Group Intervention

Improving Social Skills of Adolescents With Learning Disabilities

Deborah Court • Sarah Givon

The move to integrate students with learning disabilities into the general education system calls for assistance in helping them in adjusting socially. Children and adolescents with learning disabilities have social difficulties in comparison with their peers (Asher, Parker, & Walker, 1996; Elliot, 1988; Margalit & Levin-Alyagon, 1994). They report feelings of loneliness, isolation, and lack of fulfillment in social situations. This social isolation deepens over time, contributing to negative self-image and difficulty in social functioning at maturity (Elliot; see box, "What Does the Literature Say?").

One Israeli middle school developed a social skills intervention program as part of the general support framework that was offered to students with learning disabilities. Twelve students, ages 13 and 14, participated in a case study of this program. This article describes the program, discusses the results and their implications for other educators, and provides practical suggestions for teachers.

Social Skills Deficits and Friendship Groups

Adolescence is a critical time in the social world in terms of self-evaluation and self-confidence. Healthy social interaction is important and helps to prepare youth for normal adult functioning, including independence and fitting in to a work environment. (Bauminger, 1990).

STUDENTS WHO HAVE CHALLENGES IN SOCIAL SKILLS OFTEN DEVELOP SOCIAL ISOLATION THAT DEEPENS OVER TIME, CONTRIBUTING TO NEGATIVE SELF-IMAGE.

According to Smilansky (1988), during a child's process of maturing, friendship groups fulfill essential functions in terms of socialization: support, social comparison, models to imitate, conscience, the giving of status and authority, support in separating from parents, and a basis for future connections. The group offers training in social connections and different kinds of social interactions.

For these reasons, social skills training in a group setting can be especially helpful to youngsters with social difficulties. Group treatment is built on three elements that have been shown to be effective: (a) creation of a social situation, (b) active participation in discussion, and (c) the use of group support (Shectman, 1993). Group counseling has been shown to be an important element of a treatment program for adolescents with learning disabilities (Margalit, 1991). In such a group, the adolescent is equal with the other members and can cope with social skills in an active way. This is an important factor in improving social skills.

The present case study involved two groups, one with six boys and one with six girls, all 13 or 14 years in age. Interviews with the students, observations in various settings, and a loneliness questionnaire (Margalit, 1995) determined students' feelings. Six of the students had nonverbal disabilities

What Does the Literature Say About Social Skills of Children and Adolescents With Learning Disabilities?

In reviewing the literature, we found studies on younger children that were helpful to us in forming a basis for understanding the behavior of our adolescent sample. Teachers are aware that there is often a connection between learning disability and difficulty in acquiring social skills. Rourke (1988) pointed to three possible explanations:

1. Learning difficulties may result from existing emotional and social difficulties.
2. Emotional and social adaptation difficulties may result from the effects of academic failure.
3. The same neurological dysfunction may be the basis of both academic difficulties and interpersonal adaptation problems.

In regard to the third explanation, Rourke (1989) differentiated between types of learning disabilities in children:

- Verbal learning disabilities that are characterized by speech and reading difficulties. These children are often introverted.
- Learning disabilities that are not verbal and are characterized by difficulties in visual and spatial organization, academic difficulties in mathematics, global understanding, and concentration. Rourke found that those with nonlanguage-based disabilities were more likely to have serious social difficulties than were introverted children.

Rourke (1989) postulated that nonverbal disability correlates with social and emotional disturbances. Gross-Tsur, Shalev, Manor, and Amir (1995) described a profile of children with presumed structural damage in the right hemisphere of the brain called "Developmental Right Hemisphere syndrome" (DRHS). They claimed that the right hemisphere plays a part in visual-spatial organization, nonverbal memory, focus, identification and expression of feelings, and listening. These qualities are damaged in children with DRHS in a way similar to what Rourke (1989) described in children with nonverbal disability.

Dimitrovsky, Spector, Levy-Shiff, and Vakil (1998) also distinguished between verbal and nonverbal disabilities. They found that children with verbal disabilities better understood facial expressions than did children with nonverbal disabilities. Their research offers support for the thesis that those with nonverbal learning disabilities are at greater risk for difficulties with friendships and social skills. Levin (1997) stated, however, that we do not yet understand the influence of the left hemisphere of the brain on emotional processes. She conjectures that the two hemispheres work together and complement each other, as they do in cognition. If so, any damage to one hemisphere has implications for both cognition and emotion. Thus, a severe learning disability that results from developmental delay of both hemispheres influences cognitive and emotional functioning and causes a particular affective-cognitive style that can be categorized according to the root of the dysfunction: right, left, or frontal. Levin's research gives credence to the hypothesis that in those with disabilities rooted in one hemisphere's functioning, we find a characteristic emotional style that results from disturbances in balance between the emotional functions of both the hemispheres.

