

VIEWER'S GUIDE
**LAST ONE
PICKED**

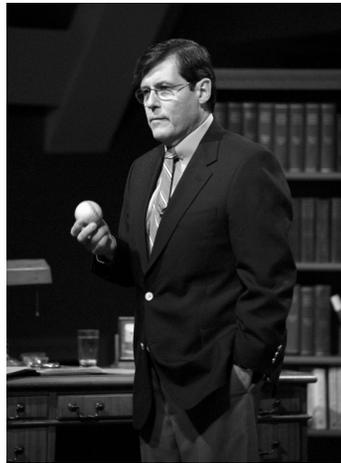
**FIRST ONE
PICKED ON**
**LEARNING DISABILITIES
AND SOCIAL SKILLS**
Presented by Richard D. Lavoie

Last One Picked... First One Picked On

Learning Disabilities and Social Skills

Presented by Richard D. Lavoie

During his three decades in special education, Richard D. Lavoie, M.A., M.Ed., has served as a teacher, administrator, adjunct professor, visiting lecturer, and author. As an expert on learning disabilities, he has shared his knowledge with educators at numerous schools and on university campuses. He has appeared on television programs such as “ABC Evening News,” “CBS Morning Show,” “Disney Channel Presents,” and “Good Morning, America.” He also has been a consultant for organizations such as *Child* magazine, Girl Scouts of America, National Center for Learning Disabilities, *New York Times*, Public Broadcasting Service, and WETA.



Richard has delivered his message to more than 500,000 parents and professionals throughout Hong Kong, New Zealand, and North America.

His award-winning videos — *How Difficult Can This Be? The F.A.T. City Workshop*; *Beyond F.A.T. City: A Look Back, A Look Ahead*; *When the Chips Are Down: Learning Disabilities and Discipline*; and *It's So Much Work to Be Your Friend* — have been distributed worldwide. He was formerly executive director of the Riverview School, a residential school for children with learning disabilities. Richard Lavoie is a visiting professor at Simmons College in Boston, Massachusetts.

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whose wisdom, insights, knowledge, and skills are woven throughout this project.*

Last One Picked ... First One Picked On

Learning Disabilities and Social Skills

AUTHOR'S OTHER WORKS

Beyond F.A.T. City: A Look Back, A Look Ahead

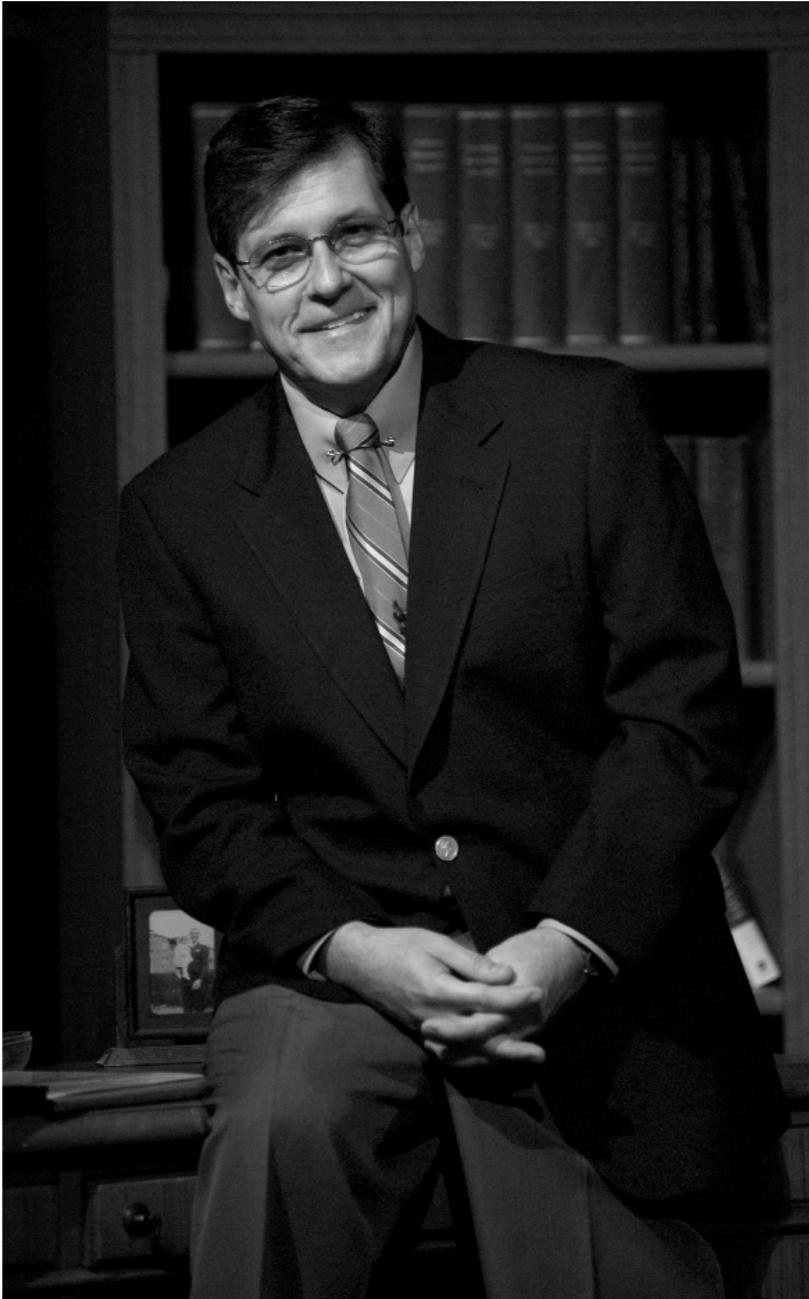
How Difficult Can This Be? The F.A.T. City Workshop

