Social Competence and the Child with Learning Disabilities

by Richard D. Lavoie, M.A., M.Ed.

Since the inception of the field of learning disabilities in the l960s, helping professionals have concentrated their resources and energies in the remediation and improvement of academic skills. Countless hours of classroom time have been devoted to the children's mastery of the skills related to language arts, mathematics and science.

Finally, in the mid-l980s the field began to recognize the critical importance of social skills in the development and ultimate success of individuals with learning disabilities.

Research and observation clearly demonstrates that individuals with learning disabilities tend to be less accepted by peers, interact awkwardly and inappropriately in social situations and are socially imperceptive.

The goal for these children is to achieve an appropriate degree of social competence. Social skills are a collection of isolated and discrete learned behaviors. Social competence refers to the smooth sequential use of these skills in an effort to establish an ongoing social interaction.

There are two schools of thought related to the nature and causes of social incompetence. Proponents of the first hypothesis argue that social skill deficits are the result of the same neurological dysfunctions that cause academic problems. The second hypothesis holds that the social disabilities are caused by the child's chronic school failure and the rejection that often results. These researchers feel that the child has been unable to practice these social skills because of this isolation.

The cause of social incompetence is far less important than its effect. School-aged children and adolescents need to be accepted and supported by their peers. Their social incompetence often prevents them from establishing and maintaining such relationships. Consider the comments of Doreen Kronick, noted expert in learning disabilities and related social deficits:

To become a friend means to become interested in, and somewhat knowledgeable about the other person's interests, be sensitive to their needs and feelings, compromise on activities, laugh off differences, be supportive, allow the other person freedom to interact with others and spend time with themselves, be elated by their successes, share their sorrows sensitively, be able to communicate your pleasure, displeasure and anger without such communication being destructive to either party, and change and grow as your friend changes and grows. I wonder whether many learning disabled adolescents possess the sensitivity, empathy, flexibility, maturity, and generate sufficient interest and excitement to maintain such friendships.

Common Questions Related to Social Skill Development

Does formalized research support the concept that individuals with learning disabilities have deficient or ineffective social skills?

Yes. The research indicates that individuals with learning disabilities:

- are more likely to choose socially unacceptable behaviors in social situations
- are less able to solve social problems
- are less likely to predict consequences for their social behavior
- are less likely to adjust to the characteristics of their listeners in discussions or conversations
- are less able to accomplish complex social interactions successfully (i.e.. persuasion, negotiation, resisting peer pressure, giving/accepting criticism, etc.)
- are more likely to be rejected or isolated by their classmates and peers

- are more often the objects of negative and non-supportive statements, criticisms, warnings and negative nonverbal reactions from teachers
- are less adaptable to new social situations
- are more likely to be judged negatively by adults after informal observation
- receive less affection from parents and siblings
- have less tolerance for frustration and failure
- use oral language that is less mature, meaningful or concise
- have difficulty interpreting or inferring the language of others

Do all individuals with learning disabilities experience social skill difficulties?

No. Research and observation indicate that some learning disabled students have a degree of social competence that is equal to or superior to their peers. However, social skill deficits create major obstacles for a significantly large subgroup of learning disabled students and adults.

What factors or characteristics may contribute to an individual's social skill deficits?

There appears to be four characteristics that are shared by many individuals with learning disabilities who also have pronounced social skill deficits.

a. COGNITIVE TRAITS: Social skill deficits are more common among individuals with certain language processing deficits or measurable cognitive limitations.
b. SEVERITY OF LEARNING DISABILITY: Social skill deficiencies are more prevalent among individuals with severe or complex learning disorders.
c. GENDER: Females are more likely to experience social adjustment problems than are males.
d. HYPERACTIVITY: Individuals with ineffective impulse control tend to have more pronounced social skill problems.

What techniques are effective in the evaluation and monitoring of social skill deficits?

Before a skill can be effectively remediated, it must first be assessed and evaluated. Currently, there is no widely-accepted assessment tool that can provide the parent or professional with this critical information. There are, however, a number of techniques and strategies that can be utilized to secure a valuable "snapshot" of the individual's social capabilities and deficiencies.

