A Literature Review of Social Skills Training Interventions for Students with Emotional/Behavioral Disorders

by

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Students with emotional/behavioral disorders (EBD) display various maladaptive behavioral responses that often lead to discipline and school safety issues. According to Eber et al. (2002), these students also tend to experience little academic success and, as a population, have one of the highest drop-out rates even among students with disabilities. Students with EBD respond much more emotionally than their non-disordered peers, and this can result in negative peer interactions and rejection as reported by Coie (2004). Many of these students have social skills deficits as well. According to Kavale et al. (2004) this is problematic because deficits in social skills often lead to negative experiences and avoidance of social interactions as a whole, thus limiting opportunities for learning positive social skills and behaviors. A label of EBD likely carries with it life long problems, including low self-esteem and loneliness as reported by Lambros et al. (1998). Also according to Kavale et al. (2004) many students with EBD do not
possess the skills or knowledge to use more appropriate alternative behaviors, so these students are merely drawing from the resources they have. Therefore, identifying effective approaches to teaching social skills to students with EBD is essential.

This research reviews existing literature in social skills training interventions and the aspects of these that are most effective for students with EBD. Social skills training interventions are examined in relation to early interventions, as well as, adolescent interventions. Teacher perceptions of the usefulness of these interventions and ways in which to promote their use are also discussed. A critical analysis of the relevant literature follows and includes a few recommendations for future research.
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Chapter I: Introduction

Minimizing disruptive behaviors and maintaining school safety to promote a conducive learning environment for all students has long been a priority for administrators and staff alike. This leads to an immense need for effective behavioral interventions to help correct students’ maladaptive behaviors, especially for students with emotional/behavioral disorders (EBD) who present with a pattern of inappropriate behavioral responses. While many children exhibit troublesome behaviors throughout their academic careers, students with EBD tend to be the focus of the majority of behavioral interventions. They often require tremendous effort and resources on the part of school staff. Even with this extra attention however, these students may remain elusive to effective interventions and can still be the biggest destabilizing force in schools (Eber, Sugai, Smith, & Scott, 2002). Students identified as EBD require special procedures when it comes to discipline in conjunction with the laws protecting the rights of students with disabilities as well. The Individuals with Disabilities Education Improvement Act (IDEA) of 2004 stated that school officials can suspend or remove a child with a disability for no more than ten consecutive school days following their misconduct or inappropriate behavior (Yell, Shriner, & Katsiyannis, 2006). It also required the Individualized Education Plan (IEP) team for that student to decide if the misconduct was caused by a “direct and substantial relationship to” the disability of the child through a review of the student’s file, parental information, and any observations of that child (Yell et al., 2006, p. 18). If the misconduct is found to have a direct relationship to the disability, IDEA then requires an assessment of the behavior to determine its function and a behavioral intervention plan be done for the child to help change the maladaptive behavior and prevent future reoccurrences (Yell et al., 2006). This legislation is placing higher demands on school staff to intervene and try to correct the students’ inappropriate behaviors.
rather than merely suspending or expelling them. Eber et al. (2002) suggested that effective interventions may need to begin in a school environment that supports positive behavior in all students, not just those experiencing problems. Students with EBD need to have their needs met in more positive and effective ways than current practice supports. A better understanding of these students can provide the essential information needed to make their education a more positive and successful experience overall.

The federal Individuals with Disabilities Education Act (IDEA) definition of EBD is as follows:

The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child’s educational performance: (A) An inability to learn that cannot be explained by intellectual, sensory or health factors; (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (C) Inappropriate types of behavior or feelings under normal circumstances; (D) A general pervasive mood of unhappiness or depression; (E) A tendency to develop physical symptoms or fears associated with personal or school problems. (U.S. Department of Education, 1998, p. 62)

According to Quinn and Lee (2007), 1 in 20 students is currently labeled EBD in schools across America. Students identified with EBD display behavioral responses that are not only maladaptive, but often extremely disruptive for all involved. These responses are likely to be externalizing behaviors that play out in aggressive, defiant, or noncompliant ways and are persistent and pervasive throughout the student’s life (Lambros, Ward, Bocian, MacMillan, & Gresham, 1998). According to Lambros et al. (1998), students diagnosed with EBD tend to be
impulsive, explosive, and show poor social skills and academic progress. These behaviors many
times lead to teacher frustration and student dismissal from class since their behavior is so
blatant, disrespectful, disruptive, and interfering with academic instruction and learning
(Lambros et al., 1998). According to Barton-Arwood, Morrow, Lane, and Jolivette (2005), many
schools may actually promote the development of disruptive behaviors by employing methods of
punishment, such as dismissal from class or school, in response to inappropriate behaviors, while
at the same time failing to teach the students behaviors they are expected to use. According to
Johns, Crowley, and Guetzloe (2005), it is unacceptable to assume that a student actually knows
the appropriate response in any given situation, and it is the teachers’ responsibility to instruct
the student as to what behavior would be more appropriate. There is also often a lack of praise
given to students with EBD, despite evidence suggesting that simple praise can influence social
behaviors in a positive manner (Barton-Arwood et al., 2005). Oftentimes students with EBD
react in more emotional ways, are quick and easy to anger, and have more trouble calming
themselves down after becoming upset (Coie, 2004). This reliance on emotional responses leads
students with EBD to physically and verbally attack their peers more often, and as a result their
peers will reject and avoid them (Coie, 2004).

Students with EBD, who often experience peer rejection, little academic success, and
tend to be in constant trouble, are at a heightened risk for dropping out of school. According to
Eber et al. (2002), students with EBD have higher rates of dropout even when compared to other
students with disabilities. This statistic reinforces the need for effective interventions with this
population to maximize their potential to stay in school. Exacerbating this point even more is the
new emphasis on high-stakes testing and graduation exam requirements, which are causing these
students to have an increasingly hard time staying in school and receiving their diplomas (Cobb,
Sample, Alwell, & Johns, 2006). Dropping out of school also leads to various other serious problems for these youth. Students with EBD are often at a higher risk for unhappy adult lives, steady marital problems, unstable employment, frequent or multiple arrests, and drug or alcohol abuse (Quinn & Poirier, 2004). The effects of lower dropout rates can be seen and felt throughout society as a whole, meaning lower unemployment rates and possibly less crime.

According to Quinn and Poirier (2004), one student who drops out of school and ends up in a life of crime and drug abuse costs our society between 1,700,000 and 2,300,000 dollars a year.

According to Cobb et al. (2006), students with EBD felt that a major contributing factor to their dropping out was their feelings of social alienation. This demonstrates the tremendous amount of influence peers and social skills ability can have on students, especially those with EBD.