It's So Much Work to Be Your Friend

When the Chips Are Down: Learning Disabilities and Discipline

Contents

INTRODUCTION TO LEARNING DISABILITIES (LD)	9
What Is a Learning Disability?.....	9
How Prevalent Are Learning Disabilities?	10
What Are the Primary Causes of Learning Disabilities?.....	10
What Are the “Early Warning Signs” of Learning Disabilities?	10
Social Competence and the Child with Learning Disabilities	13
COMMON QUESTIONS RELATED TO SOCIAL SKILL DEVELOPMENT	14
Formalized Research.....	14
Individual Experience.....	15
Factors or Characteristics.....	15
Techniques.....	15
The Social Autopsy	16
DO’S & DON’TS FOR FOSTERING SOCIAL COMPETENCE	19
Do	19
Don't	21
What About Punishment?.....	22
TEACHER’S ROLE IN DEVELOPING SOCIAL SKILLS	23
Working with Preschoolers.....	24
Working with Elementary School Students.....	25
Working with Secondary School Students.....	25
Questions for Discussion.....	26
PARENTS’ ROLE IN DEVELOPING SOCIAL SKILLS	27
With Young Children.....	28
With Older Children	28
THE KLINE SCALE	32
GLOSSARY	33
RESOURCES	34



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Learning Disabilities and Social Skills

INTRODUCTION

Take a moment and reflect upon your childhood. Think about the pleasant memories that tend to characterize that relatively carefree stage of your life. Do you think about favorite teachers? Field trips? Award presentations? Algebra classes? Fire prevention assemblies? Probably not.

Rather, you doubtless recall *friends!* You reflect upon countless hours of camaraderie with peers and your participation in loosely structured spontaneous activities that you enjoyed. Children with learning disabilities often find themselves isolated from this valued world of friendship. Their impulsive, immature, and unpredictable behavior often results in social isolation and rejection. Their behavior is often misunderstood and misinterpreted by peers and adults. Although they often receive assistance and empathy for their *academic* problems, their lack of *social competence* is viewed as willful and negative.

In the past several years, I have had the opportunity to address more than 400,000 parents and professionals in 42 states and provinces. This experience has steered my belief that the major concern of the LD child's caregivers is the fostering of social competence for students with learning disabilities. "Social competence" is not a synonym for "manners" — it is a complex combination of social information and capabilities. Children who have social skill deficits generally manifest the following behaviors:

- poor at independent activities (e.g., babysitting, homework)
- poor at judging the moods and attitudes of others
- insensitive to general mood or atmosphere of a social setting
- continually doing or saying inappropriate things

Social incompetence has devastating long-term and short-term effects on the development of the individual with learning disabilities. The child with social skill deficits spends lonely hours of isolation and experiences countless incidents of painful rejection. This issue often results in mental health problems as the child grows into adulthood. In a classic study, a researcher determined that grade-school peer ratings were more sensitive predictors of later mental health than were any other school records, including achievement, IQ, and teacher's judgment. The child is truly the father of the man.

The purpose of this video is to provide parents and teachers with information and guidance related to the development of social competence for children and youths with learning disabilities. The accompanying printed material is divided into five sections:

- Introduction to Learning Disabilities
- Common Questions Related to Social Skill Development
- Do's and Don'ts for Fostering Social Competence
- Teacher's Role in Developing Social Skills
- Parents' Role in Developing Social Skills

For those who wish to use the video in a group setting, there is a brief list of questions on page 26 to help the group leader facilitate discussion.

Social competence is observable and measurable. With consistent effort and sound learning practices, social competence *can* be taught to children and adolescents with learning disabilities. It is my great hope that this material will be useful and effective toward this goal.



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

Introduction to Learning Disabilities (LD)

What Is a Learning Disability?

There is no clear and widely accepted definition of "learning disabilities." Because of the multidisciplinary nature of the field, there is ongoing debate on the issue of definition, and there are currently at least twelve definitions that appear in the professional literature.

THESE DISPARATE DEFINITIONS DO AGREE ON CERTAIN FACTORS:

1. Children with learning disabilities have difficulties with academic achievement and progress; discrepancies exist between a person's potential for learning and what he or she actually learns.
2. Children with learning disabilities show an uneven pattern of development (language development, physical development, academic development).
3. Learning problems are not due to environmental disadvantage.
4. Learning problems are not due to mental retardation or emotional disturbance.

Most professionals use a "definition of exclusion" when defining an LD population. That is, the learning disabled child is one who is not functioning in school despite the fact that the child: (a) is not mentally retarded, (b) is not emotionally disturbed, (c) is not impaired in his modalities (e.g., blind, deaf), and (d) has had an opportunity to learn not hindered by excessive absences, poor teaching, frequent family moves, etc. As a result, "LD" has become a very generic term.

The term "learning disability" was coined by Dr. Samuel Kirk in 1962. It is often referred to as the "hidden handicap" because there is no outward appearance of the disability. Children with learning disabilities appear to be no different than their normal peers.

How Prevalent Are Learning Disabilities?

Experts estimate that 6 to 10 percent of the school-aged population in the U.S. is learning disabled. Nearly 70 percent of the children enrolled in the nation's special education classes suffer from a learning disability.

What Are the Primary Causes of Learning Disabilities?

Little is currently known about the causes of learning disabilities. Some general observations can be made regarding factors associated with learning disabilities.

