group instruction. They found that duration of social skills training was related to intervention success, and concluded that programs with positive effects lasted an average of 10 weeks. Additionally, size of the intervention group was linked to intervention success, with groups of 10 or less being most successful. Kelly (1982) also stresses the importance of cognitive-behavioral procedures and suggests

providing groups with instructions and rationale for skills training, modeling correctly exhibited skills targeted for training, and allowing for the practice of learned skills. Also of great importance is the provision of feedback and reinforcement during training sessions (Kelly, 1982).

In addition to the teaching of specific social skills, peer support and friendship skills can be taught (Stainback & Stainback, 1990). To develop friendship and supportive peer relationships, students who lack friends must learn to share, comfort, help, and provide support to others (Bell, 1981). Establishing what a student has in common with a peer can potentially lead to friendship and support (Epstein & Karweit, 1983; Stainback & Stainback, 1990; Luckner et al., 1994). Other strategies to present include taking the perspective of others; learning to be understanding and sensitive to the concerns and feelings of others; learning to help, provide support, and share with others; understanding the importance of honesty, trustworthiness, and loyalty; and learning conflict resolution skills (Stainback, Stainback, & Wilkinson, 1992).

Research findings support that teaching children behaviors that facilitate making friends and allowing for the practice of communication skills results in increased sociometric ratings for these children, while control groups remain unchanged (Gottman, Gonso, & Schuler, 1976; Oden & Asher, 1977).

Cooperative Learning

In addition to the above mentioned tactics, it has been suggested by many that cooperative structures can provide ways of increasing positive peer contact among children (Ramsey, 1991; Kelly, 1982; Sapon-Shevin, 1990; Elliott & Gresham, 1993; Salisbury, Gallucci, Palombaro, & Peck, 1995). In a cooperative learning situation, students work together to complete a task. This requires that they cooperate, share, and assist each other (Elliott & Gresham, 1993). Cooperative play skills training is intended to increase the ability of children to make friends in situations that provide the opportunity to interact with peers (Kelly, 1982). Peers are effective change agents for children who have performance deficits and do not interact with others at acceptable rates (Elliott & Gresham, 1993). Activities which induce cooperative learning include the use of games that involve students

cooperating to overcome an outside obstacle rather than trying to overcome one another (Sapon-Shevin, 1990; Ramsey, 1991); task participation or playing which involves reciprocation of motor behavior or talk, and consequently, interaction with one another (Kelly, 1982); and releasing control for decisions to the children and valuing their insights (Salisbury et al., 1995). Examples include playing tag, working on a joint art project, sharing a play object, etc. Games are useful because they represent activities with high appeal for children and because they can structure the environment for a brief period of time according to specific rules (Sapon-Shevin, 1990). Teachers suggest that working together around issues of concern allows children to learn more about others and increases positive social interactions. Further, teachers believe that students without disabilities serve as resources in promoting the social inclusion of students with disabilities (Salisbury et al., 1995). Cooperative learning situations combined with social skills training seems like a promising avenue to pursue. Bierman & Furman (1984) found that rejected elementary school children who received SST and participated in cooperative groups made more sustained improvements in both peer acceptance and social skills than did their peers who received only SST or only participated in cooperative groups.

Circle of Friends

One program which combines social skills instruction and cooperation among group members is Circle of Friends (COF). A circle of friends is something many take for granted unless they do not have one. For children who do not have a naturally formed circle of friends, a circle process can be facilitated in which involvement and commitment of peers is enlisted to help the target student. COF is a formal process, developed by Dr. Marsha Forest, in which a group of children without disabilities is organized into a support circle for a child with a disability (Forest & Lusthaus, 1989). COFs provide encouragement and support when needed. It is suggested that circles include students with and without disabilities and should be formed for any students who might benefit from them (Stainback et al., 1992). A COF is useful for any student who is not well connected or does not have an extensive network of friends (Falvey, Forest, Pearpoint, & Rosenberg, 1994).

COF grew from the idea that most people have relationships of varying intimacy that might be thought of as concentric circles with the person in the center (Barnett, 1995). Falvey et al. (1994) provide a good description of the people who make up these circles. The inner most circle is the Circle of Intimacy. This circle consists of people most intimate in one's life, those one cannot imagine living without, such as family and intimate friends. The second circle is the Circle of Friendship which includes good friends and people who almost made the first circle. The third circle is the Circle of Participation. Included in this circle are people, organizations, and networks one is involved with, such as sports teams or church groups. Finally, the outer most circle is the Circle of Exchange which consists of people in service roles who are paid to be in one's life, such as doctors, teachers, etc. It is hypothesized that for children with disabilities, the circle of good friends is missing (Shaw, 1994). The goal of COF is to help the child with a disability fill this circle.

The existing literature on COF is descriptive in nature and provides instructions for starting and running a COF (e.g. Mount, Beeman, & Ducharme, 1988; Forest & Lusthaus, 1989; Sherwood, 1990; Falvey et al., 1994; Barnett, 1995; Carter, 1994; Shaw, 1990). To begin a COF, students are asked to volunteer to be members of a group designed to help them become better friends, and to help others who are having difficulties forming friendships (Barnett, 1995). They are told that this group will meet on a regular basis as a team (Carter, 1994). The only research study available arrived at conflicting conclusions (Gold, 1994). This study used participant observation and in-depth qualitative interviewing to determine the effectiveness of a COF for a 26 year old female with intellectual difficulties and speech impediments. It was concluded that no determination could be made regarding the effects of circles for people with disabilities.

It has been suggested that there are benefits associated with involvement in a COF for both children with disabilities, and those without disabilities. Benefits for children with disabilities include the opportunity to learn from age appropriate and natural peers. Benefits to the peer group include learning to recognize and accept differences in people; learning to be helpful, caring people; learning how and when to help; learning that everyone's basic needs are the same; and learning to problem solve in real life situations

that affect their lives and the lives of their peers (Forest, 1987). Common to all circles is an emphasis on interdependence among people. The key is to establish and nurture relationships in which everyone is able to do something for someone else (Mount et al., 1988). It is recognized that while acceptance of a student is not analogous with friendship, acceptance is a necessary prerequisite to the development of friendships and informal supportive relationships (Stainback & Stainback, 1990).

Purpose of This Study

Due to the fact that there is a lack of literature available on the COF program, the methods employed in these case studies will be quasi-experimental, and somewhat exploratory in nature. This prevents the identification of any causal relationships between COF and social skills behavior observed, and greatly limits the generalization of findings to others.

Although there are limitations, the idiographic approach has been found by many to have benefits over the traditional experimental design. "Traditional research has concentrated on the general, while practitioners continue to see individuals, either singly or in groups" (Barlow, Hayes, & Nelson, 1984). Cooper, Heron, & Heward (1987) point out that important sources of variability are lost in true experimental designs using groups. They contend that knowledge of how the average group performance changed tells very little about the performance of the individual subjects. This is in direct opposition to our concern with improving behavior of individuals (Cooper et al., 1987).

Craig & Metze (1979) note that case studies make important contributions to the literature such as generation of new hypotheses, aids in the understanding of rare phenomenon, or demonstration of exceptions to otherwise well established phenomena. Single subject approaches may be the best means for starting an investigation because of their economy in research time and costs (Christensen, 1977). Single case designs are helpful in determining effective and efficient components of intervention procedures (Barlow et al., 1984). In addition, information gained from individual case studies will provide the basis for formulating hypotheses about possible causal relationships which can later be tested by more advanced research designs (Christensen, 1977).

Given the importance of peer relations for emotional adjustment and academic success, the high prevalence of peer relationship problems among children with disabilities is cause for concern. If low sociometric status is a function of lack of appropriate skills, training children in social skills should lead to improvement in their status. By increasing social skillfulness through appropriate teaching procedures, changes in behavior and concurrent changes in sociometric status should be observed. If we can improve social competence through our early intervention programs, we may be able to increase the acceptance of children with disabilities (Guralnick, 1990).