According to Kavale, Mathur, and Mostert (2004), students with EBD often possess deficits in social skills that negatively influence their adjustment to school, both academically and socially. These students avoid many social interactions and as a result, they do not experience enough positive social reinforcement to trigger the use of appropriate skills in these situations (Kavale et al., 2004). Kavale et al. (2004) stated that students who have deficits in social skills often experience low self-esteem, loneliness, and peer rejection. Also, students who have been rejected by their peers will change the way they interact in social situations after that rejection almost immediately (Coie, 2004). They come into new social situations carrying negative expectations that actually lead them to interact less competently with peers than they are capable (Coie, 2004). Kendziora (2004) stated that one good indication of school readiness in kindergarteners is the ability to develop positive peer relationships. However, the behavioral problems often exemplified by students with EBD, even at this young age, impair these students' ability to form these relationships and adversely affect their readiness to enter school (Kendziora,
Coie (2004) found that students with EBD, who were most often rejected by their peers, possessed fewer cognitive processing skills for using social information appropriately to establish and maintain positive peer relationships. They also had deficits in knowledge of strategies to resolve conflict and repair damaged relationships (Coie, 2004). Coie (2004) also stated that these students were more likely to hold grudges, revert to aggressive acts and threats more often, and feel that their peers meant to cause them harm. Peers begin to avoid these students, or even outright refuse to let them join their group during play, which develops into a negative cycle of social interactions (Coie, 2004). When their peers reject them, students with EBD resort to more disruptive behaviors, therefore confirming the negative impressions peers have of them, and this often leads to negative attention from their teachers as well (Coie, 2004).

The way in which teachers interact with students has tremendous influence over student behaviors within the classroom as a whole. When teachers react in negative ways towards students with EBD who are exhibiting disruptive behaviors, such as reprimanding them in front of the whole class or even yelling at them, they are setting the tone for disrespect throughout the classroom, and this tends to escalate disrespectful behavior on the part of the students as well (Johns et al., 2005). More students will treat the disruptive student badly, and as a result that student will be more disruptive. This implicates the importance of allowing students with EBD the opportunity to experience positive interactions with their peers and teachers to stop the cycle of negative peer relationships.

One specific way of ensuring the positive reinforcement of appropriate social skills is to implement social skills training interventions for students with EBD. These training interventions are meant to help develop specific social skills and increase the overall social competence of these students (Kavale et al., 2004). Kavale et al. (2004) described a few main characteristics that
effective social skills training interventions must include. The most successful interventions use techniques that, "target the social skills needing improvement, demonstrate, explain, or model these skills, allow the practice of these skills while being coached, provide feedback on this practice and reinforcement, and identify the social situations where the skill might be usefully applied" (Kavale et al., 2004, p. 446). Kavale et al. (2004) contended that allowing students with EBD positive experiences in social situations will ultimately promote their use of social skills and the efficacy with which they use them. As well, according to Bavolek (2005), learning occurs on cognitive and affective, or feeling, levels. The situations that individuals experience provoke in them both knowledge or information and feelings or attitudes (Bavolek, 2005). Therefore, negative experiences have lasting affects and can be observed in an individual’s behaviors (Bavolek, 2005). Bavolek (2005) strongly urged that in order for an intervention to be successful, it must target both the cognitive and affective levels of learning. Helping students with EBD learn appropriate social skills can make them more invested in, and therefore complete school. Kavale et al. (2004) suggested that interventions targeting social skills for students with EBD need to be regarded as an emerging practice and should be reviewed and refined in light of empirical support, however limited it may be.

Statement of the Problem

As a result of improved laws and policies, much more emphasis is being placed on school staff members to effectively deal with problem behaviors exhibited by students of all ages. New legislation is calling for intervention rather than expulsion of students with EBD, and teachers need quick and effective ways to deal with challenging behaviors. There is quite a substantial amount of literature that suggests students with EBD tend to lack sufficient social skills and are more alienated from their peers as a result. Current research on social skills training interventions
suggests that many produce only moderate results, but there are various ways to improve the effectiveness of these interventions for students with EBD. This warrants a more intensive look into the interventions that have shown better success rates in order to gain insight to improve current social skills training interventions. It would be beneficial to employ successful social skills training interventions for students with EBD in an efficient manner to help alleviate much of the distress and instability caused by their disruptive behaviors. If effective social skills training interventions can be employed to remediate deficits in students with EBD, their peer and teacher relationships, as well as their overall academic experience, can improve exponentially.

**Purpose Statement**

The purpose of this paper is to review current research on social skills training interventions for students with emotional/behavioral disorders and identify best practices through a literature review in the Spring of 2008.

**Research Questions**

This study will attempt to answer four research questions. They are:

1. What is known about the conditions needed for optimal success when using social skills training interventions for students with EBD?

2. What does the literature convey about early social skills interventions for students with EBD and what are some examples?

3. What is known about adolescent social skills interventions, including PPC, for students with EBD and what are some examples?

4. What does the literature convey about teacher perceptions of these social skills interventions for students with EBD?
Definition of Terms

There are a few terms that need to be defined in order to provide clarity for the reader.

*Affective Education*: Teaching aspects or curriculums that deal with the emotional content of the student’s learning process. Often focuses on how experiences can provoke feelings and influence attitudes.

*Emotional/behavioral disorder (EBD)*: A disorder that is characterized by emotional, behavioral, and social problems that interfere with the student’s academic progress. It is a special education category which is entitled to receive services.

*Performance deficit*: Students possess a skill but either don’t know how or when to use it, are not motivated to use it, or are not efficient in using it.

*Skill deficit*: Students simply lack a skill all together.

*Social skills*: Behaviors that help build and maintain social relationships and allow students to effectively deal with and adapt to social situations (Kavale et al., 2004).

*Social skills training interventions*: Procedures that instruct students on appropriate social skills using techniques such as modeling, practice and reinforcement as well as generalization and maintenance procedures (Kavale et al., 2004).

Assumptions and Limitations

It is assumed that students with EBD possess deficits in social skills that aggravate or enhance their disruptive behaviors. It is also assumed that social skills interventions have some effect on the behavior of students with EBD, and that peer interactions have influence on the lives of these students as well. It is assumed that the literature used in this review is valid and reliable. A limitation of this study is that it is merely a literature review and no new data is being developed.
Chapter II: Literature Review

This chapter will review literature on the important aspects of social skills training interventions that promote success when employed with students with emotional/behavioral disorders (EBD). Studies such as Cobb et al. (2006), Coie (2004), and Kavale et al. (2004) have suggested that one of the major influences on the development and maintenance of EBD in students is their lack of or inefficient use of social skills. Therefore, this chapter will discuss examples of various social skills training interventions that have some empirical support suggesting they can improve social skills deficits in students with EBD. The chapter will also discuss important aspects of these interventions that are needed for success as reviewed by the literature. A discussion of teacher perceptions of social skills training and the relationship these perceptions have to the effectiveness of the interventions as reported in the literature is included in this chapter as well.