- *Maturation lag.* Some children develop and mature at a slower rate than others in the same age group. As a result, they may not be able to do the expected school work. This kind of learning disability is called maturational lag.
- *Nervous system disorders.* Some children with normal vision and hearing may misinterpret everyday sights and sounds because of some unexplained disorder of the nervous system.
- *Head injuries.* Injuries before birth or in early childhood can account for some later learning problems.
- *Premature births.* Children born prematurely and children who had medical problems soon after birth sometimes have learning disabilities.
- *Genetic factors.* Learning disabilities tend to run in families, so some learning disabilities may be inherited.
- *Gender.* Learning disabilities are more common in boys than girls, possibly because boys tend to mature more slowly.
- *Language components.* Some learning disabilities appear to be linked to the irregular spelling, pronunciation, and structure of the English language. The incidence of learning disabilities is lower in Spanish- or Italian-speaking countries.

What Are the “Early Warning Signs” of Learning Disabilities?

Children with learning disabilities exhibit a wide range of symptoms. These symptoms include problems with reading, mathematics, comprehension, writing, spoken language,

or reasoning abilities. Hyperactivity, inattention, and perceptual coordination also may be associated with learning disabilities but are not learning disabilities themselves. The primary characteristic of a learning disability is a significant difference between a child's achievement in some areas and his or her overall intelligence.

LEARNING DISABILITIES TYPICALLY AFFECT FIVE GENERAL AREAS:

1. *Spoken language:* delays, disorders, and deviations in listening and speaking
2. *Written language:* difficulties with reading, writing, and spelling
3. *Mathematics:* difficulty in performing math operations or in understanding basic concepts
4. *Reasoning:* difficulty in organizing and integrating thoughts
5. *Memory:* difficulty in remembering information and instructions

AMONG THE SYMPTOMS COMMONLY RELATED TO LD ARE THE FOLLOWING:

Academic Symptoms

- poor performance on group tests
- reversal in reading and writing
- difficulty in copying accurately from a model
- slowness in completing work
- easily confused by instructions
- difficulty with tasks requiring sequencing

Cognitive Symptoms

- difficulty discriminating size, shape, color
- difficulty with temporal (time) concepts
- distorted concept of body image
- poor organizational skills
- difficulty with abstract reasoning or problem-solving
- disorganized thinking
- often obsesses on one topic or idea
- poor short-term or long-term memory
- lags in development milestones (e.g., motor, language)

Physical Symptoms

- general awkwardness
- poor visual-motor coordination
- hyperactivity
- overly distractible; difficulty concentrating
- lack of hand preference or mixed dominance

Behavioral/Social Symptoms

- impulsive behavior; lack of reflective thought prior to action
- low tolerance for frustration
- excessive movement during sleep
- poor peer relationships
- overly excitable during group play
- poor social judgment
- inappropriate, unselective, and often excessive display of affection
- behavior often inappropriate for situation
- failure to see consequences for one's actions
- overly gullible; easily led by peers
- excessive variation in mood and responsiveness
- poor adjustment to environmental changes
- difficulty making decisions

WHEN CONSIDERING THOSE SYMPTOMS, IT IS IMPORTANT TO REMAIN MINDFUL OF THE FOLLOWING:

1. No one will have all those symptoms.
2. Among LD populations, some symptoms are more common than others.
3. All people have at least two or three of these problems to some degree.
4. The number of symptoms seen in a particular child does not give an indication as to whether the disability is mild or severe. It is important to consider whether the behaviors are chronic and appear in clusters.

Social Competence and the Child with Learning Disabilities

Since the inception of the field of learning disabilities in the 1960s, 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-1980s, 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, to interact awkwardly and inappropriately in social situations, and to be 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 dysfunction that cause academic problems. The second hypothesis holds that 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 interests of other people; 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, and 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 or accepting criticism.)
- are more likely to be rejected or isolated by their classmates and peers
- are more often the objects of negative and unsupportive 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 making inferences based on 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 are four characteristics that are shared by many individuals with learning disabilities who also have pronounced social skill deficits.

1. *Cognitive traits.* Social skill deficits are more common among individuals with certain language processing deficits or measurable cognitive limitations.
2. *Severity of learning disability.* Social skill deficiencies are more prevalent among individuals with severe or complex learning disorders.
3. *Gender.* Females are more likely to experience social adjustment problems than are males.
4. *Hyperactivity.* Individuals with ineffective impulse control tend to have more pronounced social skill problems.

What Techniques Are Effective in Evaluating and Monitoring 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 on 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 on 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 on a small cluster of observable behaviors.

The Social Autopsy

A *social autopsy* is an innovative strategy wherein an adult helps 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. The following are some reflections on this field-tested and highly successful procedure.

To ensure the success and generalization of the *social autopsy* procedure, you should teach the process 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 the child in examining and identifying the behaviors that contributed to these positive situations. In this way, the child is more likely to repeat those behaviors in other settings.

KEEP IN MIND WHAT THE SOCIAL AUTOPSY PROCESS IS ... AND WHAT IT IS NOT.

IS	IS NOT
a supportive, structure that is a 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 or 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 (several autopsies on the same behavior may be needed to ensure mastery)
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 and effect relationship between social behavior and the reactions of others in that environment.

During *autopsies*, the child may have difficulty analyzing and identifying his personal feelings and emotions. For example, the child may report being “mad” at a friend when, in fact, that child 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 the child’s feelings. A copy of the Kline Scale appears at the end of this booklet.

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 to develop and learn:

1. practice, or drill
2. immediate feedback
3. positive reinforcement

Students with social competency problems also have paralinguistic (nonlanguage) deficiencies that can be effectively isolated and remediated through the social autopsy approach. Among these deficiencies are the following:

- *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, and incorrect use of gestures.
- *Proxemics* (inability to understand how physical space communicates with others). Manifestations may include standing too close in social situations, staring, avoiding eye contact, and touching inappropriately.
- *Vocalics* (inability to understand how volume or tone of voice communicates to others). Manifestations may include misinterpreting sarcasm, talking in monotone, talking too fast or too slowly, and talking too loudly or too softly.

