SOCIAL SKILLS AND CHILDREN WITH LEARNING DISABILITIES

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Abstract

Social skills are the foundation for getting along with others. Lack of Social Skills can lead to behavioral difficulties in school, delinquency, inattentiveness, peer rejection, emotional difficulties, bullying, difficulty in making friends, aggressiveness, problems in interpersonal relationships, poor self-concept, academic failures, concentration difficulties, isolation from peers, and depression. Children with learning disabilities, sensory integration difficulties, Autism spectrum disorder neurological disorders, and emotional disabilities often need additional training in social skills. They will be likely to benefit from direct instruction in social skills groups led by trained professionals and the availability of a safe environment in which to practice newly learned skills. The present

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Students with learning disabilities (LD) by definition experience learning problems that interfere with their academic success in the classroom. The established link between LD and social skill difficulties, however, has persuaded the US Interagency committee on learning disability (ICLD, 1987) to induce social skills as an additional deficit area for identifying students with LD.

We should teach social skills to students with LD. These students are poorly accepted and more frequently neglected or rejected by their classmates than are their non-LD peers. Social skills are important and wish that students demonstrate more pro social behaviours, but do not believe it is the school's responsibility to teach social skills. The teachers believe social behaviours should be learned at home and that it is the family duty to ensure the acquisition and mastery of positive social behaviours. The issue of defining social skills has been approached by many researchers and proven to be an enigmatic task. According to Foster and Ritchey (1979), social skills are, 'those responses, which within a given situation prove effective, in other words maximize the probability of producing, maintaining or enhancing positive effects for the interaction.

The acquisition of social skills is a vital area of learning. Accumulating evidence shows that many learning disabled students do poorly in social situations. Although these students may be average or even above average in areas such as verbal intelligence, they have difficulty in meeting the basic social demands of every day life. Moreover, these social skill deficits are often related to other kinds of failures in school learning (Carlson, 1987, Hazel, 1987, Osman, 1987; Bruck, 1986a; Pearl, 1986).

Not all learning-disabled youngsters display social in competencies. Some students have both social disabilities and academic disabilities; others have social disability but do well in academic learning and a third group have academic problems but are competent in the social sphere. In fact for many the social sphere is an area of strength. They are socially competent at making and maintaining friends, and they work at pleasing teachers & parents (Vaughn & Haager, 1994). However, it is estimated that as many as one third of students with learning disabilities have problems with social-skills (Voeller, 1994). Some individuals have a social skill disability but do well in academic domains; others have both social and academic disabilities.

The student's social disability may be a primary and discrete, separate from academic and learning problems (Voeller, 1994). However, it can also reflect a secondary problem if it is the failure to learn that creates secondary social and emotional problems

Deficits in social skills are probably the most crippling type of problem that a student can have. In terms of social life functioning, a social problem may be far more disabling than an academic dysfunction. A social disability affects almost every aspect of life, in school, at home and at play. Research shows that, for many children with learning disabilities, poor social skills are a major factor. These youngsters lack sensitivity to others, have a poor perception of social situations and suffer social rejection (Pearl & Bryan, 1994; Vaughn & Haager, 1994; Vaughn, Zaragoza, Hogan & Walker, 1993)

Students with learning disabilities often have difficulty with social information processing, social perception, and social competence. These difficulties often result in these students being less accepted by their peers, and viewed by their teachers as having more overall classroom behavior problems and being less socially competent (Toro et al., 1990). Also, parents view their children with LD as having less social competence, and more behavior problems than their siblings (Dyson, 2003; Gresham & Reschly, 1986).

Social perception involves the ability to understand social situations, and having sensitivity to the feelings of others. Many students with learning disabilities often have difficulty in perceiving subtle social cues of others in social situations. They have difficulty picking up on subtle messages conveyed by facial expressions, body language and tone of voice of others in social interactions (Axelrod, 1982; Meadan & Halle, 2004; Most & Greenbank, 2000; McNamara, 1999; Stiliadis & Wiener, 1989). Because of the insensitivity to the feelings of others, students with learning disabilities may demonstrate inappropriate language or behavior, and not pick up on cues that the other person is angry, sad or offended by the behavior (Learner, 2000).