These findings help clarify why people with verbal learning disabilities are stronger in interpersonal, emotional ability than are those with nonverbal learning disabilities and suggest that children and adolescents with verbal learning disabilities are more responsive to social skills treatment (see Figure 1).

(four of these were extroverted and socially rejected, and two were introverted and socially rejected), and six had verbal learning disabilities (four were introverted and socially neglected, and two were more extroverted and somewhat more accepted by classmates).

The Nature of the Life Skills Program

Each group met once a week during a 5-month period. Meetings were built into students' regular class timetables so as not to be disruptive. This was a multifaceted, modular treatment program. The model includes practice in problem-solving strategies, as well as emotional development and self-awareness that are affectively based (expressing feelings and imagining the feelings of others; see Figure 2).

Students participated in 20 hour-long meetings during which they discussed a variety of topics concerning social skills. Topics included making friends, getting to know people, assertiveness, dealing with anger, small talk, and listening. Each lesson presented one particular skill.

Each lesson included visual, verbal, and written media so that each participant could grasp the material, no matter what his or her learning disability was. The students examined different methods of solving imagined problems, and the students related problems they had experienced or seen in real life. The tools and rationale presented by the group leader (the researcher) helped students to advance in social (and self) understanding. They learned new skills, practiced during the week, and talked about what happened at the next meeting. They also tried to observe other people using these skills in social situations.

Results

Though these results were unanticipated, we did find marked differences in self-evaluation and self-image between boys and girls. Boys saw the treatment groups as a place to solve problems in a legitimate way, as they would in a lesson offering extra academic assistance, for example, and perhaps because of

Figure 1. Characteristics of Verbal and Nonverbal Learning Disabilities

Characteristics of Verbal Learning Disabilities	Characteristics of Nonverbal Learning Disabilities
• Speech and reading difficulties • Relatively strong interpersonal abilities, including the ability to read facial expressions and put oneself in the place of another • Tendency toward introversion • Relatively high responsiveness to social skills treatment(s)	• Difficulties in nonverbal memory, mathematics, spatial relations, concentration, listening, and global understanding • Weak interpersonal abilities and difficulty in expressing feelings and "reading" others • Frequent extroversion and aggression • Relatively low responsiveness to social skills treatment(s)

this they felt no stigma or social embarrassment about attending the sessions. Despite their willingness to attend, however, they had more difficulty than girls in discussing and developing awareness of their problems. The extroverted boys, especially, expressed a need to "fix" the environment and their friends rather than confronting their own problems.

In contrast, it was difficult to convince the girls to come to the room where the sessions took place. They worried about the opinions of their peers, trying to arrive stealthily and unseen by others. Despite this behavior, all the girls were very aware of their own social difficulties. They were open and, even in the pretreatment interviews, spoke with pain about their social situations.

Identification and Expression of Social Feelings—The Emotional Realm

Almost all the participants showed great improvement in identifying and expressing their feelings and understanding their social situation. Only two boys did not, and their inconsistent results were likely caused by interruptions in the Ritalin they were taking. These boys passed through stages of denial, blaming the environment, demanding change in others, and lacking understanding of their social situations. The other 10 students, those with verbal and those with nonverbal disabilities, reached the stage where they were able to check and evaluate their standing and their social situations, to discuss them clearly and with good communication, to express feelings, and to correctly identify their own feelings.

Not everyone succeeded in identifying *others'* feelings. This was most prominent among those with nonverbal disabilities who found it difficult to "read" social situations and the feelings of others. They were absorbed in their own situation and had difficulty explaining others. One of these boys said during treatment, "I feel that I understand what I need to do, but I don't yet understand how to do it."

One of the girls said, "I understand the words that you're saying, but with my friends it doesn't happen."

Social Skills—The Cognitive and Executive Realm

Most of the participants advanced in the area of social skills, though in some cases the advancement was slight, probably because of the relatively short duration (5 months) of the treatment. Two of the boys regressed. These were the two with attention deficit disorder who took Ritalin inconsistently.

The most significant changes in social skills were found among students with verbal learning disabilities. There was an especially dramatic change among four participants with verbal learning disorders who, before treatment, were neglected by their classmates; were introverted, shy, and taciturn; and did not take part in conversations or discussions in their home classes or peer groups. The greatest change among these four was in problem-solving. It appears that the model of problem-solving presented during treatment strongly influenced all participants and was helpful to those with both verbal and nonverbal disabilities. Those with verbal disabilities improved in terms of communication and identification and expression of feelings.

One girl from this group said at the end of the treatment, "Using the things I learned here really helped me…. Now I have more confidence to speak and to express my opinion because usually I'm quiet. But in the small group, I felt that I did speak enough, and I said what I had to say."

All students had difficulty in initiating social contacts, and no improvement was seen in this area. All agreed that the treatment time was too short and that more time was needed.