Do's & Don'ts for Fostering Social Competence

Do

- Do observe your child in a wide variety of social situations (e.g., classroom, scout meetings, free play). This observation will enable you to gain a deeper understanding of the child's social strengths and weaknesses. (P)*
- Do design an unobtrusive “signal system” with the child to use in social situations. For example, if the child tends to perseverate (talk about only one topic which often is not of interest to the listener) design a signal (touch your nose with your finger, cross your arms) that tells that child to change the topic or cease the discussion. In this way, you can halt troubling behaviors without causing undue embarrassment or conflict. (P/T)
- Do establish reward systems to reinforce and recognize appropriate social behavior. Be willing to recognize and reinforce even the smallest signs of progress and growth. (P/T)
- Do enroll the child in group activities and pursuits. When selecting these activities, consider the child's interests and abilities. If you are fearful that the child may be rejected by the others because of a negative reputation, enroll the child in activities in another neighborhood or town. Thereby, he can begin with a “clean slate.” (P)

**Please note the key at the end of each suggestion:*

P = Is appropriate for parent use • T = Is appropriate for teacher use

P/T = Can be effectively used by parents or teachers

- Do continually reinforce *social information*. Many social skill deficits are caused by a lack of basic social information (e.g., all odd-numbered houses are on one side of the street, mayonnaise must be refrigerated, mail deliveries are made only once daily). Never miss an opportunity to teach this invaluable information to a child. View every car ride or trip to the store as a “classroom” for social information. (P/T)
- Do encourage all members of the family to assist in the creation of a support system for the child. Siblings play a particularly important role in such a system. Create a noncompetitive home (and school!) environment wherein the child learns to celebrate personal small victories. The child must learn to view progress as compared to personal previous performance, not the performance of others. (P)
- Do make transitions easier for the child. Students with social skill deficits often have difficulty “changing gears” from one activity to another. This is particularly true when going from an enjoyable activity (e.g., a game) to a less-pleasurable one (e.g., math drills). To ensure a smoother transition, be certain to “wind down” the enjoyable activity by providing a warning signal several minutes before the end of the activity. As each minute passes, inform the child of how much time remains before the activity will conclude. (P/T)
- Do make modifications and adjustments to accommodate for the child with a learning problem. For example, if she is unable to participate effectively in the homework program because she constantly forgets her books, simply issue her two texts with instructions to keep one at home and one in school. (T)
- Do work on one behavior or social skill at a time. By focusing the child’s attention and efforts on a single skill for a period of time, the child will be less confused and more responsive to your intervention. (P/T)
- Do assist the child in expressing feelings during emotionally charged social situations (e.g., “I am sure that you feel angry and jealous when Daniel and Sean go fishing and don’t invite you.”). (P/T)
- Do teach empathy. Encourage the child to be more understanding of the feelings of others. Use role playing to help the child “walk in another’s shoes.” (P/T)
- Do utilize “real life” or television shows to teach valuable social skills. Discuss the behaviors of significant, high status people (e.g., “On that TV show, how did the police officer make the frightened person feel more comfortable and at ease?”). (P)

- Do provide the child with choices whenever possible (e.g., “I want you to clean your room now. Do you want to pick up your toys or make up your bed first?”). This approach fosters independence and problem-solving skills. It also increases the child’s ownership of the task or activity. (P)
- Do provide the child with a positive model of appropriate social skills. Be certain that your behavior mirrors the skills that you are teaching your students (e.g., temper control, courteous listening). (P/T)

Don’t

- Don’t discourage the child from establishing relationships with students who are a year or two younger. The child may be seeking a developmentally appropriate level. By befriending younger students, she may enjoy a degree of status and acceptance that she does not experience among her peers. (P/T)
- Don’t force the child to participate in large groups if he is not willing or able. If the child responds well when working with another student, plan activities wherein he has ample opportunities to do so. Then add a third person to the group, then another, and so on, until the group approximates the entire class. (T)
- Don’t place the child in highly charged competitive situations. These situations are often a source of great anxiety and failure for students with learning problems. Rather, focus on participation, enjoyment, contribution, and satisfaction in competitive activities. Emphasis should be placed on the development of skills and strategies — not on winning or losing. (P/T)
- Don’t assume that the child understood your oral directions or instructions because she did not ask any questions. Ask her to repeat the instructions in her own words before beginning the activity. (P/T)
- Don’t scold or reprimand the child when he tells you about social confrontations or difficulties that he has experienced. He will respond by refusing to share these incidents with you. Rather, thank him for sharing the experience with you and discuss optional strategies that he could have used. (P)
- Don’t attempt to teach social skills at times of high stress. Rather, approach the child at a time when she is relaxed and receptive (e.g., “Meghan, next week you will be going to Jilly’s birthday party. Let’s practice how you will hand her your gift and what you will say when she opens it and thanks you.”). (P)

- Don't view praise as the only verbal reinforcer — *interest* works too! Expressing a genuine and sincere interest in a child can be as positive and motivating as praise (e.g., "I watched you playing soccer at recess, Adam. Do you play at home, with your brothers?"). (P/T)
- Don't encourage the frustrated child to relieve stress via pointless physical activity (e.g., punching a pillow). Rather, teach the child to relieve stress through an activity that has definable and observable goals (e.g., shoot ten baskets, run five laps, write a one-page letter). (P/T)

What About Punishment?

Don't expect punishment or negative reinforcement to have a meaningful or lasting effect on your child's social skill deficits. Punishment may stop specific behaviors in specific settings, but positive reinforcement is the only effective strategy for meaningful and lasting social skill improvement.

