Social Competence and The Learning Different Child

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A Few Thoughts:
“There is just much more self-centered behavior on the part of kids now. They cheat more, they kill one another more. They're more sexually exploitive of one another.”
– Kevin Ryan

“In addition to the fact that Johnny still can't read, we are now faced with the more serious problem that Johnny can't tell right from wrong.”
– William Kirkpatrick

“Learning is more than literacy. Our children must be educated in reading and writing but also in right and wrong.”
– President George W. Bush

A Few More Thoughts:
“Social interventions are the new frontier in education.”
– Rick LaVoie

“Childhood and adolescence are critical windows of opportunity for setting down the essential emotional habits that will govern our lives.”
– Daniel Goleman, Emotional Intelligence

“Schools must unabashedly teach students about such key virtues as honesty, dependability, trust, responsibility, tolerance, respect, and other commonly held values.”
– Breaking Rank: Changing an American Institution, National Association of Secondary School Principals
What Is Social Competence?

Social Competence

Definition of Social Competence

- Analogous to intelligence
- Social competence is a higher-order construct made up of many components.

Social Competence

Includes:

- Positive relations with others
- Accurate and age appropriate social cognition
- Absence of maladaptive behaviors
- Effective social behaviors

Adapted from Vaughn and Hogan, 1990
Correlates of Peer Acceptance

Behavioral Correlates:
- Enjoyment of peer relationships
- Joining ongoing peer relationships
- Participating in peer activities
- Initiating peer contact
- Cooperation/taking turns
- Sharing
- Helping others
- Playing fairly
- Ability to give affection
- Resolving conflicts/differences


Correlates of Peer Acceptance

Personal Attributes:
- Physical Appearance
- Athletic Prowess
- Academic Ability
- Language/Communication Skill

Understanding Learning Differences

Normal Brains
That Process Differently
PROCESSING CHART

5 SENSES INPUT
See Hear Feel Smell & Taste

Brain Interpretation

Percept

Concept

Higher Cognitive Functions

Sustained Attention

Memory

PROCESSING WITH DYSFUNCTIONS

5 SENSES INPUT
See Hear Feel Smell & Taste

Brain Interpretation Dysfunction

Incorrect Perception

Concept Formation Faulty – Language Weakness

Gaps in Higher Cognitive Functions

Faulty Attention

Inadequate Memory
Unexpected Difficulty

In relation to:
• Age
• Exposure to social situations
• Cognitive abilities
• Academic abilities

Definition of Dyslexia

From the International Dyslexia Association® (IDA)

Dyslexia is a specific learning disability that is neurological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede the growth of vocabulary and background knowledge.

Related Disorders

refers to learning difficulty in reading comprehension, attention, math, fine motor coordination, social ability, and oral language.
Language Disorder

- **Receptive language** - understanding what others have said
- **Expressive language** - sharing thoughts, ideas, and feelings completely
- **Higher order language** – applying a second order of analysis to complex language when the meaning is not directly available (idioms, inferences)

- **Social or Pragmatic language** – involves three communication skills:
  - **Using language** for greeting, informing, demanding, requesting
  - **Changing language** according to the needs of the listener
  - **Following rules for conversation** like taking turns, staying on topic, proximity, gestures and eye contact

DSM-5 Definition of Attention-Deficit/Hyperactivity Disorder

**Three Subtypes:**

- Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Presentation
- Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Presentation
- Attention-Deficit/Hyperactivity Disorder, Combined Presentation
Diagnostic Criteria for Inattentive Subtype
Six (or more) of the following symptoms in inattention:

Inattention
a) often fails to give close attention to details, makes careless mistakes
b) often has difficulty sustaining attention in tasks or play activity
c) often does not seem to listen when spoken to directly
d) often does not follow through on instructions and fails to finish
e) often has difficulty organizing tasks and activities

Inattention (continued)
f. often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
g. often losess things necessary for tasks or activities (e.g., toys, school assignments, pencils, books or tools)
h. is often easily distracted by extraneous stimuli
i. is often forgetful in daily activities

Diagnostic Criteria for Hyperactive-Impulsive Subtype
Six (or more) of the following symptoms:
a) often fidgets with hands or feet or squirms in seat.
b) often leaves seat in classroom or in other situation in which remaining seated is expected
c) often runs about or climbs excessively in situation in which it is inappropriate (in adolescents or adults, may be feelings of restlessness)
d) Often unable to play
e) is often “on the go” or often acts as if “driven by a motor”
f) often talks excessively
Hyperactive-Impulsive (continued)
g) Often blurts out answers before questions have been completed
h) Often has difficulty awaiting turn
i) Often interrupts or intrudes on others (e.g., butts into conversations or games)

DSM-5 Criteria for an Autism Spectrum Disorder *
A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following:
• Deficits in social-emotional reciprocity
• Deficits in nonverbal communicative behaviors used for social interaction
• Deficits in developing, maintaining, and understanding relationships

*Not classified as a Learning Disorder

Autism Spectrum Disorder
B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following:
• Stereotyped or repetitive motor movements, use of objects, or speech
• Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior
• Highly restricted, fixated interests that are abnormal in intensity or focus
• Hyper-or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment
Autism Spectrum Disorder