Interpersonal Relations and Social Interactions—The Social Realm

Most of the participants felt that there was a slight change in their social standing after the treatment. Four participants who were socially neglected, introverted, and had a verbal learning disability changed their social standing, not only according to their own assessment, but according to the before-and-after treatment sociometric questionnaires in their classrooms and their teachers' assessments. This was especially true if they had a particular friend in the home classroom (even if the classroom teacher assisted the friendship). Improved social skills made it easier to find a friend, and having a friend seemed in itself to make classmates view participants more favorably. Improved social standing, however, did not affect participants' feelings of loneliness, and, in some cases, feelings of loneliness increased.

Four participants with nonverbal disabilities who were socially rejected, extroverted, and aggressive—especially

the two boys who stopped taking their Ritalin—reported increased loneliness. Two participants with nonverbal disabilities who were introverted and had a tendency to blame themselves, experienced greater feelings of loneliness as their awareness and understanding of their social situations increased. They became depressed and experienced feelings of failure because, despite their improved personal skills and strong efforts to participate more socially, their peer group was not responsive, seeming unable to grasp that changes had taken place in these students.

One of the girls said, "I really want to change my standing in the classroom. It's hard for me to get into a popular group in the class. The kids still relate to my old image…. There are closed groups in the class. No one understands that I am starting to change, and they won't give me a chance to get into a group."

Feedback from parents indicated that in most cases, they saw significant improvement in their children's after-school connections with friends. Many reported that their children started to go to after-school activities at school and that the atmosphere at home surrounding interactions within the family (i.e., with siblings and parents) improved. Some participants started to attend youth groups, and some found new friends in their neighborhoods and had more confidence when playing outside. This was more pronounced among boys, except for the two boys who experienced interruptions in their Ritalin schedule. All the participants expressed the feeling that they had advanced in terms of social connections and interaction; but, again, they felt that others in the environment were not responsive. One of the introverted boys said, "I feel that I have advanced. I am more assertive and don't always give in."

One of the boys who was extroverted and aggressive said, "Now I am trying to 'think positively.'"

Some of the participants expressed their desire to use some of the techniques they had learned to improve the atmosphere at home. One of the girls said, "I have to help more at home, so Dad will understand us and not yell so much…. He denies that he's a 'hothead.'"

Parents made similar comments: "She is trying to teach us…. She tells us to 'think positively.'" The parents confirmed that their children's attempts to be a positive influence at home gave them a "push" and that the atmosphere was indeed improved.

Figure 2. The Life Skills Program

Topics	Activities
• Self-development	• Role playing and simulations of real and hypothetical situations
• Friendship	
• Communication skills and behavior	• Group analysis of hypothetical events
• Problem-solving and decision making	
• Coping with situations of stress and change	• Discussions of problems seen on TV and read about in stories
• Assertiveness	
• Self- and program evaluation	• Discussions of personal problems and success in the social realm

Note: While the authors would be happy to supply the entire Life Skills program upon request, at present it exists only in Hebrew.

Friendship Connections and Feelings of Loneliness—The Interpersonal Realm

One of the interesting findings was that most of the participants had increased feelings of loneliness after treatment. Before treatment, most had difficulty defining friendship. The need for an intimate friend increased with treatment. Two girls and two boys who felt they had undergone real change after treatment stated that others in the environment were not aware of their changes and that their classmates related to them as if they had not changed. Thus, it was still hard for them to find friends. Four of the participants, whose classroom teachers helped to match them with a friend, felt more confident and expressed less loneliness, even though the friendships were not of the same quality as those naturally formed.

As far as the kind of connections participants had with these teacher-orchestrated friends, it appeared that they were of lower quality, less concrete, and less intimate than naturally formed friendships. All participants expressed their desire for naturally formed, equal friendships, and most hoped a friend would help them, spend time with them, understand them, and do things together that they liked to do.

The girls showed more signs of intimacy and emotional connection in their descriptions of a good friend. At the end of treatment, girls said things like the following:

- "[A friend is] someone who won't forget me and will always help me."
- "We would have interesting and personal conversations."
- "We would play together outside and at home."
- "Always together."

Boys said things like these:

- "[A friend is] someone who always does what I want, like my servant."
- "A friend [is someone] that likes what I like, like soccer and basketball."

Implications for Educators

There seem to be connections among several factors in the lives of the students in our study: (a) the kind of learning disability, (b) the nature of the adolescent's behavior, and (c) his or her social standing and social skills. In our study, students with verbal learning disabilities made greater social advancements than did those with nonverbal learning disabilities. This correlates with findings from other studies that children with nonverbal learning disabilities are at high risk for social difficulties and are the least socially adaptive (Gross-Tsur et al., 1995). We found that social skills practice did not greatly influence these participants or change their situation, in spite of their desire for change and their good verbal ability. Those with nonverbal disabilities may have a defective ability to acquire communication skills. Those with verbal disabilities can acquire these skills because of their better ability to understand gestures, read facial features, and speak with normal intonation.