This study will attempt to evaluate the effectiveness of the Circle of Friends program in increasing social skill development in elementary students as evidenced by teacher, parent, and student ratings. The main questions to be addressed will include:

1. Will involvement in the Circle of Friends program produce improvements in the social skills of target students as rated by their classroom teacher?

2. Will involvement in the Circle of Friends program produce improvements in the social skills of non-target students as rated by their classroom teacher?

3. Will involvement in the Circle of Friends program produce improvements in the social skills of target students as rated by their parents?

4. Will involvement in the Circle of Friends program improve the target students' ratings of their own social skills?

5. Will involvement in the Circle of Friends program improve the non-target students' ratings of their own social skills?

Hypotheses

Based on the literature, the following hypotheses are proposed:

1. There will be differences between the pre-circle and post-circle teacher ratings of social skills for target students.

2. There will be differences between the pre-circle and post -circle teacher ratings of social skills for non-target students.

3. There will be differences between the pre-circle and post-circle parent ratings of social skills for target students.

4. There will be differences between the pre-circle and post-circle ratings of self-perceived social skills for target students.

5. There will be differences between the pre-circle and post-circle ratings of self-perceived social skills for non-target students.

Method

Participants and Setting

This study was conducted in a rural district of approximately 1250 students. The district was predominately white. Sociometric status varied from lower to middle upper class.

Elementary classroom teachers were asked to nominate any child, between third and sixth grade, with a diagnosed disability who they felt had problems in the formation or maintenance of friendships due to social skill deficits. Sixteen students were nominated. Teachers completed the Social Skills Rating System checklist for all nominated students. Nominees were rank ordered based on their social skills score as rated by their teachers. Of the 16 nominated students, those six with the lowest scores on the social skills scale were selected, for manageability sake. Of the lowest six, three were randomly selected to serve as target students, while the other three made up the target control group. Selected target children were interviewed by the experimenter and asked if they were interested in the formation of a group with the goal of helping them to improve their social skills and produce friendships. All students expressed interest and were asked to sign assent forms. Parents/guardians of these students completed consent forms. Selected target children included a 6th grade female with a diagnosis of traumatic brain injury for Circle 1; a 5th grade female with a learning disability in reading and math for Circle 2; and a 5th grade male with a behavioral disorder for Circle 3. These target children were all fully mainstreamed, receiving assistance from the special education department on an as needed basis. Control target students included a 3rd grade female with a behavioral disorder; a fourth grade female with a mild mental handicap; and a fourth grade female with a learning disability in math. The control students with a behavioral disorder and a learning disability were fully mainstreamed, receiving special education assistance on an as needed basis. The control student with a mild mental handicap received instruction in the areas of reading, math, and spelling from the special education staff, while being mainstreamed for other subjects (e.g. science, social studies) and specials (e.g. physical education, music, art)

The experimenter talked with the students in each of the target students' classroom

to solicit volunteers for inclusion in the Circle of Friends group. Classes were told that a group was being formed to improve their friendship skills and help others form friendships. Students were asked to write their name on a piece of paper and whether or not they were interested in becoming a member of the group. In accordance with earlier findings regarding effective group size, it was intended for seven volunteers from each of the target students' classrooms to be randomly selected from those interested students. This was done for Circle 1 where 100% of the 18 students volunteered. For Circle 2 the volunteer rate was low. Of the seven volunteers, 5 returned parental consent forms and were included in the circle. Similarly, out of a class of 11 students, 7 students volunteered for Circle 3. Five of these seven students returned parental consent forms and were included in the circle; however, after the second week one of these students abruptly moved. Assent forms were signed by all volunteer students. Parents of these students completed consent forms.

Materials

The measure chosen for this study was the Social-Skills Rating System (SSRS) (Gresham & Elliott, 1990). The SSRS is a broad, multi-rater assessment of student social behaviors that can affect teacher-student relations, peer acceptance, and academic performance. It is a standardized, norm referenced scale that documents the perceived frequency (0=never occurs, 1=sometimes occurs, 2=very often occurs) and importance (0=not important, 1=important, 2=critical) of behaviors influencing a student's development of social competence and adaptive functioning. Internal consistency across all forms and levels of the SSRS was reported to be .90 for Social Skills, .84 for Problem Behaviors, and .95 for Academic Competence. In this study, teacher, parent, and student versions of the SSRS were utilized. Selected volunteers and target students were asked to fill out the student version of the SSRS, parents of selected target students completed the parent version, while teachers completed the teacher edition for each member of the circles and each child in the control group.

The elementary teacher form consists of 57 items which make up three main scales-Social Skills, Problem Behaviors, and Academic Competence. Subscales for the Social

Skills portion include Cooperation, Assertion, and Self Control. Subscales for Problem Behaviors include Externalizing Problems, Internalizing Problems, and Hyperactivity. Teachers are asked to provide both frequency and importance ratings for each item. Scores for the Social Skills and Problem Behaviors scales are converted to behavior levels (Fewer, Average, More), while scores from the Academic Competence scale are converted to competence levels (Below, Average, Above). Standard scores and percentile ranks are provided for each scale. Test-retest reliability after a four week delay was reported to be .85 for Social Skills, .84 for Problem Behaviors, and .93 for Academic Competence.

The parent form for elementary students consists of 55 items which make up the Social Skills Scale and Problem Behaviors Scale. The form has the same subscales as the teacher form with the addition of the social skills subscale Responsibility. Standard scores and percentile ranks are provided for each scale. Test-retest reliability after a four week delay was reported to be .87 for Social Skills and .65 for Problem Behaviors.

The elementary student form consists of 34 items which make up the Social Skills Scale. This is the only scale on which students are asked to rate themselves and includes frequency ratings only. Subscales include Cooperation, Assertion, Self Control, and Empathy. Scores are converted to behavior levels, standard scores, and percentile ranks. Test-retest reliability after a four week delay was reported to be .86.

The SSRS has been the topic of much research. A study which compared six published rating scales on content and use, standardization sample and norms, scores and interpretation, and psychometric properties concluded that the SSRS is the most comprehensive instrument with the best overall psychometric properties (Demaray, Ruffalo, Carlson, Busse, Olson, McManus, & Leventhal, 1995).

The lessons for each circle meeting were derived from <u>Skill- Streaming the Elementary School Child</u> (McGinnis, Goldstein, Sprafkin, & Gershaw, 1984). Classroom teachers were asked to complete the Teacher Skill Checklist for each target student. This scale consists of 60 questions in which the rater is asked to determine the frequency of which the target child performs a behavior (1=almost never, 2=seldom, 3=sometimes, 4=often, 5=almost always). Answers to this checklist were used to determine which skills

the target student lacked.

Procedure

After selection of target students and circle members and proper assent/consent forms were completed, parents and teachers were asked to fill out the appropriate versions of the SSRS before group meetings began. A return rate of 100% was achieved for both teacher and parent forms. Parents were sent SSRS scales in the mail along with stamped, addressed envelopes for return of the scales to the experimenter. SSRS scales were personally given to the teachers by the experimenter. At this time teachers were also asked to complete the Teacher Skill Checklist and identify a problem behavior to chart for each target student. Classroom teachers were asked to identify a problem the target student was having in the classroom that they wanted resolved. Teachers were told that the circle members would work with the target student to resolve this problem. This problem behavior had to be observable and chartable. The classroom teachers were asked to chart the frequency of these behaviors on a weekly basis. For Target 1 the behavior identified was number of times the target student participated in classroom discussions. This behavior was charted on the same day of every week. For Target 2 the identified behavior was number of missing or late assignments per week. For Target 3 the behavior identified was eye contact with the teacher when asking or answering questions or participating in discussions. This behavior was charted on the same day of every week.