Conditions that Promote Success

As for the success rates of social skills training interventions for students with EBD, the support up to this point is moderate. Frey and George-Nichols (2003) found that social skills training interventions were only moderately effective after a meta-analysis of different interventions used for students with EBD. Teaching students social skills in a group counseling session apart from the classroom environment was not effective at all for these students (Frey & George-Nichols, 2003). However, there are specific elements of social skills interventions that can promote the success of these when used for students with EBD.

Gresham (cited in Frey & George-Nichols, 2003) stated that social skills training interventions can have either small or fairly large effects on students with EBD depending on the implementation of the intervention. In order to be effective, the interventions must target the
specific deficit the students possess, either a skill deficit or a performance deficit (Frey & George-Nichols, 2003). Kavale et al. (2004) stated that students with EBD may possess both skill and performance deficits, resulting from a lack of opportunity to use appropriate skills. Skill deficits refer to the idea that a student simply does not possess the skill or has never learned it (Meadows & Stevens, 2004). Deficits are categorized as performance when a student has learned the skill but does not, or can not, apply it appropriately (Meadows & Stevens, 2004). Miller, Lane and Webby (2005) stated that interventions targeting skill deficits take on a very different form than those targeting performance deficits. Skill deficit interventions require direct instruction of those skills which the student is lacking, and performance deficit interventions focus on when to use a specific social skill and how it may look to use it appropriately (Miller et al., 2005). Whatever the approach, social skills training interventions should be presented in a systematic way similar to instruction used to teach academic skills (Miller et al., 2005).

According to Johns et al. (2005), the social skills should be broken down into small steps and each step should be taught individually. Then one must decide which deficit category the student fits into in order to select the appropriate intervention (Miller et al., 2005). The students’ current social skills must be assessed to determine which ones they already possess but don’t use appropriately, which skills they simply don’t have, and which skills would be the most important for success in school and with peers (Miller et al., 2005). Miller et al. (2005) suggested using behavioral observations, rating scales, and student self-reports to gather information on which social skills to target.

Eber et al. (2002) suggested that interventions need to incorporate aspects that are important to the individual student to keep him or her invested in the interventions and maximize the success rate. Gresham (cited in Frey & George-Nichols, 2003) stated that social skills
training interventions must include a substantial amount of direct contact and instruction with these students, take the functions of their current behaviors into account, and include effective reinforcement. The average social skills training intervention includes approximately three hours of instruction a week for only ten weeks resulting in a total of 30 hours, which has been shown to be quite ineffective at changing and maintaining new social skills for students with EBD (Gresham, Van, & Cook, 2006). These students seem to require a much more intensive intervention to improve their social skills competence. Gresham et al. (2006) found that when students with EBD were provided a social skills intervention that increased the total hours of instruction to 60, and built in opportunities to use the new skills in the classroom environment, the results were much better and longer lasting. This suggests it is beneficial to provide students with EBD practice of the social skills being taught in the classroom or social environment in which they struggle. Miller et al. (2005) suggested classroom interventions could include instructing and reinforcing teacher-approved social behaviors, such as raising their hand or staying in their seat, or peer-approved social behaviors, like taking turns or appropriate teamwork.

Social skills training interventions often focus on the cognitive aspects of learning and practicing new skills to improve student behaviors and responses. While this is certainly important, there remains another dimension in learning that is frequently ignored. Puurula et al. (2001) report that there is an important aspect of the educational process that focuses on the affect, or feelings, beliefs, attitudes, and emotions, of the students. Bavolek (2005), also suggested that learning occurs on both a cognitive and an affective level. The situations that individuals experience provoke in them both knowledge or information and feelings or attitudes (Bavolek, 2005). Therefore, negative experiences have lasting affects and can be observed in an
individual’s behaviors (Bavolek, 2005). On a more positive note, evidence suggests that when the affective domain is actively addressed during the instruction of any type of lesson, students experience increases in both their affective and academic processes (Puurula et al., 2001). Students seem to learn more and experience better retention of the material being studied if the lesson connects to both the affective and cognitive dimensions of student’s learning (Puurula et al., 2001). Bavolek (2005) strongly urged that in order for an intervention to be successful, it must target both the cognitive and affective levels of learning. Therefore, effective social skills training interventions need to include an affective component that cues students into the emotional responses they have in relation to the practice and use of these new skills.

Gresham (cited in Miller et al., 2005) found that social skills interventions were most effective and able to be maintained and generalized if they used direct teaching of social skills through modeling and providing reinforcement. Modeling allows the student to see another individual perform the behavior appropriately and can see what it looks like (Miller et al., 2005). It also allows students with EBD to practice the social skills themselves in a safe environment free of peer rejection and full of positive reinforcement (Miller et al., 2005). Gresham and Kern (2004) stated that in order for modeling to be effective in teaching social skills, the students observing must be able to pay attention to the individual who is modeling the behavior, have the capacity to remember what they observed, be able to copy what they saw, and be motivated to engage in the new behavior. Positive reinforcement, specifically positive praise is essential for success in social skills training interventions. Students need to experience clear, consistent, behavior-specific feedback while they are learning and practicing the skills to know exactly what behavior they should be using (Miller et al., 2005). Also, when the students begin to use the new
social skills in the natural environment, such as the classroom, they need to continue to experience positive reinforcement to maintain the skills (Miller et al., 2005).

In a study done by Miller et al. (2005), a social skills intervention was assessed for seven students, five males and two females, who were placed in a self-contained classroom due to their expression of severe behavioral issues. These students were within the ages of six and nine. This intervention employed the use of direct instruction of social skills for 30 minutes, three to four days a week, for six weeks in the special education classroom (Miller et al., 2005). The sessions addressed specific skill deficits or skills rarely, if ever, used by the students as reported by their teacher. Miller et al. (2005) found that the inappropriate classroom behavior of all but two of the students decreased after the social skills training intervention and appropriate participation in academics actually increased. This study seemed to support the use of social skills training interventions, however there was a very small sample size and only three of the students were actually receiving services for EBD. The students who participated in this study were in a self-contained classroom which may limit the generalizability of the results. However, the fact that they were in a self-contained classroom allowed them to learn the new social skills in the environment in which they would be using them on a daily basis. The intervention used was quite short and not the intensive type suggested as being the most successful for students with EBD, but improved behavior in many of the participants none the less. Frey and George-Nichols (2003) suggested a few encompassing strategies for social skills interventions to improve their effectiveness for students with EBD. These strategies included matching the intervention to the environments that the student is struggling in, using goal setting, making behavioral contracts that include positive reinforcement, enforcing group contingencies in which reinforcement for the whole group depends on individual behavior, peer tutoring, offering choices within reason,
and self-monitoring (Frey & George-Nichols, 2003). These are suggestions for optimizing success of social skills interventions as a whole, however there are more specific strategies depending on the type of intervention or age group being targeted.