OVERUSE OF PUNISHMENT IS LARGELY INEFFECTIVE BECAUSE OF THE FOLLOWING:

1. It does not teach appropriate behavior — the child merely learns what not to do.
2. The child often becomes passive in the face of punishment and merely avoids situations similar to those in which he makes social errors (e.g., visiting grandmother, going to the store).
3. The child may develop a concurrent set of inappropriate behaviors, such as lying, cheating, or blaming others, in order to avoid punishment.
4. The child may adapt to punishment, which will require you to intensify the level and severity of the punishments.

Do use punishment only for behaviors that are intolerable, dangerous to the child or others, and seemingly unaffected by a well-planned positive discipline approach. Punishment should be applied immediately following the offending behavior and should be consistently applied. Fair warning should always be given (e.g., "If you belch again at the table, you will be told to eat in the kitchen."). Avoid giving a great deal of attention to the child when applying punishment, and tell her briefly why she is being punished. Avoid numerous threats, and never take away something you had previously given or promised as a reinforcer for positive behavior.

Teacher's Role in Developing Social Skills

The effective educator must be ever mindful of the simple fact that children go to school for a living. School is their job, their livelihood, their identity. Therefore, the critical role that school plays in the child's social development and self-concept must be recognized. Even if a child is enjoying academic success in the classroom, the child's attitude about school will be determined by the degree of social success within his experiences.

There is much that the teacher can do to foster and promote social development in the student. Children tend to fall into four basic social categories in the school setting:

1. *Rejected*. Students who are consistently subjected to ridicule, bullying, and harassment by classmates.
2. *Isolated*. Students who, although not openly rejected, are ignored by classmates and are uninvolved in the social aspects of school.
3. *Controversial*. Students who have established a circle of friends based on common interests or proximity but seldom move beyond that circle.
4. *Popular*. Students who have successfully established positive relationships within a variety of groups.

Many students with learning disabilities find themselves in the rejected or isolated subgroups. Their reputations as "low status" individuals plague them throughout their school careers. It is important for the teacher to assist the students' classmates in changing their view of these children.

Punishment is an extremely ineffective method of modifying bullying or rejecting behavior. If you punish Billy for rejecting Joey, you only increase Billy's resentment of his classmate. However, you can increase a child's level of acceptance in several ways.

First, the teacher must become a “talent scout.” Attempt to determine specific interests, hobbies, or strengths of the rejected child. This scouting can be accomplished through discussions, interviews, or surveys. Once you have identified the child’s strengths, celebrate them in a very public manner. For example, if the student has a particular interest in citizen band (CB) radios, seek out a read-aloud adventure story in which a short-wave radio plays an important role in the plot. Encourage the child to bring his CB into class and to conduct a demonstration of its use. By playing the expert role, a rejected or isolated child can greatly increase status.

Assign the isolated child to a leadership position in the classroom wherein his classmates become dependent upon him. This position can also serve to increase his status and acceptance among his peers. Be mindful of the fact that this role may be unfamiliar for him, and he may require some guidance from you in order to ensure his success.

Most important, the teacher must clearly demonstrate acceptance of and affection for the isolated or rejected child. This constant message conveys that the child is worthy of attention. Teachers should use their status as a leader to increase the status of the child.

The teacher can assist the child by making him aware of the traits that are widely-accepted and admired by his peers. Among these traits are the following:

- smiles and laughs
- greets others
- extends invitations
- converses
- shares
- gives compliments

It is important that the teacher recognize the crucial role that the child’s parents and siblings can play in the development of social competence. Ask the parents to visit school for a conference to discuss the child’s social status and needs. School and home must work in concert to ensure that target skills are reinforced and monitored. Social goals should be listed and prioritized. It is important to focus on a small group of skills such as sharing and taking turns, rather than attempting to deal simultaneously with the entire inventory of social skills.

Working with Preschoolers

Early childhood educators are in a particularly good position to foster the acceptance of the socially incompetent child. By demonstrating acceptance of the child despite his behavioral or language weaknesses, the teacher generally finds that this attitude is mir-

rored by the child’s classmates. The teacher’s goals should focus on promoting age-appropriate language and communication skills for the child. This instruction should be provided in a positive, supportive, and accepting manner.

Working with Elementary School Students

Assign the troubled child to work in pairs with a high-status child who will be accepting and supportive. Cooperative education activities can be particularly effective in this effort to include the rejected child in the classroom. These activities enable the child to use academic strengths while simultaneously developing social skills.

The teacher must constantly search for opportunities to promote and encourage appropriate social interactions for the socially inept child (e.g., “Andrew, would you please go over to Sally’s desk and tell her that I would like her to bring me her math folder?”). Have students work in pairs to complete experiments, bulletin boards, and peer tutoring.

The student with social skill deficits invariably experiences rejection in any activity that requires students to select classmates for teams or groups. This selection process generally finds the rejected child in the painful position of being the “last one picked.” Avoid these humiliating and destructive situations by preselecting the teams or drawing names from a hat. An option is to intervene at the point when six or eight students remain unselected. Arbitrarily assign half of the students to one team and the remaining students to another. This action prevents any one student from being in the damaging position of being “last picked.”

Board games and card games can be used effectively to monitor and foster social development in the classroom. Such activities require students to use a variety of social skills (e.g., voice modulation, taking turns, sportsmanship, dealing with competition). These enjoyable activities can also be used to promote academic skills. Because games are often motivating for students, these activities can be used as a positive reinforcer. This setting also provides an opportunity to conduct effective social autopsies. However, these activities should be limited to a few times each week.

Working with Secondary School Students

Teachers at the high school level must be particularly aware of the student who is being ignored or rejected by peers. During adolescence, it is critically important that the student be accepted by his classmates. The rejection suffered by an adolescent with social skill deficits often places the student at risk for emotional problems. It may be unrealistic

to expect an overworked algebra teacher to conduct social skill activities, but the professional should, at a minimum, be willing and able to refer the child to appropriate resources in the school administration or guidance department.