Students' behavioral responses to social cues occur as a function of the way that they process information (McNamara, 1999). To process information, students have to perceive and encode social cues in the environment. Then, the students need to interpret these social cues, select and evaluate a response, and then respond to the situation. Many students with learning disabilities differ from their nondisabled peers in the area of social information processing. Deficiencies in the processing of information in social situations may affect the students' ability to generate quality response decisions and effectively enact upon those decisions (McNamara, 1999; Turkaspa & Bryan, 1994). "The processing problems they experience "can cause them to have difficulty in understanding their own and other persons' social cues and behaving in socially acceptable ways" (Turnbull, H. R., Turnbull, A.P., 2004).

We have all met people who seem to know what to say and what to do no matter which they are with or what situation they are in. Sometimes we watch with envy as they move from person to person, talking, but always seemingly at ease. We often refer to these people as socially competent. In an attempt to better understand social competence, a panel of experts met under the auspices of the office of child development. The result was twenty-nine statements describing social competence, ranging from self-concept to self-care to perceptual skills.

According to Ritchey & Foster (1979) social competence is defined as "Those responses, which within a given situation prove effective, or in other words, maximize the probability of producing, maintaining or enhancing positive effects for the interaction," and it should be added without harm to the other."

According to Gresham (1986), Social competence refers to "an evaluation that a person has performed a task adequately is socially competent if it results in positive social outcomes for people."

Vaughn and Hogas (1990) defined social competence as "a multidimensional construct consisting of positive relations with others, accurate and age appropriate social cognition, absence of maladaptive behaviours and effective social skills refers to specific behaviours an individual exhibits to perform competently on a task.

Everyone needs competencies in social skills for successful daily living. Social skills enable children to successfully interact with peers, teachers and others; accurately recognize and sensitively respond to emotions expressed by others, or express desires and preferences in socially acceptable ways. Social

competencies enable students to identify and solve social problems in a socially acceptable manner (Friend & Bursuck, 1996).

Social competence-represents an evaluation based on judgments about whether or not a social task has been performed competently. Social competence involves perceiving, encoding, and interpreting social cues, selecting an appropriate response, and appropriately enacting the social response (*Adapted from Gresham, 1992* & Kavale & Forness, 1996).

Social competence means that students establish the following social skills (Vaughn & Haager, 1994; Voeller, 1994).i) Positive relations with others: This includes the ability to make and maintain positive relations with a range of people including classmates, teachers, and parents and at later ages, intimate relation with students. The focus is usually on peer, parent and teacher relations. ii) Accurate and age-appropriate social cognition: The component includes how the student thinks about self and others, as well as the extent to which the students understand and interpret the social situations this component includes self perception, social problem solving, attributions, locus of control, empathy and social judgment.iii)The absence of maladaptive behaviour:This component focuses on the absence of behaviour problems that interfere with social functioning such as disruptive behaviour, anxiety, attention problems, and lack of self-control.iv)Effective social behaviour: This includes that the student develop effective social behaviours that are often included in social skills intervention programmes. These social behaviours include initiating contact with others, responding cooperatively to request and giving and receiving feedback.

Students who are socially competent demonstrate appropriate and socially accepted behaviors in social situations as well demonstrate appropriate interactions with others. Determining social competence often includes the perception of peers or other individuals and the perception of the students themselves of their social ability (Nowicki, 2003). The peers and the adults with whom students with learning disabilities have contact on a daily basis often view students with learning disabilities as not being socially competent. These students are often viewed as being deficient in the quality solutions that they choose to use to resolve social situations (Tur-Kaspa, 2004; Tur-Kaspa & Bryan, 1994). In the study done by Cartledge et al. (1986) students without learning disabilities displayed better social skills than students with LD in all categories assessed in that study.