*Early Interventions—Multisystems Approach*

Early interventions for students with EBD have enormous benefits. According to Lambros et al. (1998), there is evidence to suggest that optimal success comes from interventions applied early on in the students’ lives, and early identification and prevention measures can stop the maladaptive behavior patterns characteristic of students with EBD before they converge to develop the disorder. An alarming problem with early identification however, is that there are few procedures designed to identify and intervene with the maladaptive behaviors and needs of younger students (Conroy & Davis, 2000). According to Conroy and Davis (2000), anywhere from 10-15% of preschool children already show behavior problems, and half of these students continue to be overlooked and unidentified as needing services until age 12. There is a strong correlation between problem behaviors in children at the preschool level and identification of disorders in adolescence (Conroy & Davis, 2000). Walker, Nishioka, Zeller, Severson and Feil (2000) have reported that in most schools, referrals for identification of EBD are most frequent in the 14 to 15 year old range. That makes for a substantial gap of time in which preventative measures could have been in place to reduce the problem behaviors and instruct these students in appropriate social skills. Kendziora (2004) suggested a few principles to maximize the effectiveness of these early interventions. These include starting the interventions as soon as disruptive behaviors become apparent, maintaining them over longer periods of time, providing intensive instruction that offers a large amount of direct contact with the social skills being taught, using a multisystemic approach that targets educational and home environments, and
ensuring natural supports for the newly acquired social skills are available within all environments (Kendziora, 2004).

Conroy, Hendrickson and Hester (2004) reviewed a few early interventions that have been successful for students at-risk for developing EBD. Included were Incredible Years, First Step to Success, and Fast Track Project. Incredible Years is a social skills training intervention for children ages three to twelve who have been identified with or at risk for EBD that includes a parent, teacher, and child portion (Conroy et al., 2004). The teacher training portion uses group meetings and videotapes to equip them with specific strategies for providing attention and praise to students, reinforcing appropriate behaviors, preventing disruptive behaviors, creating positive social environments for all children, and instructing social and problem-solving skills within their classrooms (Conroy et al., 2004). The portion of the intervention targeting children is called the Dina Dinosaur Social Skills and Problem Solving Curriculum and uses modeling and puppets to teach the children general social skills, as well as appropriate skills for peer interactions and conflict resolution (Conroy et al., 2004). The parent intervention uses group meetings and videotapes to demonstrate problem behaviors often displayed by children with EBD and parents’ responses to them (Conroy et al., 2004). The intervention teaches the parents skills for appropriate play, use of time out, and ignoring disruptive behaviors (Conroy et al., 2004). The strategies used in this intervention are standardized, and there have been numerous studies done to assess its effectiveness. Webster-Stratton, Reid, and Hammond (2001) conducted a study with 34 classrooms consisting of four-year olds enrolled in a Head Start Program. Each of the classrooms employed the full Incredible Years intervention and data was collected at the conclusion. Following this intervention, the parents of the children relied on fewer negative parenting styles and had better relationships with their child’s teacher (Webster-Stratton et al.,
The children showed a significant decrease in problem behaviors at school, teachers had better overall classroom management, and these results continued to be true one year later (Webster-Stratton et al., 2001).

*First Step to Success* is an intensive social skills training intervention that lasts three months for kindergarteners at risk for developing EBD and includes three levels of intervention (Conroy et al., 2004). The first level involves a universal screening for students who are exhibiting signs of being at risk for EBD. The second level provides the teachers of these targeted students strategies or techniques they can employ to increase the use of appropriate social skills by these students, and the third level is a home-based intervention that teaches parents and children numerous social skills which they can use in school to promote success (Conroy et al., 2004). The students who are identified as at-risk during the screening process receive specific instruction on their particular problem behaviors, as well as social skills such as communication, sharing, cooperation, limit setting, problem solving, making friends, and developing confidence (Conroy et al., 2004). The students have behavioral goals that are specific to them and they receive reinforcement when they meet each goal (Conroy et al., 2004). First Step to Success has also been studied by a number of researchers and has been found to be quite effective for this population. Walker, Kavanagh, Stiller, Golly, Severson, and Feil (1998) conducted a four-year study using the *First Step to Success* intervention to teach social skills to 46 kindergarteners who were identified as at risk for developing EBD and found that these students’ disruptive behaviors significantly decreased, their academic time increased, and their adaptive behaviors also increased slightly. These results were maintained for several years after the study was conducted.
Fast Track Project is an elementary school intervention that uses a three-tier approach to social skills training. This intervention includes a universal school-wide prevention program to diminish disruptive behaviors at the first level, a more intensive prevention program for students identified as at-risk for EBD at the second level, and an individualized support program at the third level for the few students who do not respond to the first two levels (Conroy et al., 2004). Fast Track Project primarily teaches social skills such as problem-solving, emotional coping and peer relations, and evidence supports improvement of these skills in numerous studies of its effectiveness (Conroy et al., 2004). An aspect of this intervention that increases its success is the use of multiple environments, situations, and individuals. Conroy et al. (2004) stated that the most successful interventions are those that are continuously employed for a couple of years and make use of many different environments, individuals within those environments, and natural supports to promote generalization of the newly acquired behaviors. Fast Track Project is quite complex however, and is best suited for school-wide interventions rather than individual students (Conroy et al., 2004). The Conduct Problems Prevention Research Group (cited in Hoagwood et al., 2007) did a longitudinal study from 1999 to 2004 at 54 elementary schools, including 891 children with or at risk for EBD in grades one through five using the Fast Track Project. The students received social skills training, and the teachers were provided lessons on instructing students in emotion recognition, friendship skills, communication skills, and self-control skills (Hoagwood et al., 2007). Following the intervention, the students employed the use of fewer special education services, demonstrated better social problem-solving and coping skills, presented with less aggressive behaviors and had more positive peer relationships, all of which lasted throughout elementary school (Hoagwood et al., 2007).
The *Nurturing Skills Curriculum* is another intervention that has been empirically validated to improve young children's social skills, among other important dimensions of behavior. This program is one of the many *Nurturing* programs developed by Dr. Stephen Bavolek in 1988 with the main purpose of teaching children and their families how to make healthy life choices (Vespo, Capece, & Behforooz, 2006). The *Nurturing Skills Curriculum* can be used with children in grades as young as kindergarten and targets skills such as self-image, self-awareness, appropriate expression of feelings, empathy, communication skills, and appropriate peer interaction (Vespo et al., 2006). This program is designed to be implemented by the teacher in the classroom, and contains 71 lessons, each lasting between 20 and 25 minutes long (Vespo et al., 2006). Following Bavolek's theory of the affective aspect of learning, each lesson contains both an informational component and an experiential or affective component (Vespo et al., 2006). A study was done to assess the effects of the *Nurturing Skills Curriculum* on eight kindergarten classrooms with the teachers attempting to introduce two lessons per week (Vespo et al., 2006). The children in the participating classes were observed and rated, and the results showed a significant decrease in aggression, dominance, disruptive behavior, social insecurity, and academic immaturity (Vespo et al., 2006). As well, significant increases in prosocial behavior, self-directed behavior, and overall comfort with the teacher were reported (Vespo et al., 2006). This study also found that students who were struggling with these maladaptive behaviors at the beginning of the school year made the biggest improvements throughout the course of the intervention (Vespo et al., 2006). This has implications for those students who are at risk for developing EBD and the ability to intervene early with successful results. These results were consistent across classrooms and children and suggest that the
Nurturing Skills Curriculum can increase the overall expression of prosocial behavior in children as young as kindergarteners (Vespo et al., 2006).