The socially incompetent child often experiences isolation and rejection in his neighborhood, on the school bus, and in group social activities. The teacher can provide this student with a classroom setting wherein he can feel comfortable, accepted, and welcome. In the words of Robert DeBruyn, “Coming to school every day can become a hopeless task for some children unless they succeed at what they do. We teachers are sentries against that hopelessness.”

Questions for Discussion

1. Are social pressures different for boys and girls? In what ways?
2. What changes occur in a child’s social skill needs as he or she matures?
3. Children with social skill deficits often are capable of *establishing* peer relationships, but they have considerable difficulty *maintaining* those relationships. What are the reasons for this? How can the teacher or parent help remedy the situation?
4. What effect do social skill deficits have on sibling relationships? On the extended family?
5. How can the *social autopsy* strategy be used effectively in the home?
6. Examine the “hidden curriculum” of your (child’s) school. What are the characteristics that may present problems for the learning disabled child? How can the teacher or parent help the child to understand those characteristics and cope with them effectively?

Parents’ Role in Developing Social Skills

All parents are forced, at one time or another, to observe their child facing pain, frustration, or difficulty. These situations are always troubling for parents. If a child has chronic social deficits, the parents observe firsthand the rejection and isolation that the child experiences. As a result, these parents often become overprotective and unwilling to risk placing the child in new or threatening social situations, such as Scouts, Little League, or church groups.

Parents must avoid being overprotective and should do all that is possible to avoid this behavior pattern, which only serves to further isolate the isolated child. Parents should encourage children to become more involved in such structured social settings. To prevent these situations from becoming problematic, you must remember that whenever the child is entering a new or unique social situation that *you must prepare the child for the situation and the situation for the child.*

For example, suppose your son is interested in joining a local Scout troop. Prepare the child for this experience by taking him to the meeting hall on the evening before the initial meeting. Acquaint him with the setting, and explain the “off-limits” areas to him. Let him explore the room, find the bathrooms, and examine the various aspects of the environment. In this way, he will be familiar with the setting when he attends the meeting the next night. This preparation increases the chances of his behaving appropriately at the all-important first session.

It is equally important that the parent prepare the situation for the child. Call the adult group leader prior to the child’s enrollment in the program. Clearly communicate your child’s social needs and limitations. Inform the leader about any specific needs or concerns that the child may have. Parents are often reluctant to do this because they feel that it is meddling and will be resented by the group leader.

In most cases, the opposite is true. This proactive approach is generally appreciated by the leader, who is able to modify and adjust his plans to accommodate the child's needs.

Parents should have two goals for the child who is rejected by peers and, as a result, spends a good deal of time alone. *The first goal is to assist the child in establishing relationships with neighborhood children or classmates.* Invite potential friends to come to your home for structured, monitored activities. Initially, the parent should serve as a proctor for these activities, but this involvement should lessen on subsequent visits. It is suggested that only one friend be invited at a time. The learning disabled child is often overstimulated by the pressure of small groups.

The second goal is to assist the child in developing hobbies or interests that will enable the use of solitary time in productive and rewarding pursuits. Encourage the child's interest in music, arts and crafts, puzzles, gardening, or collecting (baseball cards, coins, stamps). Although these individual pursuits are not replacements for social interactions, they are far preferable to the child's spending hours in depressed, brooding solitude.

With Young Children

Parents can play a role in fostering social competence at a very young age. Toddlers and preschool children seldom become involved in genuine play. Rather, they spend hours in "parallel play" wherein two children play separately but within inches or feet of one another. This phenomenon can be readily observed at a beach or nursery school playroom. Dozens of children play independently without talking, sharing, or acknowledging one another. They seldom speak to one another, although they may subvocalize a running monologue about their own actions (e.g., "Now I am going to build a tower and put the green car on top of it.").

Children with distractibility or attentional problems may have difficulty participating in parallel play. They often intrude on the "space" of their classmates or impulsively grab an attractive toy or plaything from another. When such a problem occurs, gently remove the child from the situation and engage him in a quiet game or activity. Require him to participate in group play for brief periods and gradually increase the length of the sessions.

With Older Children

It is important for parents to observe the child in a variety of social interactions in order to recognize and to identify the child's social strengths and needs. This observation will give you an opportunity to pinpoint the social problems that the child is experiencing

and to provide remedial assistance and guidance. Socially inept children are often unaware of the behaviors that cause their rejection by peers. You can identify and eliminate the troubling behaviors by observing the child and providing post-activity autopsies.

Dr. Edna Copeland strongly recommends that a *pet be provided* for the child with social skill deficits. A pet provides the child with unquestioned loyalty and a nonjudgmental companion. The child also has an opportunity to learn valuable skills related to independence and responsibility. Often, this relationship marks the first time in the child's life when he is depended on, rather than being dependent.

Most learning disabled children respond very positively to *physical contact with adults*. With regular, gentle, physical contact, the child is often better able to control a restless and active nature. This approach is also effective for adolescents, despite their seeming distant and uninterested personas.

Learning to play with age-mates is a natural process for most children. However, children with social skill deficits often find this process to be a puzzling one filled with pitfalls and pain. These children need guidance and instruction in order to recognize the behaviors that peers find appealing and those that result in rejection. Even when the troubling behavior is identified and isolated, the child may be unable to control it because of his impulsive nature.

For the child's social skills to improve, she must have a *wide variety of play experiences*, inside and outside the family unit. Use board games and card games as a "laboratory" to demonstrate and remediate social competence subskills. By mastering the rules of these games, the child is also better able to participate in similar activities with peers at school. The child should be taught to be equally gracious in victory and defeat.