THE TEACHER HAS A CRUCIAL ROLE IN DIRECTING STUDENTS, FINDING POTENTIAL FRIENDSHIP PAIRS, AND CREATING SITUATIONS THAT REQUIRE COOPERATION.

Given these factors, it may be that students with nonverbal disabilities would prosper under a different kind of treatment that teaches them in a specific way how to substitute socially positive behaviors for problem behaviors. To design such a program that includes this tailor-made dimension, educators would first need to identify problem behaviors through a functional behavior assessment of the kind suggested in the Individuals with Disabilities Education Act (IDEA; Fitzsimmons, 1998). Part of the rationale for such assessments is that problem behaviors fulfill social needs, such as the need for attention. If new social skills and positive behaviors can fulfill these same needs, there is a good chance that students with nonverbal disabilities can learn to replace old behaviors with new. In future development of the Life Skills program, we will introduce functional behavior assessments for students with nonverbal learning disabilities as part of the pretreatment assessment.

One of the surprises in our findings was that most of the participants' feelings of loneliness increased after treatment. With advancement in social skills and in the students' expectations for change, understanding of their situations increased, as well as their feelings of loneliness. Students whose teachers matched them with a friend felt less lonely. We agree with Bergen (1993) and Margalit (1991) that the teacher has a crucial role in directing students, finding potential friendship pairs, and creating situations that require cooperation, as well as helping and encouraging parents to nurture these friendships outside of school.

The relatively slight improvement in social standing achieved by all participants may have been affected by the short, 5-month duration of the treatment. Their peer group did not have enough time to sense the changes. Social stigmas that are sometimes attached to those with learning disabilities can be hard to change, and it may be that some kind of directed intervention is needed in the home classrooms. If teachers and counselors worked consistently toward the goal of changing classroom culture, it might be possible to create an environment that is more flexible and more accepting of differences.

More research is needed on the relationship between verbal and nonverbal learning disabilities and adolescents' social skills. Research should also investigate the effects of different kinds of intervention, including group and individual treatment and the role of the teacher in encouraging friendships. Our study suggests the importance of detailed diagnosis of each student to design appropriate intervention. On the basis of our results, we propose several ideas for teachers and counselors in the areas of diagnosis, social skills intervention design, friendships, and classroom culture. The goal is to help adolescents with learning disabilities have fuller, happier social lives.

WITH ADVANCEMENT IN SOCIAL SKILLS AND IN THE STUDENTS' EXPECTATIONS FOR CHANGE, UNDERSTANDING OF THEIR SITUATIONS INCREASED AS WELL AS THEIR FEELINGS OF LONELINESS.

Suggestions for Teachers

Diagnosis

- Special education teachers and classroom teachers should utilize all diagnostic and anecdotal evidence available to determine whether a student's disability is verbal or nonverbal in nature.
- Students with nonverbal disabilities could also benefit from a functional behavior assessment.
- Evidence should be collected as to whether the student is socially neglected or rejected, introverted or extroverted, and whether he or she has friends at school and at home.

Intervention Design

- Analysis of these areas should be done to decide what kind of social skills treatment program is likely to be most beneficial and whether group or individual treatment is preferable. Possibly, those with nonverbal learning disabilities are more in need of learning how to replace specific problem behaviors with new behaviors, strengthening their sense of self, and one-on-one counseling and emotional support to improve their ability to cope with characteristics that they cannot change. Those with verbal learning disabilities may respond better to group counseling.
- The topics covered in our Life Skills program and the various discussion and simulation methods employed were helpful to students. We would add a section on initiating social contacts.

Friendships and Classroom Culture

- Assistance by the classroom teacher in helping students form friendships is important, even if these friendships are not of the same quality as naturally formed friendships. Students with any kind of friendship may feel less lonely and may experience increased self-esteem that will lead to greater overall social ease.
- The classroom teacher should engage in teaching *all* students in the home classroom in a structured, systematic way how to help support those with learning disabilities. This could increase the success of intervention programs and improve the integration of those with learning disabilities into general education classrooms. The goal is to help these adolescents become independent adults able to fully integrate into the activities of society.

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Deborah Court, *Lecturer, School of Education, Bar-Ilan University, Ramat-Gan, Israel.* **Sarah Givon,** *Doctoral Candidate, Bar-Ilan University, Ramat-Gan, Israel, and Lecturer, Jerusalem College, Israel.*

Address correspondence to Deborah Court, School of Education, Bar-Ilan University, Ramat-Gan, Israel 52900. (e-mail: d_court@inter.net.il)

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