Another type of early social skills training intervention often used is called naturalistic peer interventions. According to Brown and Odom (1995), naturalistic peer interventions have evolved from the idea that skills targeted by interventions will be both maintained and generalized easier if the instruction of these skills takes place in the environment in which the student is expected to use them. These interventions involve teachers specifically encouraging and reminding students to initiate and interact with others who are showing difficulties in social interactions within the classroom environment throughout the day (Brown & Odom, 1995). Two specific examples of naturalistic peer interventions that target the preschool age have shown some support for their use for students with EBD.

One of these interventions is called incidental teaching. This method has been used quite commonly with young children during language acquisition, but can also be used to initially teach and help transition new social skills to environments in which children will be using them (Brown & Odom, 1995). Incidental teaching involves identifying students who seem to be struggling socially, such as those who rarely initiate play or respond to their peers, and determining through observation of these children what might spark their interest (Brown & Odom, 1995). Highly social peers need to be identified next and instructed to initiate play and respond to these less socially inclined peers (Brown & Odom, 1995). Structured and unstructured times throughout the day should be determined in which the teaching of social behaviors can occur, and both direct and indirect prompts should be used to remind students to interact with their struggling peers (Brown & Odom, 1995). Teachers should monitor these interactions to redirect play if needed, make sure both students are remaining positive, and offer praise for the
positive interactions both immediately following the interaction and throughout the day (Brown & Odom, 1995).

Another naturalistic peer intervention often used is friendship activities. These activities have been shown to improve social interactions with peers, as well as maintain and generalize social skills in young students identified with or at risk for EBD (Brown & Odom, 1995). Friendship activities promote an environment that provides the opportunity for students with social skills deficits to practice adaptive peer interactions with many different activities and peers throughout the day and to discuss why it is important to have and keep friends (Brown & Odom, 1995). In the classroom, friendship activities interventions take the form of songs and activities throughout the day that encourage interaction among all children, model appropriate social skills between peers, provide opportunities to rehearse these skills, and discuss the importance of friends (Brown & Odom, 1995). Teachers introduce these songs and activities as ones that will help all students display behaviors that promote friendships among peers, and the students who are struggling with peer interactions are targeted as much as possible for practice of these social skills during the activities (Brown & Odom, 1995).

Adolescent Interventions

Even though early interventions are so beneficial for students with EBD, as was stated before many students do not begin to receive support until adolescence. Peers begin to take on a much bigger role in influencing behavior at this age, and interventions must take this peer influence into account (Miller-Johnson & Costanzo, 2004). In this age group, conflict resolution is a critical skill that students with EBD should be taught. According to Johns et al. (2005), teaching students alternative solutions to conflicts other than aggression and violence will lead to many positive changes in their everyday lives, especially with peer relations. Conflict resolution
training requires students to face their problems and learn negotiation skills that can be applied in numerous situations (Johns et al., 2005). It is also important to teach adolescents with EBD strategies to better manage their own behavior. A few of these strategies could include having the teacher interview their students about behaviors they choose in order to have them stop and think before acting, having the students keep a journal to allow for self-reflection while learning new social skills, or having the students monitor their behavior using a chart to mark instances or absences of disruptive behaviors (Johns et al., 2005).

Johns et al. (2005) discussed a couple of strategies that can be taught to students with EBD to help remind them how to react in social situations. One of these strategies is called FAST and involves teaching the students to freeze and think about the situation and alternative behaviors they could employ, evaluate each alternative solution for its effectiveness, and try one out (Johns et al., 2005). Another strategy is called SLAM, and students with EBD can resort to this when they receive negative feedback from their peers (Johns et al., 2005). SLAM involves stopping to think and take a breath, looking at the individual who provided the negative feedback, asking for clarification, and making an appropriate choice for a response to the feedback (Johns et al., 2005). There are numerous social skills interventions for this age group that have some evidence supporting their use. Following are a few examples of typical interventions used for students with EBD to help promote social skills acquisition during adolescence.

ASSET is a social skills intervention for adolescents, particularly those with EBD, who present deficits in the functioning of their social skills (Johns et al., 2005). This intervention can be used within the general education classroom and focuses on social skills such as giving positive and negative feedback, accepting negative feedback, negotiation skills, resistance to peer
pressure, following directions, initiating conversations, and problem solving skills (Johns et al., 2005). *ASSET* uses a direct instruction approach that breaks each skill into a series of steps to facilitate learning the skill, and instruction follows a set sequence for each and every session and skill (Johns et al., 2005). Each session begins with a review of previously learned skills and homework from the previous session, then the current skill being taught is discussed, emphasizing what it is, why it is useful, and when it would be appropriate to use (Johns et al., 2005). Every skill is broken down into the specific behaviors needed to perform it and a checklist of these behaviors is provided for the students (Johns et al., 2005). The students view a model demonstrating the appropriate skill, have the opportunity to rehearse the steps verbally first, and then practice performing the skill on their own (Johns et al., 2005). Homework is assigned to ensure the students are practicing the skill in other environments, thus promoting maintenance and generalization (Johns et al., 2005).

*Skillstreaming* is a social skills training intervention that employs four of the instructional techniques: modeling, role playing, feedback on performance, and techniques to transfer the newly learned skills to other environments, that are most often associated with success for students with EBD (Kavale et al., 2004). *Skillstreaming* employs the use of modeling to ensure that the students are exposed to examples of the appropriate ways in which the skill can be used, and then provides opportunities to the students for practice of the skills and behaviors during the role playing portion of the intervention (Kavale et al., 2004). The students receive feedback regarding their performance of the skill and are assigned homework to promote more use of the skills in various situations and environments in the students’ lives (Kavale et al., 2004).