Each circle met on a preassigned day each week for a total of 12 weeks. Sessions were 30 minutes each. The first meeting consisted of completion of the SSRS-student version and the establishment of group rules generated by the students (e.g. listen to who is speaking, keep hands and feet to oneself, no put downs, etc.). These rules were posted in the meeting room each week. During the first meeting, the experimenter also explained to the students that the purpose of the group was to learn how to be better friends with other children.

The meeting topics for the next 10 weeks were determined by the results of the Teacher Skill Checklist (see Appendix). Skills which the teachers reported the target children as lacking were focused on. Lessons for each meeting followed the format laid

out by McGinnis et al., (1984) in <u>Skill-Streaming the Elementary School Child</u>. In addition to formal social skill instruction, time was set aside at each meeting to allow the students to brainstorm solutions to problems the target children and/or other children were experiencing in the classroom.

At the final meeting, students completed the SSRS-student version. In addition, the experimenter solicited anecdotal information from the students regarding what they liked best about the circle and what they thought they had learned by participating in the circle.

At the conclusion of the 12 week session, teachers were again given SSRS scales to complete for all target and other included students. Parents were sent SSRS scales along with stamped, addressed envelopes for return of the scales to the experimenter.

<div align="center">Results</div>

For each case, results on the SSRS from the pre- and post-treatment were compared (see Figures 1-7). Results were compared not only for the target child, but also for each circle member as rated by teachers, parents, and students. These results were charted to show progress made over 10 weeks. Teacher collected behavioral data for target students was charted and analyzed over the course of the the study (see Figures 8-10). In addition, pre- and post-test results for the control target group as rated by classroom teachers were also compared (see Figure 11).

It was hypothesized that improvements in social skills would be found for all participating students following COF involvement. These results were expected across raters. It was believed that teachers, parents, and the students themselves would note improvements in social skills as measured by the SSRS.

Overall, improvements in social skills were found from pretest to posttest for target students as rated by teachers and parents (See Table I). Average self ratings of social skills by target students dropped over the course of the study. Average teacher ratings for nontarget students remained stable from pretest to posttest. Nontarget students' self ratings of social skills showed some improvement from pretest to posttest. Lastly, teacher ratings of control students' social skills decreased from pretest to posttest without intervention. Teacher recorded behavioral data indicated behavioral improvements for all target students

over the course of the study.

Findings for each circle are summarized below to distinguish differences not indicated by the overall results.

<u>Circle 1</u>

Slight improvements were indicated for Target 1 by teacher and parent ratings. Target 1's social skills as measured by the SSRS teacher version were rated as 85 on the pretest and 89 on the posttest (See Figure 1). Social skills for Target 1 on the SSRS parent version were 54 pretest and 55 posttest (See Figure 4). A substantial decrease in Target 1's self ratings of social skills was apparent. She rated her own social skills as 101 on the pretest SSRS and 78 on the posttest (See Figure 5).

Teacher recorded behavioral data indicated that Target 1's classroom participation frequency increased over the course of the study (See Figure 8). She participated zero times during classroom discussions during week 1, and participated four times during classroom discussions by the tenth week.

A minute decrease in the teacher ratings of social skills for nontarget students was found. SSRS scores for social skills of other circle members as rated by their classroom teacher averaged 100 pretest and 98 posttest (See Figure 1). Student self ratings of social skills on the SSRS were stable, averaging 109 on both the pretest and the posttest (See Figure 5).

Circle 1 was the largest of the three circles, with eight members. This was also the oldest circle, consisting of sixth graders. Circle 1 contained five females and three males. Members worked well together to solve problems of the target student. Examples of solutions generated by the group to increase the frequency of Target 1's classroom participation included verbal prompts, visual cues, encouragement and compliments following participation, and discussion of progress at weekly COF meetings. Circle 1 also helped solve problems of nontarget members. One example of their problems solving was the creation of a symbol to remind a member not to talk at inappropriate times in the classroom. Solutions generated by the students were rational and applicable and appeared to resolve conflicts presented.

This circle was very cohesive and willing to help each other. All members were active in the creation of solutions for problem solving and in role plays of learned skills. Participation levels were consistently high and all appeared to enjoy involvement in the group. When asked to name what they thought they had learned from participating in the circle, members indicated that they had learned to solve problems, not to fight, to get along with others, how to join in groups, to "do stuff" with their problems, not to fight with brothers/sisters, and to accept others if they are different.

Circle 2

Improvements were indicated for Target 2 by teacher and parent ratings. Target 2's social skills as measured by the SSRS teacher version were rated as 78 on the pretest and 82 on the posttest (See Figure 2). Social skills for Target 2 on the SSRS parent version were 79 pretest and 86 posttest (See Figure 4). A decrease in self ratings of social skills was found for Target 2. She rated her own social skills as 89 on the SSRS pretest and 84 on the posttest (See Figure 6).

Teacher recorded behavioral data indicate that Target 2's number of missing/late assignments decreased over the course of the study (See Figure 9). She had 5 missing or late assignments during the first week, and no missing assignments during the tenth week.

A slight decrease in teacher ratings of social skills for nontarget students was found. SSRS scores for social skills of other circle members as rated by their classroom teacher averaged 114 pretest and 110 posttest (See Figure 2). Student self ratings of social skills on the SSRS showed slight improvements, averaging 89 on the pretest and 91 on the posttest (See Figure 6).

Circle 2 was made up of six fifth graders with equal numbers of males and females. Members were hesitant initially in regards to problem solving efforts and needed prompting to generate solutions. These skills improved with time. Circle 2 tended to focus solely on the problems of the target student. Solutions generated by the group to decrease the number of missing/late assignments for Target 2 included checking with Target 2 at the end of the school day to ensure she had all materials needed to complete her homework, calling her at home to remind her of due dates, and helping her with difficult assignments.

This group was cohesive in that all members got along well and supported each other. This was especially apparent in their role play activities. Circle 2 needed some guidance to stay focused on the task at hand. All members accepted redirection well and were willing to participate and cooperate.

When asked to identify skills they thought they had learned by participating in the COF group, these members said they learned to accept people, to use appropriate language, to get along with each other, not to hit back, and how to make friends. They stated that they liked learning about friends and enjoyed acting out the skills.

Circle 3

Improvements were indicated for Target 3 by teacher and parent ratings. Target 3's social skills as measured by the SSRS teacher version were rated as 82 on the pretest and 93 on the posttest (See Figure 3). Social skills for Target 3 on the parent version of the SSRS were 69 pretest and 82 posttest (See Figure 4). A decrease in Target 3's self ratings of social skills was apparent. He rated his own social skills as 90 on the SSRS pretest and 82 on the posttest (See Figure 7).

Teacher recorded behavioral data indicate that Target 3's eye contact frequency increased over the course of the study (See Figure 10). He had zero instances of eye contact during the first week, and 5 instances of eye contact by the tenth week.

A modest increase in teacher ratings of social skills for nontarget students was found. SSRS scores for social skills of other circle members as rated by their classroom teacher averaged 94 on the pretest and 103 on the posttest (See Figure 3). Student self ratings of social skills on the SSRS were relatively stable, averaging 99 pretest and 100 posttest (See Figure 7).

Circle 3 was the smallest of all of the circles consisting of five fifth graders. This was also the only homogeneous group with all male members. Problem solving skills were a challenge for this group, with two nontarget students generating the majority of solutions. Other members participated less frequently in the process, but were willing to take the suggestions of others to assist the target student. Problems of the target student were discussed most often. Solutions were rational and appeared to be effective.

Examples of solutions generated to increase the frequency of eye contact for Target 3 during classroom discussions included modeling and providing feedback, praise after eye contact instances, and reminders on a daily basis.

Circle 3 was most successful with role playing. They appeared to enjoy this activity more than the discussion of real-life problems. All members actively volunteered to participate in the role plays.

When asked what they had learned as a result of participation in the COF, members said they learned friendship skills, how to be kinder, how to get along with friends better, and how to share.