C. Symptoms must be present in early developmental period (but may not become fully manifest until social demands exceed limited capacities)

D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning

DSM-5, page 50

Delays in Social Development of the Child with Learning Differences

- Impulsive, poorly planned social acts
- Egocentricity, trouble sharing
- Spatial and temporal-sequential problems reading nonverbal feedback (i.e. facial expressions)
- Sequential difficulty with prediction, flow in social contexts

Adapted Developmental Variation and Learning Disorders by Melvin Levine, M.D.
Developmental Dysfunctions and Possible Effects on Social Ability:

**Memory**
- Problems learning from experience
- Discrete recall of names, faces, appointments
- Remembering steps in complex instructions

Adapted from *Developmental Variation and Learning Disorders* by Melvin Levine, M.D.

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Developmental Dysfunctions and Possible Effects on Social Ability:

**Language**
- The communication and interpretation of feelings
- Code switching
- Topic selection and maintenance
- Conversational technique
- Perspective taking
- Lingo fluency

Adapted from *Developmental Variation and Learning Disorders* by Melvin Levine, M.D.

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Developmental Dysfunctions and Possible Effects on Social Ability:

**Higher-order Social Cognition**
- Conflict resolution
- Problems assessing attributions
- Engaging in moral reasoning
- Monitoring
- Reading and acting on social information

Adapted from *Developmental Variation and Learning Disorders* by Melvin Levine, M.D.
Developmental Dysfunctions and Possible Effects on Social Ability:

**Production capacities**
- Self marketing and image development

Adapted from Developmental Variation and Learning Disorders by Melvin Levine, M.D.

**Common Social Skills Deficits in Children with Learning Differences**
- Inappropriate Interactions
- Communication Difficulties
- Deficit Social Cognitive Skill
- Poor Emotional Regulation

**Inappropriate Interactions**
- Fewer active friendship making skills
- Initiate more negative, competitive statements
- Excessive talking
- Impulsive and unfocused
- Dominating or disruptive
Communication Difficulties
• Fewer positive and self-disclosing comments
• Poor reciprocity
• Difficulty monitoring discourse
• Less assertive verbally
• Difficulty giving and receiving criticism
• Less responsive to others’ initiations
• Inappropriate verbal exchanges
• Difficulty shifting between giving and receiving information

Deficit Social Cognitive Skill
• Less eye contact and affection
• Poor role-playing ability
• Poor social insight
• Poor comprehension of emotions, non-verbal cues
• Limited self-awareness
• Fewer acquisition skills
• Poor social problem-solving skill
• Misinterpreting actions, words of others

Poor Emotional Regulation
• Moody, unpredictable
• Choose less socially acceptable behaviors
• Aggressive outbursts
• Excitability, silliness
• Poor transitioning from one activity to another
If you lack social interactions then you fail to develop social relationships in which you practice social skills.

If you lack social relationships then you lack opportunities to interact with others.

If you lack opportunities to interact with others then you fail to develop the social skills needed to be socially competent.

If you are socially incompetent then you are often labeled maladjusted & excluded from social interactions.

A Negative Cycle of Social Incompetence

VICIOUS CIRCLE OF NEGATIVE BEHAVIOR

Adults have to help him break the circle.

How?

A. Improve academic skills.
B. Direct teach social skills/coping strategies.
C. Provide success experiences in school and through areas of talent.

Why Should We Teach These Skills

• Peer relationships are important
• Poor peer relationships place children “at risk” for long-term problems in adjustment
• Some children with learning differences are not accepted by peers
What Should Be Taught

• Communication skills
• Problem solving
• Decision making
• Clarify abstract concepts and societal values

Goals When We Teach

To improve:
• Self-regulation
• Impulse control
• Understanding of cause and effect
• Acceptance of responsibility
• Practice appropriate roles

Goals When We Teach

To improve feedback sensitivity:
• Social interaction skills
• Empathy
• Understand relationship requirements
So, how can we apply what we know from the research to interventions that improve social understanding and behavior?

What is Choices?

- Evolved from the Social Values work of Dr. Charles Shedd, a clinical psychologist
- Intervention program which is structured, multisensory, taught daily for 30 minutes to grades 1 through 9
- Joyce Pickering added oral language development components
- Laure Ames rewrote Dr. Shedd’s curriculum and related the difficulties in social development of the learning different child to current research.