*ACCEPTS* is another social skills training intervention often used with adolescents. This intervention is quite similar to the others in that it uses direct instruction to teach students with
EBD social skills they can apply to everyday situations to improve relationships with both peers and adults (Kavale et al., 2004). ACCEPTS uses teacher instruction to inform the students about relevant social skills, emphasizing the definition and appropriate situations and applications of that skill, and then requires the teacher to model the skill appropriately for the students (Kavale et al., 2004). Following the demonstration of an appropriate use of the skill, the teacher also models an inappropriate use, and then requires the students to review the definition of the skill aloud (Kavale et al., 2004). The teacher again models a positive example of the skill, informs the students of the various situations in which the skill could be applied appropriately, and then allows the students to role play using the skill to build confidence and mastery in employing it in everyday situations (Kavale et al., 2004).

Errors in Thinking is a program developed from theories proposed by Dr. Stanton Samenow and Dr. Samuel Yochelson that focus on the idea that individuals engage in thinking errors that result in maladaptive or antisocial behaviors (Mussack, 2000). The Errors in Thinking program targets these thinking errors and teaches students how to change them into more adaptive and social ways of thinking, and as a result, behaving (Mussack, 2000). Some examples of thinking errors often used by students with EBD include, making excuses for everything, blaming others, justifying their behaviors, redefining in order to shift the focus off of them, lying to confuse, distort, and make fools of other individuals, building themselves up by putting others down, and minimizing the impact of behaviors (Mussack, 2000). These thinking errors often result in the student gaining power over intended individuals (Mussack, 2000). Therefore, it would be helpful to call students’ attention to these errors in thinking and teach them alternative methods of thinking or obtaining what they need from other individuals.
Positive Peer Cultures

According to Heckenlaible-Gotto and Roggow (2007), high school students are influenced more often by peers than adults, and it seems they may be more willing to try an intervention if it is led by their peers rather than teachers or other school staff members. In fact, students with EBD do not respond as well to interventions that are led only by adults, and they may actually learn more by participating in a group that is led mostly by their peers and involves students helping other students (Heckenlaible-Gotto & Roggow, 2007). Laursen (2005) suggested that a positive peer group can provide acceptance, emotional support, and most importantly, a place to try out new social behaviors in a way that has more influence than adult-led social skills intervention ever could.

Positive Peer Culture, PPC, employs this use of peer-led groups and peer influence to place responsibility for change solely on the students (Laursen, 2005). PPC’s philosophy is that all students, no matter how behaviorally challenged, have the ability to solve their own problems and suggest solutions to their peers’ problems as well (Opp, Unger, & Teichmann, 2007). A school staff member or adult merely facilitates the group by setting limits, redirecting if necessary, and encouraging students throughout the sessions (Heckenlaible-Gotto & Roggow, 2007). Laursen (2005) described it as “teaching values rather than imposing rules” (p. 138). The students are required to define their own set of rules for how the group will be run and hold each other responsible for following them (Heckenlaible-Gotto & Roggow, 2007). Students decide who is participating appropriately and who is not, and come up with alternative solutions to maladaptive behaviors expressed as concerns by group members (Heckenlaible-Gotto & Roggow, 2007). These group sessions allow students with EBD to learn to accept suggestions from one another, and also how to provide help to their peers in a positive way. It requires these
students take some ownership and responsibility for their behaviors and express aloud their emotional reactions, which can help regulate these emotions in the future (Opp et al., 2007). The session often involves one or more students volunteering, when they feel comfortable, a problem behavior they need to work on while the rest of the group searches their own experiences to come up with better options or alternative behaviors for the students to try (Heckenlaible-Gotto & Roggow, 2007). Some students with EBD may have a hard time searching and correcting their own maladaptive behaviors, but may benefit from offering solutions to other students in their group (Heckenlaible-Gotto & Roggow, 2007). Students can bring their concerns to the group often, just offer advice each time, or be more passive and merely belong to the group while observing others (Opp et al., 2007). PPC also requires students to explore situations in which they refrained from using a maladaptive behavior or when they chose a positive alternative behavior and experience these as successes (Laursen, 2005). PPC uses a consistent problem-solving process which helps the students become more socially prepared and teaches these students important problem-solving skills (Heckenlaible-Gotto & Roggow, 2007). PPC allows students with EBD to work through their social and behavioral concerns in a supportive peer environment and provides them with the opportunity to experience positive reinforcement in social situations (Heckenlaible-Gotto & Roggow, 2007). PPC calls for school staff to take a step back and trust the peer group to settle student issues (Opp et al., 2007). This can be quite trying for staff members. They have to trust that the students will come up with solutions that are appropriate and helpful for each other.

While PPC is a rather new phenomenon, it is gaining empirical support in its effectiveness for students with EBD. Opp et al. (2007) started a project that implemented PPC groups in schools for children with EBD for three years and found that the students generally
responded very positively. Attendance to these groups was voluntary in each of the schools, but the students consistently attended and participated in every meeting (Opp et al., 2007). Following the implementation of PPC groups within the schools, results showed that the students formed friendships within the group, experienced more positive peer relationships outside the group, and were described by their teachers as better able to use their words to solve conflicts within the classroom setting as well (Opp et al., 2007).

Teacher Perceptions

There is evidence to suggest that teachers often do not use social skills interventions with their students despite the knowledge that they can be quite successful (Brown & Odom, 1995). A study by McConnell, McEvoy, and Odom (cited in Brown & Odom, 1995) found that teachers in 22 different preschools rarely, if ever, used social skills training interventions within their classrooms. Also, a national survey consisting of 131 teachers found similar results, in that teachers often did not employ any social skills training interventions in the classroom, and those that did frequently chose unsuccessful ones (Brown & Odom, 1995). Although the sample sizes in these studies were small, since there is a general lack of research on teacher perceptions of implementing social skills interventions, these results can be considered as evidence of a need for more education on aspects of this type of intervention. Teacher confidence and enthusiasm for social skills interventions seem to be critical for the implementation and success of these interventions (Brown & Odom, 1995). Teachers seem to need something more in order to persuade them to employ these successful interventions:

According to Choi and Heckenlaible-Gotto (2001) there is not much research focused on having teachers implement the social skills training interventions, rather most research focuses on pull-out programs provided by other school staff members. This raises issues of
generalization and maintenance of the social skills once the students return to the classroom and interact with their peers (Choi & Heckenlaible-Gotto, 2001). A possible solution to this problem is to have the teacher lead the social skills intervention with the entire class in order to help students who are struggling with social skills learn these in the environment in which they are expected to use them effectively (Choi & Heckenlaible-Gotto, 2001). This also allows for the students to receive social skills training every day for a longer amount of time, and the teachers are able to correct or prompt appropriate use throughout the entire day. According to Choi and Heckenlaible-Gotto (2001), the studies that have explored teacher-led social skills training interventions fail to address whether or not the teacher taught the skills accurately and consistently, and this could undermine any results they collected. Also, in the research that has been done, little or no assistance or support was available for the teachers implementing the interventions, except for an inservice training at the beginning of implementation in a few cases (Choi & Heckenlaible-Gotto, 2001).