Controls

Control 1's social skills as measured by the SSRS teacher version were relatively stable, scoring 83 pretest and 82 posttest. Control 2's teacher rated social skills decreased, scoring 58 pretest and 49 posttest. Control 3's teacher rated social skills also decreased, scoring 77 pretest and 60 posttest. The average social skills score for all controls on the SSRS teacher version was 72 pretest and 63 posttest (See Figure 11).

Summary of Results

Parent and teacher ratings indicated improvements in the observed social skills of target students over the course of the study. A decrease in the social skills of target students was indicated by their self-ratings. Problem behaviors identified by classroom teachers improved over the course of the study for all target students. Nontarget students were rated within the average range for social skills according to teacher and self reports both before and after inclusion in the COF group. Control target students who were identified by classroom teachers as lacking appropriate social skills before the onset of the study, continued to exhibit poor social skills according to teacher ratings taken at the conclusion of the study. Without intervention, social skills for these control students actually declined according to teacher ratings.

Discussion

Results of this study regarding the overall effectiveness of COF for improving social skills for students with disabilities are conflicting. As expected, social skills of target

students improved following inclusion in COF according to teacher and parent ratings on the SSRS, as well as teacher collected behavioral data. The conflict arises from the finding that target students rated themselves as having better social skills prior to COF involvement than afterwards. Contrary to expectations of increases in social skills, involvement in the COF program appears to have had little effect on the social skills of nontarget students as measured by the SSRS. According to teachers and nontarget students themselves, they maintained average range social skills over the course of the study, with students finding slight improvements overall.

General Conclusions and Implications

The commonly reported finding that children with disabilities have fewer social skills than those without disabilities was supported in this study (e.g. Bender et al., 1984; Vaughn et al., 1993; Bramlett et al., 1994; Vaughn & Haager, 1994). Teachers and parents alike rated target children as having below average social skills compared to their average peers.

It appears that the COF program is related to improving social skills of students with disabilities according to teachers and parents of these students. While it cannot be inferred that membership in the COF program directly resulted in improvement of social skills and problem behaviors, it is believed that this process contributed to the success that was observed. It appears that the use of the SSRS and behavioral charting were successful ways of measuring progress over the course of the study. While the SSRS yields only a standard score, the use of behavioral charting provides a visual image of progress the student has made over the course of time. This information is useful not only to display results for teachers and parents, but could also serve as a motivator for the students themselves.

Contrary to expectations, students with disabilities who served as target students did not indicate improvements in social skills through their self ratings after inclusion in the COF program. All three target students rated themselves as having fewer social skills after the program, compared to ratings taken at the onset of the program. One explanation for this finding may be that students who lack social skills do not know the degree to which

they lack these skills until they are exposed to appropriate skills. This would support the notion presented earlier that some children lack the knowledge of what prosocial behavior includes (Kelly, 1982; Oden & Asher, 1977; Elliott & Gresham, 1993). Without this knowledge, they may believe they are responding appropriately in social situations. COF may be an appropriate way to educate such children on what is acceptable behavior. Involving these children in a heterogeneous group with the aim at improving social skills and creating friendship skills may be beneficial. By including these students in a group comprised of other students in need of social skills, students will learn that they are not alone in their deficits. Involving students with average range social skills will allow those students with poor social skills to learn through observation and feedback of other group members. Once these children are aware that they are not responding appropriately and are given acceptable alternatives to current behaviors, along with encouragement from peers, improvement in their social skills is likely to occur.

The finding that not much overall improvement was seen in the social skills of nontarget students after COF inclusion is no reason for concern. After all, these students began the program with average range social skills. Involvement in the COF program may have assisted them in maintaining appropriate levels of social skills. Participation also allowed them to serve as role models for each other and to assist in problem solving, which they reportedly enjoyed. Although improvements were found for some nontarget students, others remained at the same level or displayed a decrease in SSRS rated social skills. It is possible that improvements may have been greater with a different length of program, or less focus on the target student. It may also be true that, like the target students, nontarget students learned that they could improve in some areas and were not as proficient in social skills as once thought.

Students appeared to benefit from cooperative exercises where group members pulled together to reach a common goal. This observation is in agreement with previous research findings (e.g. Ramsey, 1991; Kelly, 1982; Sapon-Shevin, 1990; Elliott & Gresham, 1993; Salisbury et al., 1995). Focusing on a common goal led to frequent positive peer interactions among all members of the circles.

Similar to previous findings, all members of the COF groups responded well to the cognitive behavioral approach used to teach specific social skills (Kelly, 1982). After hearing the rationale behind the skill being taught and viewing modeling of correctly exhibited skills, students practiced the skills themselves via role plays and provided each other with feedback and reinforcement during training sessions.

Students responded well to the structure of the meetings in this study. After the first few weeks, students knew the routine. They expected to learn and practice a social skill at the onset of the meeting, followed by a problem solving session at the end.

There are several implications of these findings for educational professionals. Perhaps of greatest importance is the fact that children with disabilities do have poorer social skills than their average peers and intervention is a necessity. Without intervention, the social skills of control target students in this study decreased according to teacher ratings.

The measures used in this study to identify target students and the specific skills they lacked appear to be appropriate. The SSRS, combined with the charting of frequencies of problem behaviors, was effective at indicating progress. The cognitive behavioral approach used was an appropriate means of teaching students prosocial skills. This method, combined with problem solving in a cooperative group setting, was beneficial for target students.

It is important for school psychologists to find the time to become involved in groups such as COF. With all of the demands of assessment and placement , it is important not to lose touch with the focus: improving the lives of children. This involves working directly with children in need of assistance by running such groups, along with conducting research in the area of social skills to increase the knowledge base from which we are working.

Limitations

Like all research, this study has limitations, the largest of which is generalizabilty. Conclusions are inferred from a series of case studies drawn from a small database. Sample sizes were not as large as had been hoped for due to factors such as small class

size, low volunteer rates, low consent rates, and participant attrition. Further, ethnicity was restricted to all white participants due to the makeup of the district in which this study was conducted.

Future Research

As in most cases, this study raises more questions than answers. Several areas need to be explored in greater depth in future studies. One such area is the progress of students without disabilities who are not involved in a COF program. This may help to determine if maintenance or small gains in the social skills of nontarget participants are related to COF involvement or other factors such as maturation.

Another area to investigate is effective group size. In this study, the smaller groups yielded the smallest decrease in self ratings of social skills for the target student, and the largest increases in social skills for target students as rated by classroom teachers.

Other variables to examine in future research include gender, types of disability, and age of participants. The effectiveness of charting of observable behavior changes versus behavior rating scales should also be explored.

To summarize, this study has scratched the surface in determining the effectiveness of the COF program. It appears that a COF contributes to improvements seen by teachers and parents in the social skills and classroom behavior of elementary students with disabilities. It is possible that involvement in a COF helps the student with a disability to realize the degree to which their social skills are lacking. COF may also help average students maintain their level of social skills, while serving as role models for others. Students appear to enjoy belonging to a COF and see benefits arising from participation. Future research in this area is essential to gain a full understanding of the effectiveness of the COF program.

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Appendix

Teacher Skill Checklist

Student: _____ Class: _____

Date: _____ Teacher: _____

Directions: Listed below you will find a number of skills that children are more or less proficient in using. This checklist will help you record how well each child uses the various skills. For each child, rate his/her use of each skill, based on your observations of his/her behavior in various situations.

Circle 1 if the child is *almost never* good at using the skill.

Circle 2 if the child is *seldom* good at using the skill.

Circle 3 if the child is *sometimes* good at using the skill.

Circle 4 if the child is *often* good at using the skill.

Circle 5 if the child is *almost always* good at using the skill.

Please rate the child on all skills listed. If you know of a situation in which the child has particular difficulty in using the skill well, please note it briefly in the space marked "Problem Situation."

