Social Competence and Students with Mild Disabilities:

Can the necessary skills be taught and applied?

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"I long to accomplish a great and noble task, but it is my chief duty to accomplish small tasks as if they were great and noble."

Helen Keller

Abstract

Social competence is most often described in terms of the skills and behaviors needed to successfully perform in a variety of social situations. Voytecki (2010) describes social competence as the ability to initiate, respond to, and maintain interactions and positive relationships with others. Gutstein and Whitney (2002) offer a definition that focuses on meaningful and "emotion based relationships" (p. 161). Gresham. F., Mai, B., and Cook, C. (2006) note that social competence represents judgments about the behavior and messages of others. The specific skills and behaviors associated with social competency include those within not only the social domain, but also within the emotional, affective, cognitive, and even physical domains. It is a logical to think that these ordinary skills are intuitive, but if they are not, that they can be taught, learned, and appropriately applied. However, it is often the case that despite special attention and programming, students with mild disabilities still lack the skills to perform optimally in the classroom, in the community, with their peers, and even within their family constellation. Without social competence, one does not have the same experiences and opportunities in life as others. This article will present some of the reasons why individuals with mild disabilities struggle to acquire, maintain, and consistently perform the skills needed to become socially competent.

Introduction

Individuals diagnosed with mild disabilities include those with high functioning autism (HFA), Asperger Syndrome (AS), Learning Disabilities (LD), and Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD). They are often described as experiencing deficits in social skills and interpersonal relationships. As students, many have received individualized clinical, familial, or classroom instruction intended to teach them the skills needed to interact with others in a variety of settings; the classroom, home, and community. Yet problems persist, often into adulthood, with skill acquisition and performance. Even when an individual has learned a skill and has demonstrated the ability to effectively

perform it when cued, there continue to be instances where the behavior is not demonstrated when it is expected. Such lapses in skill performance inevitably result in a generalized awkwardness during interactions, inappropriate responses, and social discomfort. Such occurrences are not only socially uncomfortable, but more important, they interfere with communication, interpersonal interactions, academic adjustment, and even job performance.

Variables that lead to Social Competence

It might be helpful to think of *social competence* as the umbrella under which several other variables are combined, and which together allow the acquisition and demonstration of effective interpersonal interactions. Some of the variables that result in social competence include specific social skills, social awareness, self awareness, and self perception. Each of these will be briefly discussed.

There is a lengthy list of *social skills* that are needed in order to function effectively on a day to day basis, whether with family, in a classroom, with peers, or on the job. We could begin with the basic need to have the skills to effectively introduce oneself, start or engage in conversation, focus and listen to others, ask relevant questions, work independently or cooperatively, express emotions, or respond to supervision. There are dozens of others. Without these basic skills one is not able to effectively interact socially in routine day to day settings. As noted by Guralnick (2010), specific social skills are the building blocks that lead to social competence. These social skills are necessary in order to develop effective communication and interpersonal relationships.

The teaching of social skills is a necessary part of a process leading to overall social competence. An individual might learn the skills, perform them when cued or in isolated situations, but still be unable to generalize, transfer, and consistently apply them in random settings. Some of the reasons for this lack of transfer and application will be discussed below, but it is important to understand that spontaneously applying the skills is a necessary part of becoming socially competent.

In order for an individual to *apply* effective social skills, s/he must have first acquired a sense of *social awareness.* In other words, the awareness of social norms and expectations is a prerequisite for the performance of the skills at the appropriate time (Friedman, 2003). Knowing *what* to do or *how* to act is not sufficient if the individual is not confident of *when* or *where* to demonstrate the behavior. A person must possess a certain degree of social awareness and an understanding of the expected social norms before s/he can effectively apply the social skills that have been learned. The performance of an expected skill implies that an appropriate one has already been learned and selected. For students with mild disabilities, that process can be a significant challenge. In reality, there is a significant amount of prediction, anticipation, and insight that is required during social interactions. For individuals with interpersonal difficulties, social settings can be intimidating and anxiety provoking. Recognizing what others are saying,

feeling, and expecting requires not only an awareness of their behaviors and emotions, but a broader awareness of social norms as well as the importance of social reciprocity.