Sociometric devices. These instruments are designed to evaluate an individual's relative popularity within a peer group. They generally consist of a survey wherein all members of a group are required to place the names of their colleagues in rank order based upon traits such as popularity and cooperation. In effect, sociometric devices use a polling procedure to determine the social acceptability of individuals within the group.
These devices generally provide a valid instrument for determining social competence. However, they tend to be somewhat reactive and often reflect the constantly changing "in group/out group" dynamic that is common among school-age groupings.

Teacher-ranking systems. This strategy requires the teacher to record and measure the frequency of each child's social interactions with classmates. Such systems can be valuable but, much like sociometric devices, provide no diagnostic information related to the quality of the interactions.

Behavior-rating scales. These checklists are completed by parents, teachers or peers and are used to measure a specific child's social behavior. They are valuable in determining the specific social skill deficits that require attention and remediation. They also provide data for a comparison of a child's social skills in a variety of disparate settings, for example, the home, the classroom, and the playground.

Interviews. This strategy is often quite effective for students with learning disabilities as it does not require extensive reading or writing skills. It also allows for a more intimate look at a child's social competence because it encourages anecdotes and the citing of specific situations and incidents.

Observation codes or checklists. Observation code strategies consist of highly-formalized observation measures. The examiner observes the child in a structured, social setting such as a reading group, scout troop

meeting, or cafeteria, and objectively records the specific social behaviors of the child. The codes focus upon a small cluster of observable behaviors, for example cooperation, self-talk, and sharing; they can be quite valuable in diagnosis of skill deficits as well as evaluation of training effectiveness. Observation checklists are conducted in a similar manner and, again, focus upon a small cluster of observable behaviors.

The Social Autopsy

A social autopsy is an innovative strategy wherein an adult assists a socially deficient child to improve social skills by jointly analyzing social errors that a child makes and designing alternative strategies.

The accompanying video outlines the basic philosophy and procedures involved in the social autopsy process. The video format does not, however, allow for a detailed explanation of the fine points of this unique strategy. Below are some reflections upon this field-tested and highly successful procedure.

In order to ensure the success and generalization of the social autopsy procedure, the process should be taught to all adults who have regular contact with the child, for example, bus drivers, administrators, grandparents, cafeteria workers, and baby-sitters. In this way, the child will participate in dozens of autopsies daily, in a variety of settings. This intense exposure will foster growth and generalizations of target skills.

Use social autopsies in order to analyze successful social interactions on occasion. When the child has been particularly appropriate in a social setting, assist him in examining and identifying the behaviors that contributed to these positive situations. In this way, he is more likely to repeat those behaviors in other settings.
The success of the autopsy approach is linked to the fact that it provides the child with the three things that special needs students require in order to develop and learn:

- practice, or drill
- immediate feedback
- positive reinforcement

Keep in mind what the social autopsy process is...and what it is not:

IS	IS NOT
a supportive, structured constructive strategy to foster social competence	a punishment
a problem-solving technique	negative
an opportunity for the student to actively participate in the process	controlled/conducted exclusively by the adult
conducted by any significant adult in the child's environment	a "one-time" cure for the target behavior or skill
most effective when conducted immediately after the social error	
generally held as a one-to-one session	

The autopsy process is particularly effective in enabling the child to see the cause/effect relationship between his social behavior and the reactions of others in his environment.

During autopsies, the child may have difficulty analyzing and identifying his own feelings and emotions. For example, the child may report that he is "mad" at his friend when, in fact, he is actually jealous. The Kline scale, developed at Riverview School by consultant Adam Kline, can be a useful tool to assist the child in identifying and classifying his feelings. A copy of the Kline Scale appears at the end of this booklet.

Students with social competency problems also have paralinguistic (non-language) deficiencies that can be effectively isolated and remediated via the social autopsy approach. Among these deficiencies are:

- **KINESICS** (inability to read body language of self or others). Manifestations may include: failure to respond to facial expressions of others; inability to "read" feelings and attitude of others; incorrect use of gestures.
- **PROXEMICS** (inability to understand how physical space communicates with others). Manifestations: stands too close in social situations; stares; avoids eye contact; touches inappropriately.
- **VOCALICS** (inability to understand how volume pitches of voice communicates to others). Manifestations: misinterprets sarcasm; talks in monotone; talks too fast or too slowly; talks too loudly or too softly.