Choices
Four Levels

- Early Childhood – Kindergarten
- Lower Elementary (1st – 3rd Grades)
- Upper Elementary (4th – 6th Grades)
- Middle School (7th – 9th Grades)
Lessons

Skills for Success
• Communication Skill
• Decision Making Skill (Stop, Think, Choose)
• Problem Solving Skill (PACT)

Lessons

Responsibility
At School
At Home

Self-Discipline
Courage
Respect
Integrity
Perseverance
Truth
Attitude

Lessons

Self-Control
Prudence
Communicating Feelings
Assertiveness, Not Aggressiveness
Handling Stress

Consideration of Others
Compassion
Tolerance
Cooperation
Manners
Direct Instruction of Social Abilities: Choices

Choices

- Incorporates salient features of social skills training, problem-solving techniques, affective regulation, cognitive restructuring, and behavior modification
- Easy to use
- Involves parents
- Challenging and fun

A Four-Step Teaching Method
1. Introduce the concept
2. Read the story
   ✓ Discuss the vocabulary
   ✓ Analyze cause and effect
   ✓ Discuss questions related to the story
3. Role play
   ✓ Critique verbal and non-verbal communication using the Communication Checklist
4. Research activities
Lesson Format

I. Thinking It Through
II. Story
III. Let’s Talk
IV. Let’s Act
V. Let’s Investigate

How We Teach Social Skills

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THINKING IT THROUGH

Habits

Habits are the behaviors you use in certain situations all the time. Habits become habits when you do the same thing over and over. There can be either good habits, like brushing your teeth, or bad habits, like slamming doors. Bad habits should be broken if they develop. Bad habits frequently bother other people or do not help you to be your best.
Sister Bear is in first grade. She and some of the other cubs have developed nervous habits that they use when they have to concentrate. Lizzy twirls her hair and Sister bites her nails. She nibbles them down so far that her fingers get sore. She tried putting tape over them, but that did not work. Mama Bear worries because “nail biting is a very difficult habit to break.” Sister asks what a habit is and Mama tells her a habit “is something you do so often you don’t even have to think about it. There are good habits, like brushing your teeth, but there are also bad habits.” Papa Bear gets angry when he learns Sister is biting her nails, but Mama tells him getting angry will only make the habit worse. Mama Bear tries giving Sister ten pennies at the start of every day. She had to give back a penny every time she bit her nails. The plan worked and Sister felt so proud of breaking her bad habit and being responsible!
**LET'S TALK!**

1. Why do you think Sister Bear started biting her nails? What do you do when you have to concentrate or are nervous in school?
2. How did Sister feel when the other children teased her? Have you ever been teased about a bad habit? How did it make you feel?
3. Use “Draw a Picture of the Story” found in the Appendix. Draw a picture of how Sister’s nails looked when she broke her bad habit.

**LEVEL TWO**

1. What are some of this boy’s good habits? Why is this a “boy we want?”
2. How do these type of boys become people you can depend on?
3. Are these good habits the same for boys and girls?

**LEVEL THREE**

1. Why do James’ parents and teacher feel that chewing gum is a bad habit?
2. How does it make you feel to see someone chewing gum?
3. What did James do about his gum chewing? Was this being responsible? What lesson did he learn?

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**UNDERSTANDING CAUSE & EFFECT**

**Example Chart: The Berenstain Bears and the Bad Habit**

**The Problem**

Sister Bear bites her fingernails.

**The Cause**

Sister Bear gets nervous at school when she has to concentrate, so she begins biting her nails. Nervous habits are easy to get into, but hard to break.

**The Effect (What Happened)**?

Bring her nails becomes a habit that Sister Bear has a hard time breaking. She works hard to break it, though, because it is hurting her fingers.

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**LET'S ACT!**

*After each role-play, use the “Communication Checklist” (Appendix).*

**LEVEL ONE**

1. Jane is a first grader who still sucks her thumb. Another student should assume the role of an adult who explains to Jane that a lot of kids suck their thumb as babies but that her thumb sucking has now become a bad habit. The actors should discuss other things to do when Jane feels like sucking her thumb.
2. Billy does not like to hurry in the mornings so he lays his clothes out the night before so they are ready the next day when he gets dressed. His mother praises him for developing a good habit that will help him all his life.
Let's Act

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Let's Act

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√ COMMUNICATION CHECKLIST

Facial Expression
- Interested
- Good eye contact
- Uninterested

Posture/Proximity
- Straight back
- Good personal distance between the two people communicating
- Inappropriate personal distance—too close or too far

Gesture
- Clear gestures that help the listener understand
- Inappropriate gestures that are confusing or emo tonal gestures at all

Tone of Voice
- Good feelings shown
- Confusing feelings shown
LET'S INVESTIGATE!

LEVELS ONE AND TWO

* Have each student think about and then decide on a bad habit they
would like to break or a good habit they would like to make stronger.

Have them place a "Compliment Chart" on the corner of their desk.
The student should put a small sticker (e.g., smiley) on the chart every
time they are successful and the teacher compliments them.

COMPLIMENT CHART FOR HABITS

LEVELS ONE, TWO, AND THREE

REFERENCES

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Mrs. Piggly-Wiggle's Magic, Mrs. Piggly-Wiggle's Farm, or Hello,
Mrs. Piggly-Wiggle.
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Closing Remarks

To help students break out of the vicious cycle of social incompetence, students need:
• Direct specific instruction in therapeutic techniques which improve academic skills
• Mature adult direct teaching of a specific social skills program
• A comprehensive program which remediates weaknesses and celebrates strengths through success at school and through areas of talent
Choices Become Habits
Habits Become Character
Character Becomes Destiny

CHOICES
The Shelton Model for Teaching Social Skills and Social Values

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