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Enhancing Socially Withdrawn Children's Behavior Via Peer Monitoring and Social Skills Instruction

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Educators face the challenge of instructing socially disengaged children who come to the classroom lacking peer acceptance, social skills and positive feelings about themselves and school. Although the importance of good social relations and emotional health for effective learning has been recognized, efforts to foster these traits often fall short of success and breed discouragement in teachers. It remains an ongoing concern for educators to find the most effective means to improve the social competence of the self-isolating students.

The purpose of this study was to examine the combined effects of (1) social skills instruction, (2) peer monitoring, and (3) self-management strategies on the social interaction behavior of 1st and 5th grade children identified with internalizing behavior disorders. The implementation of successful outcomes for the participants included peer acceptance, better self-esteem, and healthier school adjustment.

Participants in the study included five students who showed strong signs of internalizing behavior, their five peer partners and three research assistants who served as self-management supervisors. The targeting of students identified as having internalizing symptoms was based upon a variety of criteria including recommendations from the school's student support team (teachers, principal, assistant principal, school psychologist, school social worker and school advocate). The peer partners were chosen from those students who had the following attributes: good school attendance, positive interaction with peers, ability to follow directions, and be someone the target students could feel comfortable with and trust.

The study, which took place at Grandview Elementary School in Provo, Utah, began with social skills instruction. The internalizing students and their peer partners received didactic lessons in a classroom prior to using the skills learned on the playground. The skills taught included "How to Start a Conversation", "How to Play Appropriately With Others, and "How to Invite Others to Play".

The peer monitoring began with instruction conducted by the researchers with pairs of students – a target student and a peer partner. The pairs were taught how to encourage each other to implement the social skills on the playground by way of role-playing various playground scenarios. In addition, the pairs learned how to mark point cards and use a MotivAider to manage their social interactions and how to give feedback to one another in an effort to provide peer monitoring.

The daily implementation of the treatment consisted of the pair going out together on the playground and making an effort to use the social skills previously learned in the classroom. The peer partner would signal the target student when the MotivAider vibrated indicating the end of a five-minute interval. Every five minutes both students marked their own point card to determine how many times he/she started a conversation and how long he/she participated in playground

activities. The students then reviewed and matched their partner's point card. The same procedure occurred throughout recess; however, at the end of recess the researcher also checked each child's point card to determine how many points the students earned for the day.

Each child had the possibility of earning points and a token economy system was used to provide reinforcers to the pairs based upon each student's daily and weekly earned points. Reinforcers included special privileges that provided students with more opportunity for social interaction (i.e. five minutes of extra recess time, etc.) as well as tangible/edible items. Each week the researcher established new goals with the pairs.

Eventually the peer partner was removed from the study and the target students continued the intervention by themselves while matching their efforts with an adult self-management supervisor. The procedure still consisted of four five-minute intervals with a MotivAider signaling to the target child to mark his/her point card. The children then matched with a self-management supervisor who filled out a card for the student as well. Researchers took into consideration the possibility (even given a precise definition of target behavior) an observer might not be scoring accurately by conducting inter-observer reliability checks. This involved having two people trained in the same manner as the primary observers.

The findings from this study suggest this treatment package consisting of the three components previously described contributed to the increase of positive social interactions of elementary students with internalizing symptoms. During the first phase of intervention (coaching and modeling of social skills and an introduction of a token economy) each participant showed an increase in his/her positive social interaction. The second phase of intervention, peer mediation, caused an increase in positive social interaction from baseline. Although phase two brought an increase for each participant, the effects of peer mediation were lower than for both the first and third phases. During the third phase of intervention (adult matching – self management) four of the five participants had the greatest increase in positive social interaction of any other phase. However, because the intervention was a “package” approach, it is difficult to determine which component(s) of the intervention affected the change and would the same results have occurred if any component were eliminated. Further research is recommended in the implementation of a reliable instrument to select positive peers for the phase two of the treatment package.

In summary, the results from this study support the implementation of positive behavior support treatment packages including the use of social skill instruction, peer mediation, and self-management to increase the positive social interaction among peers for students with internalizing behavior.