	Almost Never	Seldom	Sometimes	Often	Almost Always
1. **Listening:** Does the student appear to listen when someone is speaking and make an effort to understand what is said?	1	2	3	4	5

Problem Situation: _____

| 2. **Asking for Help:** Does the student decide when he/she needs assistance and ask for this help in a pleasant manner? | 1 | 2 | 3 | 4 | 5 |

Problem Situation: _____

| 3. **Saying Thank You:** Does the student tell others he/she appreciates help given, favors, etc.? | 1 | 2 | 3 | 4 | 5 |

Problem Situation: _____

<div style="text-align:right">
Almost Never   Seldom   Sometimes   Often   Almost Always
</div>

4. **Bringing Materials to Class:** Does the student remember the books and materials he/she need for class?   1   2   3   4   5

Problem Situation: _____

5. **Following Instructions:** Does the student understand instructions and follow them?   1   2   3   4   5

Problem Situation: _____

6. **Completing Assignments:** Does the student complete assignments at his/her independent academic level?   1   2   3   4   5

Problem Situation: _____

7. **Contributing to Discussions:** Does the student participate in class discussions in accordance with the classroom rules?   1   2   3   4   5

Problem Situation: _____

8. **Offering Help to an Adult:** Does the student offer to help you at appropriate times and in an appropriate manner?   1   2   3   4   5

Problem Situation: _____

9. **Asking a Question:** Does the student know how and when to ask a question of another person?   1   2   3   4   5

Problem Situation: _____

10. **Ignoring Distractions:** Does the student ignore classroom distractions?   1   2   3   4   5

Problem Situation: _____

11. **Making Corrections:** Does the student make the necessary corrections on assignments without getting overly frustrated?   1   2   3   4   5

Problem Situation: _____

12. **Deciding on Something to Do:** Does the student find something to do when he/she has free time?

            1 2 3 4 5

Problem Situation: _____

13. **Setting a Goal:** Does the student set realistic goals for himself/herself and take the necessary steps to meet these goals?

            1 2 3 4 5

Problem Situation: _____

14. **Introducing Yourself:** Does the student introduce himself/herself to people he/she doesn't know in an appropriate way?

            1 2 3 4 5

Problem Situation: _____

15. **Beginning a Conversation:** Does the student know how and when to begin a conversation with another person?

            1 2 3 4 5

Problem Situation: _____

16. **Ending a Conversation:** Does the student end a conversation when it's necessary and in an appropriate manner?

            1 2 3 4 5

Problem Situation: _____

17. **Joining In:** Does the student know and practice acceptable ways of joining in an ongoing activity or group?

            1 2 3 4 5

Problem Situation: _____

18. **Playing a Game:** Does the student play games with classmates fairly?

            1 2 3 4 5

Problem Situation: _____

19. **Asking a Favor:** Does the student know how to ask a favor of another person in a pleasant manner?   1 2 3 4 5

Problem Situation: _____

20. **Offering Help to a Classmate:** Can the student recognize when someone needs or wants assistance and offer this help?   1 2 3 4 5

Problem Situation: _____

21. **Giving a Compliment:** Does the student tell others that he/she likes something about them or something they have done?   1 2 3 4 5

Problem Situation: _____

22. **Accepting a Compliment:** Does the student accept these comments given by adults or his/her peers in a friendly way?   1 2 3 4 5

Problem Situation: _____

23. **Suggesting an Activity:** Does the student suggest appropriate activities to others?   1 2 3 4 5

Problem Situation: _____

24. **Sharing:** Is the student agreeable to sharing things with others, and if not, does he/she offer reasons why he/she can't in an acceptable manner?   1 2 3 4 5

Problem Situation: _____

25. **Apologizing:** Does the student tell others he/she is sorry for doing something in a sincere manner?   1 2 3 4 5

Problem Situation: _____

26. **Knowing Your Feelings:** Does the student identify feelings he/she is experiencing?   1 2 3 4 5

Problem Situation: _____

| | | Almost Never | Seldom | Sometimes | Often | Almost Always |

27. **Expressing Your Feelings:** Does the student express his/her feelings in acceptable ways?   1 2 3 4 5

Problem Situation: _____

28. **Recognizing Another's Feelings:** Does the student try to figure out how others are feeling in acceptable ways?   1 2 3 4 5

Problem Situation: _____

29. **Showing Understanding of Another's Feelings:** Does the student show understanding of others' feelings in acceptable ways?   1 2 3 4 5

Problem Situation: _____

30. **Expressing Concern for Another:** Does the student express concern for others in acceptable ways?   1 2 3 4 5

Problem Situation: _____

31. **Dealing with Your Anger:** Does the student use acceptable ways to express his/her anger?   1 2 3 4 5

Problem Situation: _____

32. **Dealing with Another's Anger:** Does the student try to understand another's anger without getting angry himself/herself?   1 2 3 4 5

Problem Situation: _____

33. **Expressing Affection:** Does the student let others know he/she cares about them in an acceptable manner?   1 2 3 4 5

Problem Situation: _____

34. **Dealing with Fear:** Does the student know why he/she is afraid and practice strategies to reduce this fear?   1 2 3 4 5

Problem Situation: _____

35. **Rewarding Yourself:** Does the student say and do nice things for himself/herself when a reward is deserved?   1 2 3 4 5

Problem Situation: _____

36. **Using Self-Control:** Does the student know and practice strategies to control his/her temper or excitement?   1 2 3 4 5

Problem Situation: _____

37. **Asking Permission:** Does the student know when and how to ask if he/she may do something?   1 2 3 4 5

Problem Situation: _____

38. **Responding to Teasing:** Does the student deal with being teased in ways that allow him/her to remain in control?   1 2 3 4 5

Problem Situation: _____

39. **Avoiding Trouble:** Does the student stay away from situations that may get him/her into trouble?   1 2 3 4 5

Problem Situation: _____

40. **Staying Out of Fights:** Does the student know of and practice socially appropriate ways of handling potential fights?   1 2 3 4 5

Problem Situation: _____

41. **Problem Solving:** When a problem occurs, does the student think of alternatives and choose an alternative, then evaluate how well this solved the problem?   1 2 3 4 5

Problem Situation: _____

	Almost Never	Seldom	Sometimes	Often	Almost Always

42. **Accepting Consequences:** Does the student accept the consequences for his/her behavior without becoming defensive or upset?   1   2   3   4   5
Problem Situation: _____

43. **Dealing with an Accusation:** Does the student know of and practice ways to deal with being accused of something?   1   2   3   4   5

Problem Situation: _____

44. **Negotiating:** Is the student willing to give and take in order to reach a compromise?   1   2   3   4   5

Problem Situation: _____

45. **Dealing with Boredom:** Does the student select acceptable activities when he/she is bored?   1   2   3   4   5

Problem Situation: _____

46. **Deciding What Caused a Problem:** Does the student assess what caused a problem and accept the responsibility if appropriate?   1   2   3   4   5

Problem Situation: _____

47. **Making a Complaint:** Does the student know how to say that he/she disagrees in acceptable ways?   1   2 ·3   4   5

Problem Situation: _____

48. **Answering a Complaint:** Is the student willing to arrive at a fair solution to someone's justified complaint?   1   2   3   4   5

Problem Situation: _____

49. **Dealing with Losing:** Does the student accept losing at a game or activity without becoming upset or angry?   1   2   3   4   5

Problem Situation: _____

48

| | Almost Never | Seldom | Sometimes | Often | Almost Always |

50. **Showing Sportsmanship:** Does the student express a sincere compliment to others about how they played the game? 1 2 3 **4** 5

Problem Situation: _____

51. **Dealing with Being Left Out:** Does the student deal with being left out of an activity without losing control? 1 2 3 4 5

Problem Situation: _____

52. **Dealing with Embarrassment:** Does the student know of things to do that help him/her feel less embarrassed or self-conscious? 1 2 3 4 5

Problem Situation: _____

53. **Reacting to Failure:** Does the student figure out the reason(s) for his/her failure, and how he/she can be more successful the next time? 1 2 3 4 5