Parents can also assist older children in *"recruiting" a companion*. Plan an attractive activity, and have your child invite a companion to participate. Avoid selecting an activity that is totally passive and that will allow the two children to ignore one another (e.g., baseball game, movie, or TV show). Rather, select an activity that will allow for some interaction and sharing, such as playing miniature golf, model building, or bowling. Again, the parent should initially plan to monitor the situation carefully and to assist in maintaining the flow of conversation.

To select a potential companion for your child, you may want to contact the teacher for advice. Perhaps the child has established a relationship with a classmate of whom you are unaware. Students with social deficits may have established a negative "reputation" among age-appropriate peers in the neighborhood or town in which they reside.

These reputations, once firmly established, are exceedingly difficult to change. The parent may want to consider the drastic step of enrolling the child in an activity group (e.g., Scouts) in a neighboring town. This strategy allows the student to enjoy a “fresh start” with a group of peers with no preconceived notions about him or his behavior.

This recommendation of “arranged friendships” may seem like a throwback to the days of arranged marriages, but they provide the child with the assistance that he requires in order to initiate a peer relationship. The parent may wish to explore the possibility of formalizing this process by establishing a social group of students that participates in structured and monitored activities. This group will also provide the child with a new pool of potential friends. Also explore volunteer work, church groups, and other community-based activities for possible participation by the child.

To be an effective advocate for the child, the parent must establish an *open and candid line of communication*. The child must view the parent as a trustworthy and non-judgmental source of advice and wisdom. Parents must be aware of the appropriate time and manner when attempting to discuss sensitive issues with the child. Oftentimes the parent will attempt to initiate a conversation with the child immediately upon arrival home from school. The child, who would prefer to involve himself in recreational activity rather than in a personal discussion, generally responds to the questions in monosyllables. Try talking to the child at bedtime. You will often find that the child is far more eager to participate in a lengthy conversation with you because the competing activity (going to bed) is far less appealing.

When having a discussion or conversation with a learning disabled child, be mindful of the difficulty that these children have when attempting to *process and comprehend spoken language*. Consider the following: If you ask an adult an open-ended question (e.g., “What did you think of the recent election?”), you receive a lengthy, detailed response (e.g., “Well, there were several issues that, I feel, the electorate totally ignored. For example, the issue of ...”). Conversely, if you ask a specific question (e.g., “Who did you vote for?”), you receive a short, specific response (e.g., “The Democrat.”).

The opposite is true for a child with a language disorder. If you ask an open-ended question, you receive a brief answer (e.g., “How was school?” “Good”). However, if you ask a specific question, you receive a detailed, lengthy response (e.g., “How was science class today?” “It was neat! Mr. Grinsell brought in this cool frog and he showed us how ...”).

By asking specific questions, you provide the child with the structure needed to develop a detailed response. It is also helpful to ask leading questions to keep the flow of the conversation going (e.g., “What happened first? Next?”).

Betty Osman, a noted expert in learning disabilities, offers these suggestions for parents who find that their child is rejected or isolated by peers:

- *Encourage good self-care.* Use unobtrusive reminders to make the child aware of hygiene and self-care issues. Lack of attention to hygiene and self-care often causes social isolation and rejection.
- *Encourage peer conformity.* It is important that the child conform to the generally accepted “regulations” of peer group regarding clothing, hairstyles, and so on. The learning disabled child will often be unaware of these common factors among peers, so the parent must make an effort to monitor these trends to ensure that the child is not constantly “out of synch” with peers.
- *Devise a series of nonobtrusive cues.* Assist the child by discussing with him the various offensive, off-putting behaviors that he is manifesting (e.g., speaking too loudly, interrupting, perseverating on a given topic). Then design a simple signal (e.g., touching your nose, blinking your eyes rapidly) to communicate to him when he is manifesting this behavior in a group situation.
- *Teach delayed gratification.* Children with learning disorders often are impulsive and often feel that they need immediate gratification of their needs. Do not encourage this tendency by consistently responding to the child’s needs or requests. Teach the child that he must learn to wait for gratification at times.
- *Provide the child with sexuality education.* Even though your child’s academic and cognitive development may be delayed, his sexual development may be right on time. As a result, the young person may have age-appropriate sexual desires, feelings, and needs; however, he does not possess the social or communication skills to appropriately handle these needs. It is critically important to provide the child with information about all aspects of sexuality. This information includes the basic information on dating, relationships, fantasies, and sexually transmitted diseases.

The child’s lack of social competence is often a source of embarrassment for the family. The child continually commits social errors that are viewed by onlookers as rude and inappropriate. Although parents empathize with the rejection that the child suffers, the inept social behavior often causes parents discomfort in the presence of family and friends. At those times, remember the wise adage: “*Children need love the most when they deserve it least!*”

The Kline Scale

Children with learning disabilities often have difficulty identifying their feelings or emotional states. For example, they may report that they “are mad” at a friend and that they “hate him.” Actually, the child may be feeling jealousy over a real or imaginary slight. Before a child can deal effectively with emotions, he must first be able to identify them.

The Kline Scale, developed at Riverview School by Adam Kline of the National Center for Achievement, assists the child in identifying his emotions by providing him with a list of feelings under the broad headings of “Sad,” “Mad,” and “Glad.” When a child reports that he is feeling “mad,” for example, the parent or teacher can use the chart to initiate a discussion aimed at determining the true feelings that he is experiencing. It is important for the child to understand that there is a wide variety of feelings, that these feelings can have different levels of intensity, and that several emotions can be experienced simultaneously.