Understanding the social skill difficulties of students with learning and behaviour problems begins with an understanding of social competence and the characteristics associated with it. Where as the common characteristics of students with learning disabilities is a problem in learning, many students with learning disabilities are perceived with their peers and others as having social skill difficulties. Thus most students with behaviour problems and many students with learning disabilities have difficulties with social skills.

Students who are socially competent learn social skills effortlessly through daily living and observation. Students with social skill deficits need conscious efforts and specific teaching to learn about the social world, and its silent language. Just as we teach students to perform school work, to read, write, to spell, do arithmetic and pass tests- we can teach students with social skill disabled how to live with and relate to other people. And just as we must use different methods to teach different academic skills so must we use a variety of methods to teach students how to get along with others.

The types of social skill deficits generally observed among children with learning disabilities along with remedial measures are suggested below.

   a) *Body Image and Self-Perception: Motor activities:* Puzzles, What is missing, Games, Pantomime, following instructions, Twister, Estimating, Puzzles, Completing pictures, Scrapbooks.

   b) *Sensitivity to Other People:* The spoken language is only one means of communication; there is also a "silent language" in which people communicate without the use of words, relying instead on gestures, stance, facial expressions, and tone of voice. Students with social deficits need help in learning how to decode the communication messages conveyed by this "silent language." For example- such students often fail to understand the meaning implied in facial expressions and gestures. *Pictures of faces, Gestures, Videos and story situations, what the voice tells*

c) *Social Maturity:* Social development involves growing from immaturity to maturity, from dependence to independence. Among all species of animal life, the human infant is perhaps the most dependent on others for sheer survival at birth. The road from complete dependence to relative independence is the long and gradual growth toward social maturity. Social maturity involves recognizing the rights and responsibilities of self and others, making friends, cooperating with a group, following procedures agreed on by others, making moral and ethical judgments, and gaining independence in going places. Anticipating consequences of social acts, establishing independence, Making ethical judgments, Planning and implementing, solving the "weekend problem".

d) Social Skills and Learning Strategies: Learning strategies are useful for helping students acquire academic skills, and they are also effective in teaching social skills (Deshler, Ellis, & Lenz, 1996). Social strategies instruction changes students' typical patterns of responses to social situations. Students learn to develop new cognitive responses to social problems and to think about their social actions.

Learning strategies techniques include teaching students to stop and think before responding, to verbalize and rehearse social responses, to visualize and imagine the effect of their behavior, and to preplan social actions. The response of many students with learning disabilities in social situations is impulsive-they act without considering what is required and without thinking through possible solutions or the consequences of various courses of action. Through instruction in the strategies of self-verbalization and self-monitoring, students can be taught self-control to keep from giving immediate, non-reflective responses. The students are trained to verbalize and ask themselves questions such as "What am I supposed to be doing?" In other words, they are taught to stop and think before responding. Teachers can model social learning strategies by talking out such thoughts as "Does this problem have similarities to other problems I have encountered?" or "What are three possible solutions?" The student then practices these skills of self-verbalization, or thinking out loud. The self-monitoring method has been found to reduce inappropriate social responses (Deshler & Schumaker, 1986).

e) Social Skills Training: Students with social skills deficits appear to be unable to make appropriate responses in social situations without direct teaching. Social skills training have an important place in the curriculum for these students (Nelson1988); Methods of social skills training for children and youth are similar to those that are successful for other areas of learning including direct instruction, prompting, modeling, rehearsal, and reinforcement (Carter & Sugai, 1988). *Judging behavior in stories*, *Grasping social situations through pictures*, *Distinguishing reality from make-believe*, learning *to generalize newly acquired social behaviors*, *Learning conversation skills*, *Friendship skills*, *Game playing skills*, *Grasping social Situations on film*, *Telling time.*

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