Problem Situation: _____

54. **Accepting No:** Does the student accept being told no without becoming unduly upset or angry? 1 2 3 4 5

Problem Situation: _____

55. **Saying No:** Does the student say no in acceptable ways to things he/she doesn't want to do or to things that may get him/her into trouble? 1 2 3 4 5

Problem Situation: _____

56. **Relaxing:** Is the student able to relax when tense or upset? 1 2 3 4 5

Problem Situation: _____

	Almost Never	Seldom	Sometimes	Often	Almost Always

57. **Dealing with Group Pressure:** Does the student decide what he/she wants to do when others pressure him/her to do something else?

| | 1 | 2 | 3 | 4 | 5 |

Problem Situation: _____

58. **Dealing with Wanting Something That Isn't Mine:** Does the student refrain from taking things that don't belong to him/her?

| | 1 | 2 | 3 | 4 | 5 |

Problem Situation: _____

59. **Making a Decision:** Does the student make thoughtful choices?

| | 1 | 2 | 3 | 4 | 5 |

Problem Situation: _____

60. **Being Honest:** Is the student honest when confronted with a negative action?

| | 1 | 2 | 3 | 4 | 5 |

Problem Situation: _____

Table I

Average SSRS Results For All Students Across Raters

	Teacher		Parent		Student	
	Pretest	Posttest	Pretest	Posttest	Pretest	Posttest
Targets	82	88	67	74	93	81
Nontargets	103	103	---	---	100	106
Controls	72	63	---	---	---	---

Note. Standard errors of measurement for total scale standard scores on the Social Skills scale at the 95% confidence interval are as follows: teacher report: 8 for females, 7 for males; parent report: 11 for females, 10 for males; student report: 13 for females, 12 for males.

Figure 1. Pretest and posttest results of teacher report of social skills for Circle 1.
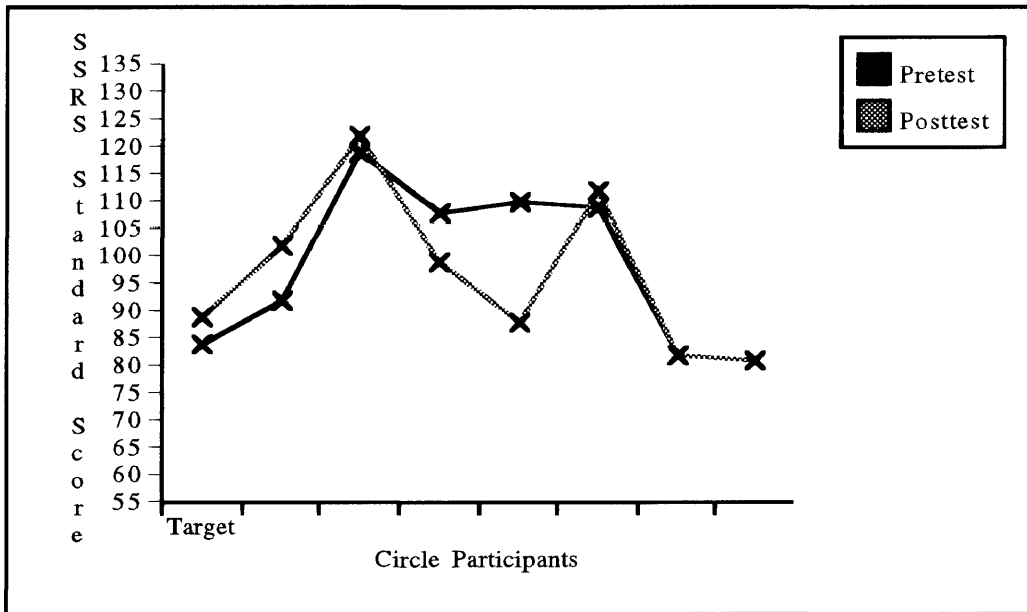
Figure 2. Pretest and posttest results of teacher report of social skills for Circle 2.
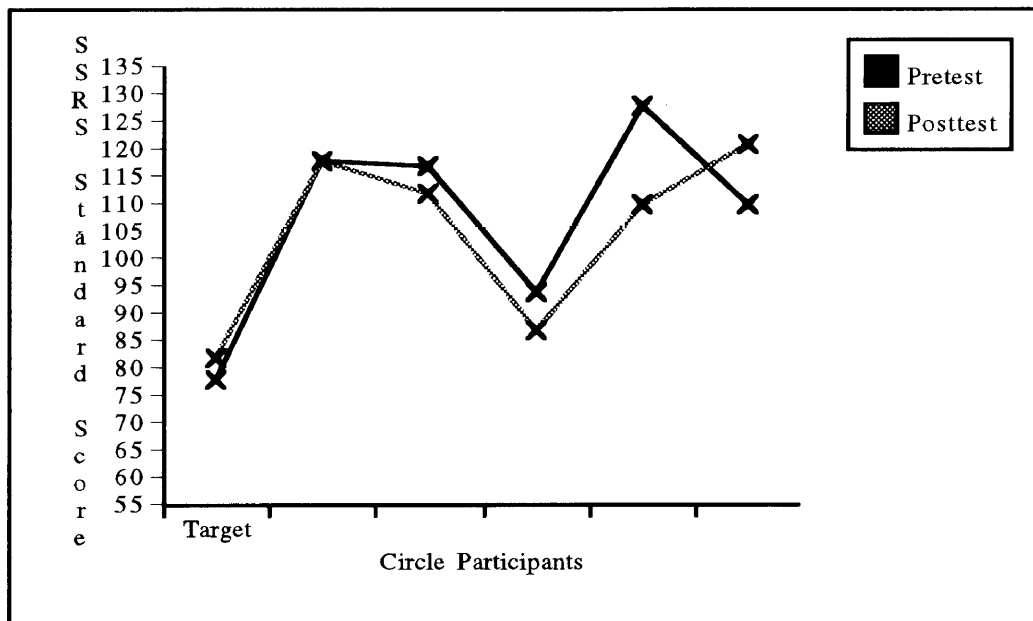
Figure 3. Pretest and posttest results of teacher report of social skills for Circle 3.
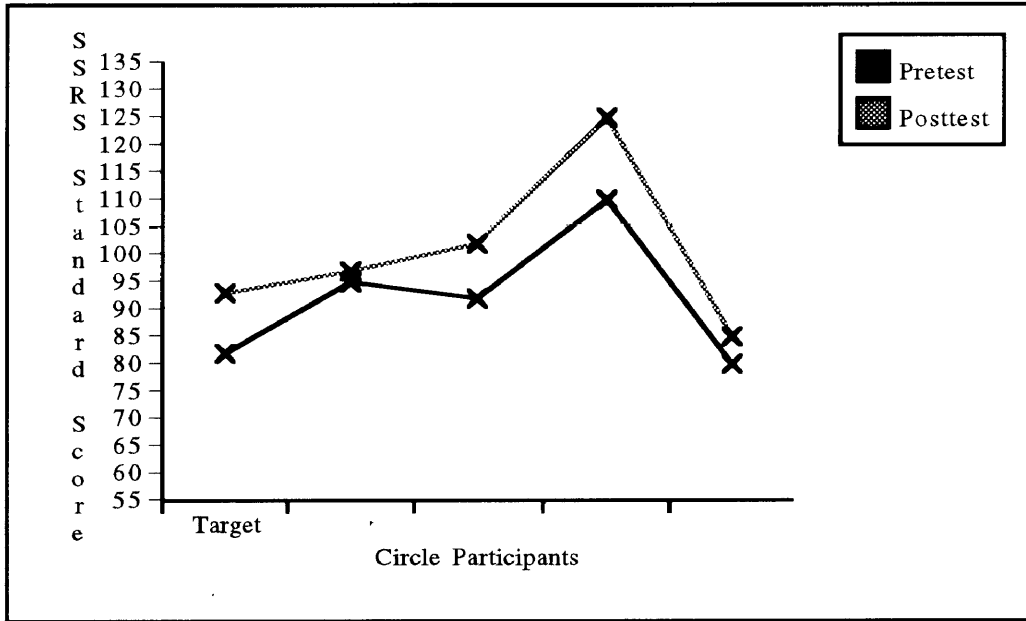
Figure 4. Pretest and posttest results of parent report of social skills for all target students.
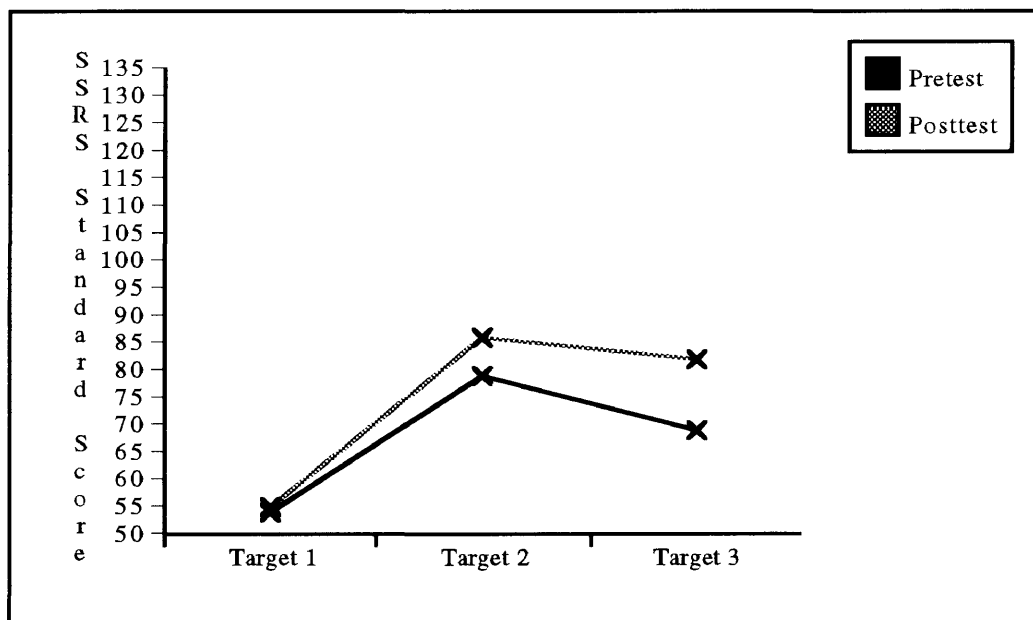
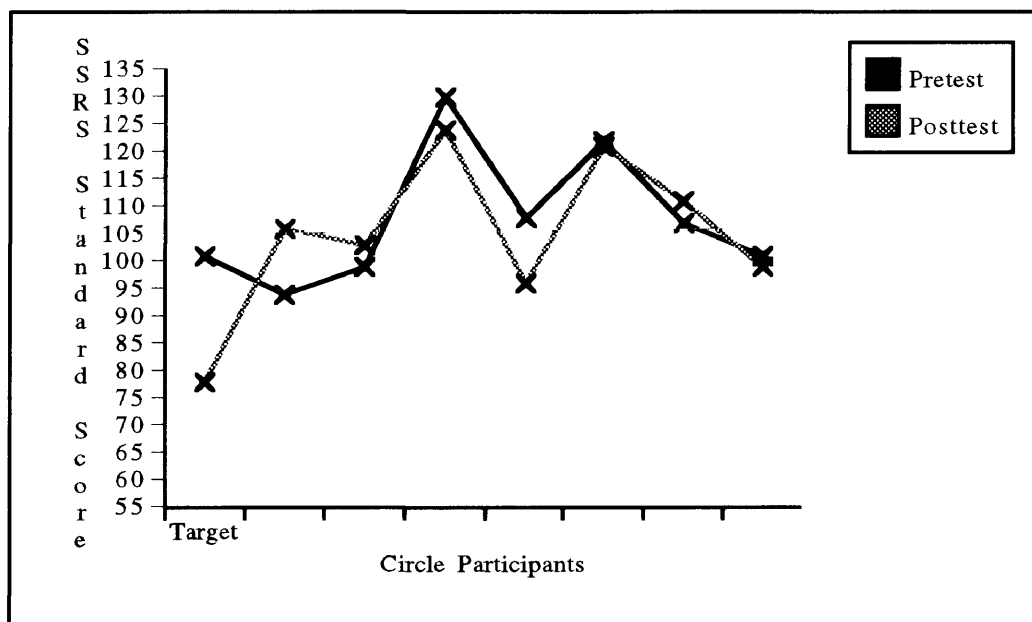Figure 5. Pretest and posttest results of student self ratings of social skills for Circle 1.