A study done by Choi and Heckenlaible-Gotto (2001) compared the effectiveness of a teacher-led social skills training intervention and the exact same intervention led by a school psychologist. The teacher and school psychologist in this study were provided two one hour training sessions on how to implement this intervention prior to the actual instruction (Choi & Heckenlaible-Gotto, 2001). This study used two different but comparable first grade classrooms in the Midwest and used a pretest/posttest design measuring peer ratings of appropriate social behaviors for all students in each of the classrooms (Choi & Heckenlaible-Gotto, 2001). The peer ratings were on a five point Likert-type scale and measured the students on like to work with and like to play with criteria (Choi & Heckenlaible-Gotto, 2001). After the initial ratings by all students, both groups, one led by their teacher in the classroom and the other led by the school
psychologist in another room, were given 30 minutes of social skills training twice a week for four weeks (Choi & Heckenlaible-Gotto, 2001). The results of this study showed that the students in the teacher-led group showed significant improvement in the like to work with peer ratings, and there was also an improvement in the like to play with peer ratings for this group as well compared to the school psychologist-led group (Choi & Heckenlaible-Gotto, 2001). Choi and Heckenlaible-Gotto (2001) stated the success and improvement of peer acceptance of the teacher-led group over the other may have been the result of the fact that it was easier for the students to practice and receive reinforcement for their use of appropriate social skills in their classrooms. The teacher in this study also reported more confidence in her ability to teach social skills to her students (Choi & Heckenlaible-Gotto, 2001). It seems that it may be helpful for teachers to directly instruct their students in social skills to improve deficits, however many teachers do not receive adequate support for doing this and may not perceive the interventions as useful. This could lead them to push the interventions to the side in lieu of their many other responsibilities throughout the school day.

According to Johns et al. (2005), teaching social skills is essential to successful education of students with EBD, however many teachers simply fail to directly address these. There may be two main factors that determine whether or not a teacher will employ an effective social skills intervention with their students. The teacher’s self-efficacy and philosophical acceptance both help determine whether or not the teacher will accept and use a specific intervention (Barton-Arwood et al., 2005). Self-efficacy involves the teachers’ belief and confidence in themselves as to how much they can influence and promote learning in their students, and often the higher the self-efficacy, the more open to trying new interventions teachers are (Barton-Arwood et al., 2005). Philosophical acceptance is the idea the teacher has as to how useful or easy to implement
an intervention is and if it fits with their general approach to teaching (Barton-Arwood et al., 2005). Interventions that seem useful or that fit with the teacher's style will be used more often than those that do not (Barton-Arwood et al., 2005).

Barton-Arwood et al. (2005) suggested that there are a few factors, in particular, that inhibit teachers from using effective social skills interventions. Teachers may not have been trained to use specific intervention techniques that can go along with social skills training, many teachers resort to negative approaches, such as punishment, in response to disruptive behaviors, and many teachers are not easily persuaded to try new techniques or interventions that do not fit into their typical routine for managing the classroom (Barton-Arwood et al., 2005). It may be helpful to train teachers in using these types of interventions to build their confidence and knowledge in them in hopes that as a result, teachers will discover these interventions as more useful and practical to implement in their classrooms (Barton-Arwood et al., 2005). In a study done by Barton-Arwood et al. (2005), a one-day workshop to inform teachers on how to assess social behaviors and how to implement social skills training interventions was held for 22 female educators from various school districts in south-eastern Ohio. Many of the educators had been teaching for many years and most worked at elementary schools, with a few at high schools, in various roles within their school district. The training included information on replacement behaviors, skill deficits, performance deficits, modeling and reinforcement schedules, and assessed the teachers' perceived knowledge, usefulness, and confidence in regard to the content covered by the workshop, as well as their actual knowledge through a pre-test survey (Barton-Arwood et al., 2005). The teachers were then given a post-test after the workshop covering the same questions as the pre-test. Significant changes in perceived and actual knowledge, confidence, and usefulness of the content covered by the workshop were found (Barton-Arwood
et al., 2005). Although this study had a small and limited sample size, it did show the
effectiveness of training teachers in social skills interventions. Among the general lack of
research done on teacher training in social skills interventions, this study was able to generate
significant results to support the idea that teachers need sufficient training to effectively
implement these interventions.

Success of social skills training interventions is related to the generalizability and
maintenance of the skills the students are acquiring during the lessons. There is some evidence to
suggest that both generalizability and maintenance can be improved if the students learn the
skills in the environment in which they will use them and this means the instruction may lie with
their teacher. However, it seems that teachers need more training and information about social
skills interventions to see an increase in the effective use of these interventions. Teachers
confidence in teaching social skills to their students, as well as their perceptions of the usefulness
of these interventions need to be addressed and improved to see success in social skills training
for students with EBD. Specific training for social skills interventions, as well as ongoing
support throughout implementation are also critical if teachers are to be consistently and
accurately providing these interventions to students with EBD.
Chapter III: Critical Analysis

Based on an examination of the literature on social skills training interventions for students with emotional/behavioral disorders (EBD), there are certain criteria that must be adhered to when using these interventions to promote success, despite only moderate evidence supporting the use of this type of intervention. There are many types of social skills interventions, but there are a few that have been more successful than others. Teacher perceptions seem to be an influential aspect on the success of interventions for students with EBD, and it seems they need more training to promote the use of effective interventions, as reported by Barton-Arwood et al. (2005). A summary of this literature, including the key points and themes developed, is included here. Implications of these findings and recommendations from this review are also included.

Summary of Findings

Social skills interventions experience the most success when they are individualized as much as possible for the specific student with EBD being targeted by the interventions. The intervention should match specific deficits of individuals, whether it is a skill deficit or a performance deficit, and employ the techniques that best remediate that deficit (Frey & George-Nichols, 2003). Successful interventions often use direct instruction to teach social skills to students with EBD. Direct instruction allows for the skills to be broken down into smaller and specific steps, making it easier for the students to learn and practice them (Johns et al., 2005). Social skills training interventions for students with EBD need to be intensive programs, involving many hours of direct contact with the skills they are learning and may be more successful if implemented within the environment in which the students are expected to use the new skills (Gresham et al., 2006). These interventions also need to include an affective
component that cues students into the ways in which their feelings and attitudes are formed by experiences (Puurula et al., 2001). The use of modeling and behavior specific feedback has also been shown to be most effective when teaching students with EBD social skills. The modeling and feedback aspects allow these students to observe a skill being performed appropriately and give them opportunities to practice the skill in a safe environment while being positively reinforced for performing it (Miller et al., 2005). If these aspects are applied to social skills training interventions, success rates for students with EBD should increase.