HOW ARE YOU FEELING?			
GLAD 	Important Accepted Brave Confident Secure	Compassionate Determined Excited Grateful Fascinated	Loved Proud Relaxed Relieved Happy
SAD 	Afraid Nervous Worried Confused Disappointed	Discouraged Embarrassed Rejected Unappreciated Unloved	Worthless Lonely Ashamed
MAD 	Furious Angry Annoyed Disgusted	Grumpy Irritated Fed Up	
AND ALSO	Bored Weary Uncertain Frustrated Guilty	Indifferent Jealous Surprised Sympathetic Puzzled	Stumped Incapable Insecure Cheated

Glossary

Mainstreaming

An educational tenet, supported by federal law, that provides for a child’s right to be enrolled in regular education classes when such a placement is academically and socially appropriate.

Inclusion

An educational movement that advocates that all educational services for special needs children should be delivered in regular classrooms. Support in the form of aids, team teaching, or collaboration is generally provided to supplement the in-class instruction.

Interrogation

The language ability to convert a declarative sentence into an interrogative sentence for communication purposes (e.g., Teacher: “Ask Tim where he put the paste.” Child: “Tim, where did you put the paste?”).

Distractibility

The inability to focus on a given task because of an inability to “screen out” competing stimuli. An example is a child who has difficulty completing assigned seatwork because his or her focus is intermittently taken by street noises or other distractions in the environment.

Attention span difficulties

The inability to remain focused or committed to a task for a prolonged period of time.

Disinhibition

The inability to inhibit thoughts or actions that may be socially inappropriate for the setting.

Impulsivity

A tendency to act without consideration for the appropriateness, safety, or natural consequences of the action.

Resources

Television Programs

Beyond F.A.T. City: A Look Back, A Look Ahead.

Featuring Richard D. Lavoie, 2005.

How Difficult Can This Be? The F.A.T. City Workshop.

Featuring Richard D. Lavoie, 1989.

It's So Much Work to Be Your Friend: Helping the Learning Disabled Child Find Social Success. Featuring Richard D. Lavoie, 2005.

Look What You've Done!: Learning Disabilities and Self-Esteem.

Featuring Dr. Robert Brooks, 1997.

When the Chips Are Down: Learning Disabilities and Discipline.

Featuring Richard D. Lavoie, 1996.

To order any of these programs, please call 800-344-3337, or visit shopPBS.com/teachers.

Books

Alley, Gordon and Deshler, Donald. *Teaching the Learning Disabled Adolescent: Strategies and Materials.* Love Publishing Company, 1979.

Dane, Elizabeth. *Painful Passages.* NASW Press, 1990.

Fisher, Gary and Cummings, Rhoda. *The Survival Guide for Kids With LD.* Free Spirit Publishing, Inc., 1990.

Lavoie, Richard D. *It's So Much Work to Be Your Friend: Helping the Learning Disabled Child Find Social Success.* Touchstone Books, 2005.

Levine, Mel. *Developmental Variation and Learning Disorders.* Educators Publishing Services, Inc., 1987.

Levine, Mel. *Keeping a Head in School: A Student's Book About Learning Abilities and Learning Disorders.* Educators Publishing Services, Inc., 1990.

Lieberman, Laurence. *Preventing Special Education ... For Those Who Don't Need It.* GloWorm Publications, 1985.

Osman, Betty B. *Learning Disabilities: A Family Affair.* Warner Books, reprinted 1989.

Osman, Betty B., in association with Henriette Blinder. *No One to Play With.* Random House, reprinted 1989.

Smith, Corinne Roth. *Learning Disabilities: The Interaction of Learner, Task, and Setting.* Little, Brown, 1990.

Smith, Sally L. *No Easy Answers: The Learning Disabled Child at Home and at School.* Bantam Paperback, 1981.

Smith, Sally L. *Against the Odds: The Learning Disabled Succeed.* St. Martins Press, 1990.

Vail, Priscilla. *Smart Kids with School Problems.* E. P. Dutton, 1987.

Weiss, Elizabeth. *Mothers Talk About Learning Disabilities.* Prentice Hall, 1989.

Web Sites

Colorín Colorado

www.ColorinColorado.org

Bilingual information, activities, and advice for Spanish-speaking parents helping young children learn to read in English, plus a comprehensive section for English-speaking teachers.

LD OnLine

www.LDOnLine.org

The leading Web site on learning disabilities for parents, teachers, and other professionals, featuring the latest in learning disabilities news, free expert advice, a comprehensive collection of the best in learning disabilities articles, a free electronic newsletter, and forums for exchanging ideas.

Reading Rockets

www.ReadingRockets.org

A continuously updated Web site with tips for parents and guidance for educators on teaching kids to read and helping those who struggle.

Richard Lavoie

www.ricklavoie.com

Information and inspiration for parents and teachers of children with learning disabilities, featuring essays and articles, Rick Lavoie's speaking schedule, and more.

Organizations

Children and Adults with Attention Deficit Disorder (CHADD)

www.chadd.org

800-233-4050

8181 Professional Place, Suite 150

Landover, MD 20785

Council for Exceptional Children

www.cec.sped.org

888-232-7733

1110 North Glebe Road, Suite 300

Arlington, VA 22201-5704

Learning Disabilities Association of America

www.ldanatl.org

412-341-1515

4156 Library Road

Pittsburgh, PA 15234-1349

National Center for Learning Disabilities

www.nclld.org

888-575-7373

381 Park Avenue South, Suite 1401

New York, NY 10016

National Dissemination Center for Children with Disabilities

www.nichcy.org

800-695-0285

P.O. Box 1492

Washington, DC 20013

Notes



The Learning Disabilities Project at WETA

Noel Gunther, Executive Director
Karen Lange, Project Manager
Christian Lindstrom, Senior Producer

Beginning with Richard D. Lavoie's acclaimed F.A.T. City Workshop, WETA has made a long-term commitment to serving the LD community. We create television, radio, and online projects dedicated to improving the lives of children and adults with learning disabilities.

**For more information, call 703-998-2600, or e-mail
LDOOnline@weta.com, or visit LD OnLine at www.LDOOnline.org.**