Figure 6. Pretest and posttest results of student self ratings of social skills for Circle 2.
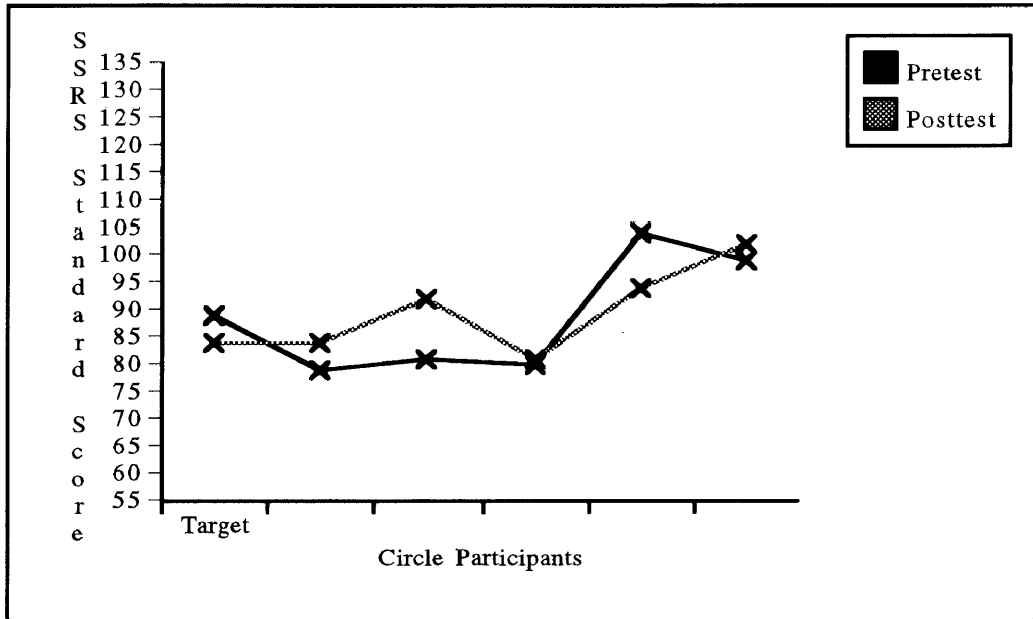
Figure 7. Pretest and posttest results of student self ratings of social skills for Circle 3.
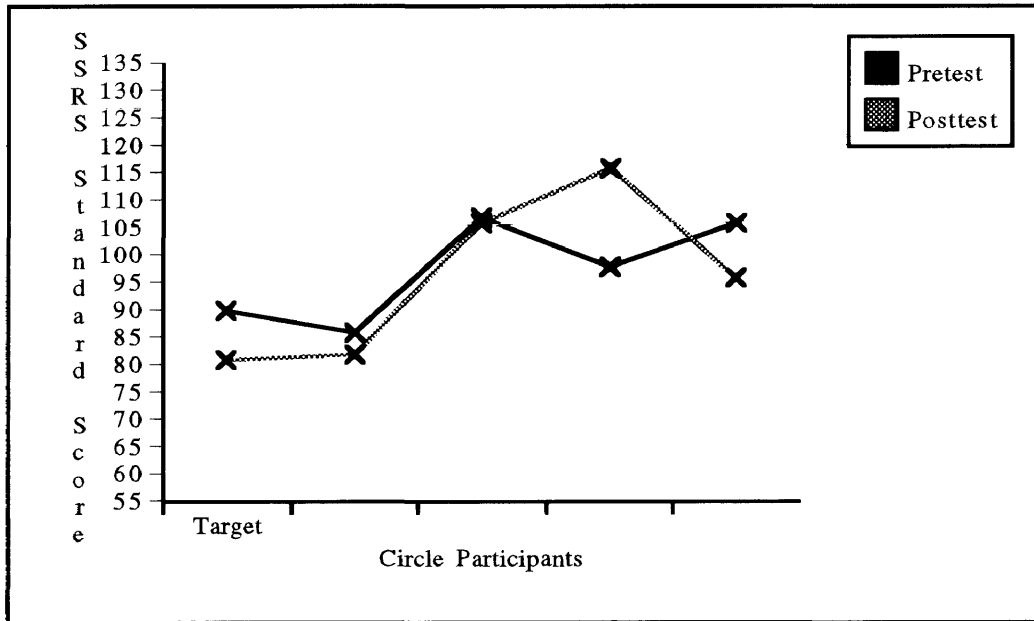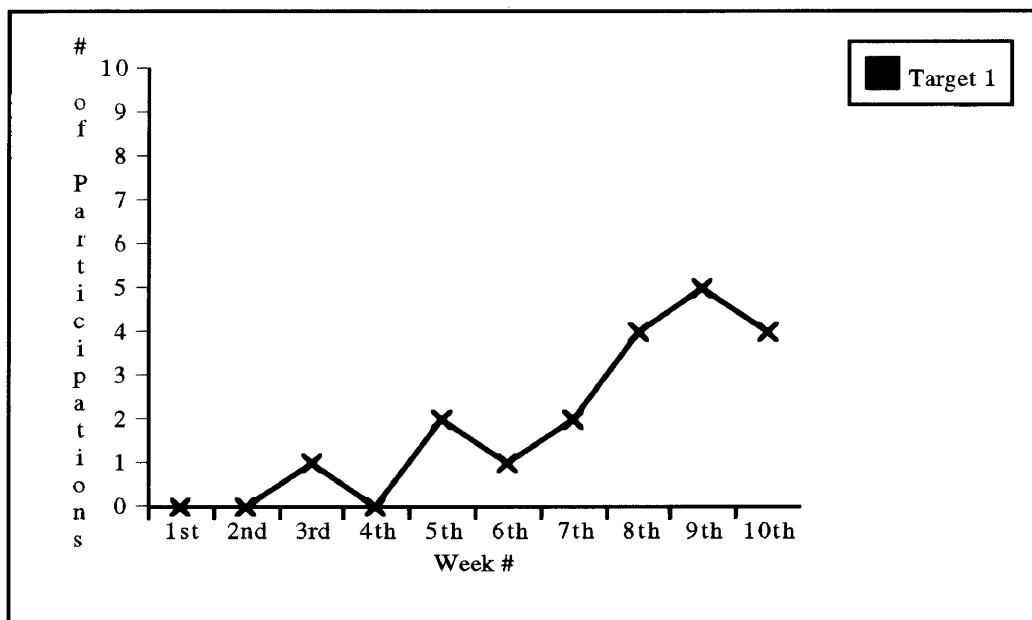
Figure 8. Teacher recorded behavioral data for Target 1.