Early intervention is critical in remediation of social skills deficits in students with EBD. The sooner the deficits are corrected, the less adverse the effects will be. It has been suggested that early identification of EBD and intervention may actually prevent many of the maladaptive behavior patterns seen by many students with EBD in later years (Lambros et al., 1998). There are few strategies at this time, however, for identification and intervention at such young ages (Conroy & Davis, 2000). Successful interventions at this level often include starting the intervention as soon as disruptive behaviors become apparent, maintaining them over longer periods of time, and providing intensive instruction that offers a large amount of direct contact with the social skills being taught (Kendziora, 2004). As well, Bavolek (2005) strongly urged that in order for an intervention to be successful, it must target both the cognitive and affective levels of learning. Employing the use of a multisystemic approach that targets educational and home environments also leads to greater success rates in social skills training interventions for young children with or at risk for EBD (Kendziora, 2004). Naturalistic peer interventions have also been successful for young children with EBD. Brown and Odom (1995) suggested that naturalistic peer interventions came from the idea that social skills will be maintained and generalized better if the instruction of these skills takes place in the environment in which the
student is expected to use them. Naturalistic peer interventions promote an environment that provides the opportunity for students with social skills deficits to practice adaptive peer interactions with many different activities and peers and to discuss why it is important to have and keep friends (Brown & Odom, 1995).

Many students do not begin to receive support for EBD until the adolescent years making social skills interventions at this age range critical. Peers begin to take on a much bigger role in influencing behavior and interventions must take this peer influence into account (Miller-Johnson & Costanzo, 2004). Adolescent social skills training interventions often focus on conflict resolution training and strategies for self-regulation of behaviors. Conflict resolution training requires students to face their problems and learn negotiation skills that can be applied throughout their lives (Johns et al., 2005). Self-regulation strategies include having students with EBD stop and think before acting and keeping a journal to help them reflect on the new skills they are learning (Johns et al., 2005). Many of the social skills training interventions at this age focus on communication skills and being able to give and take positive, as well as negative feedback. Students often learn the definitions of new skills, see them modeled appropriately, practice the new skills themselves, and receive feedback and reinforcement for appropriate use on their own (Kavale et al., 2004).

Most students with EBD do not respond as well to interventions that are led only by adults, and they may actually learn more by participating in a group that is led mostly by their peers and involves students helping other students (Hechenlaible-Gotto & Roggow, 2007). Positive Peer Culture, PPC, employs this use of peer-led groups and peer influence to place responsibility for change mostly on the students (Laursen, 2005). PPC’s philosophy is that all students, no matter how behaviorally challenged, have the ability to solve their own problems
and suggest solutions to their peers' problems as well (Opp, Unger, & Teichmann, 2007). PPC stresses searching for situations in which the students chose an appropriate behavior and to congratulate themselves for that as well (Laursen, 2005). There is emerging research that suggests this approach is quite successful for students with EBD. It seems that PPC may allow students with EBD to not only learn new social skills, but also to experience positive reinforcement in social situations and put words to their emotions to help regulate them (Heckenlaible-Gotto & Roggow, 2007).

There is evidence to suggest that teachers often do not use social skills interventions with their students despite the knowledge that they can be quite successful (Brown & Odom, 1995). Evidence also suggests that students experience more success from social skills training interventions when they are implemented in the classroom in which they will be using these skills (Choi & Heckenlaible-Gotto, 2001). According to Johns et al. (2005), teaching social skills is essential to successful education of students with EBD. However, there is a limited amount of research on success of teacher-implemented interventions and the research that has been done fails to address the consistency and accuracy of the interventions (Choi & Heckenlaible-Gotto, 2001). Teachers often employ effective social skills interventions with their students only when the intervention fits with their current teaching style and seems useful to them (Barton-Arwood et al., 2005). Teachers are often also left without enough support to carry an intervention through successfully (Choi & Heckenlaible-Gotto, 2001). It may be helpful to train teachers in using these types of interventions to build their confidence and knowledge in using the techniques in hopes that as a result, teachers will discover these interventions as more useful and practical to implement in their classrooms (Barton-Arwood et al., 2005).
Implications

The literature suggests that if social skills interventions for students with EBD could reduce their deficits in these skills, they could better develop positive peer relationships. Having more positive relationships with their peers leads to less alienation and more opportunities for these students to receive reinforcement for the appropriate use of social skills. This could significantly reduce the amount of disruptive behaviors exhibited by these students. This could also improve their overall academic outcomes and result in lower drop-out rates for this population. They will have a wider range of appropriate behaviors to choose from and they will not have to resort to inappropriate means of gaining attention. This in turn leads to a better controlled classroom environment for all, and teachers can spend their time instructing rather than controlling behaviors.

Recommendations

The literature on social skills training interventions indicates that there needs to be more research done on interventions that specifically target students with EBD and the conditions they need to have success with social skills training. One recommendation is interventions that match the individual students' deficits and are more specific to the individual students need to be studied for their effectiveness with the EBD population.

There is evidence in the literature that students learn and retain knowledge more readily if both the affective and cognitive dimensions of learning are targeted. There is also a lack of research conducted on the effectiveness of social skills training programs that include an affective component. Therefore, a recommendation is that more research on social skills training interventions with affective, as well as cognitive, components be conducted and reviewed.
The literature also suggests that early social skills interventions have the most benefits and long-term success for students with EBD. Another recommendation is that interventions for students with or at risk for EBD need to be implemented at much younger ages. There is a need to study and form better assessments of social skills deficits that target younger populations. More research needs to be conducted to facilitate the implementation of successful early interventions for students with EBD as well.

There is evidence in the literature that students with social skills deficits experience more success from interventions that are implemented within the classroom in which they are expected to use these skills. However, there is also evidence to suggest that many teachers do not implement successful social skills interventions within their classrooms, and those that do often experience little to no support. Teachers often feel unprepared to implement these types of intervention, therefore a recommendation is that teachers need better and more training on social skills interventions in order to build their confidence in these techniques so they actually implement them within their classrooms.

The literature also suggests that there is little research on the success rates of those teachers that do implement social skills training interventions in their classrooms and whether or not they are consistent and accurate in delivery of these. A recommendation is that more research be done on the success rates of teacher-led social skills training interventions in order to be able to discern what works for students with EBD and inform all teachers of best practices when implementing these interventions.
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