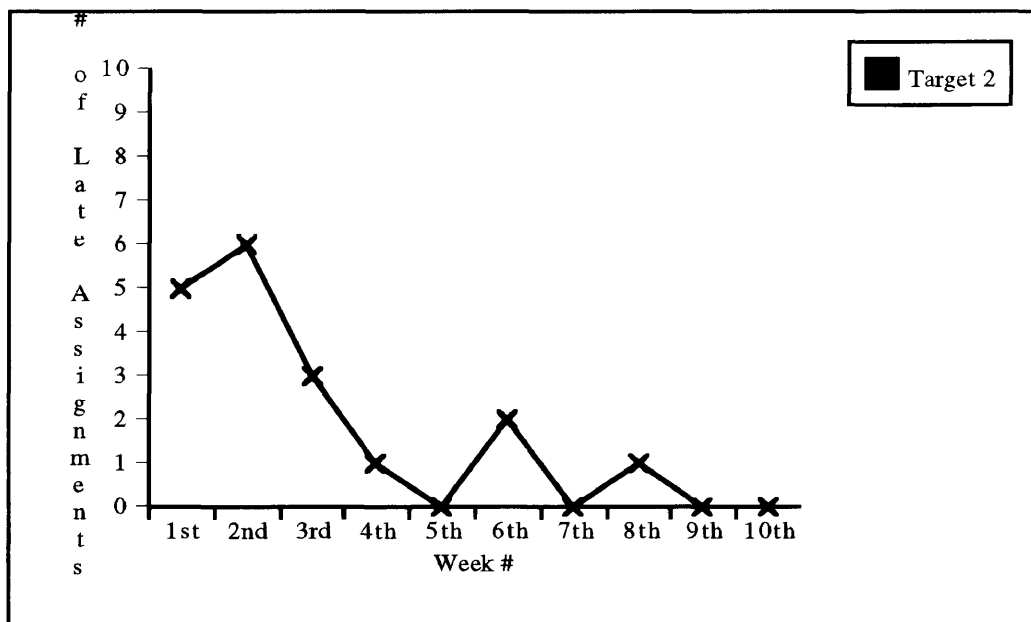Figure 9. Teacher recorded behavioral data for Target 2.

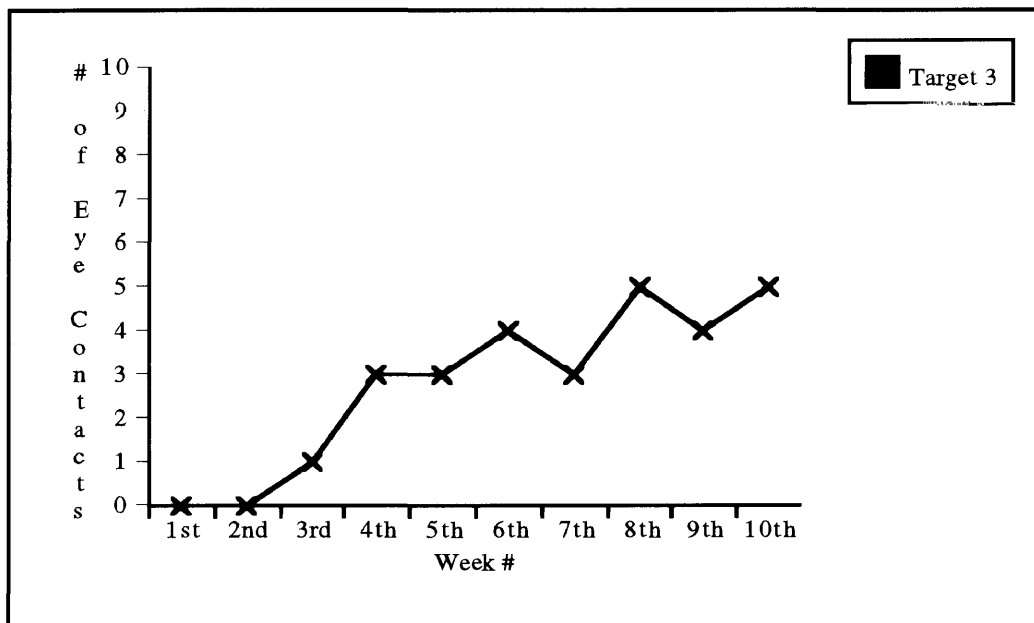Figure 10. Teacher recorded behavioral data for Target 3.

Figure 11. Pretest and posttest results of teacher report of social skills for Control Targets.