This raises the issue of *self awareness.* Not all children, and especially those with mild disabilities, can accurately describe what they are feeling and, at a deeper level, correctly identify the emotion. Self awareness requires being able to recognize one's feelings in the context of others and knowing what to do and how to respond in specific situations. A degree of self awareness is necessary in order to understand the relationship between emotions and behaviors in oneself and others in static as well as changing situations. It is this self awareness that also allows one to acquire a sense of what others are feeling. It leads to understanding and empathy as well as the appropriate expression of those emotions.

Individuals with mild disabilities, particularly those with Asperger Syndrome and high functioning autism, often struggle with the issues related to self awareness. Recognizing their own thoughts, emotions, and behaviors is one step in the process of regulating them. Effective regulation of one's behaviors is a necessary part of interpersonal interactions that also require recognizing and monitoring how one's behavior affects others. Without self awareness, the individual often finds any kind of social engagement to be difficult. Too often, the lack of self awareness, and specifically *affective awareness,* results in rejection from peers, isolation, and feelings of loneliness (Bauminger and Kasari, 2000). Even when the individual matures in the area of self awareness, skill acquisition needs to be carried over into appropriate interpersonal behaviors. Recognition of one's feelings and behaviors has little to no social impact if the behaviors cannot be monitored and controlled.

A final variable to be considered in this discussion of what leads to social competence is *self perception,* or how one interprets a situation and one's role in it. A particular difficulty for many students with mild disabilities is recognizing and responding to subtle social cues. Too often the cues are missed or misinterpreted, leading to awkward or inappropriate responses. Other times, it is the self regulation of the response that is out of sync; ie, words, emotions, or behaviors that are either too strong or not strong enough to fit the situation. In order to respond appropriately, one needs to accurately perceive and interpret a situation before selecting a suitable response. The selection of an appropriate response is certainly not likely if the situation has been misperceived and/or misinterpreted. A consistent challenge to a person with a mild disability is making a spontaneous assessment of a situation, relying on whatever cues are present, and selecting a response that seems to fit.

The Role of Social Thinking

Social thinking, social awareness, social insight, and social cognition are all terms that are used to describe one's ability to recognize and understand emotions, behaviors, and even intentions in a social context. During any interpersonal or social situation we are expected to meaningfully engage with others, recognize their feelings and their attitudes, and respond

accordingly. The development of social insight prepares us for this interpersonal engagement by allowing us to anticipate what others might say or do, and responding in a reciprocal manner. Without this insight, the interactions will become awkward, stilted, and sometimes inappropriate.

Social thinking is the foundation for developing effective social skills that precede the acquisition of a more generalized social competence. Winner (2010) notes that social thinking is a type of intelligence that integrates input and activity across multiple venues; ie, home, school, community or work. She notes, "Successful social thinkers consider the points of view, emotions, thoughts, beliefs, prior knowledge and intentions of others …. This is for most of us an intuitive process." (http://www.socialthinking.com/what is social thinking). However, it does not appear to be at all intuitive for many persons with mild disabilities.

Gutstein & Whitney (2002) describe problems with "affective engagement" and emotion based relationships that require meaningful interactions and "expressive sharing" (p.163). Even though specific social skills can be taught, rehearsed and practiced in hypothetical situations, social interactions are certainly not completely predictable. There is a need for spontaneity, prediction, insight, and anticipation, all of which present difficulties for many individuals with mild disabilities, but particularly for those with Asperger Syndrome, high functioning autism, or pervasive developmental disorder. Weaknesses in social insight or social thinking result in a diminished ability to be able to anticipate what others will say or do. This will lead to awkward interactions and a tendency to avoid them.

Neurology and Plasticity

It was noted by Guralnick (2010) that interpersonal skills that are demonstrated during early childhood were associated with the application of those skills later in life, as reflected in more effective communication and behavior. Early identification and treatment are known to be effective in infants and young children with a variety of disabilities, and certainly in the cases of children with AS, high functioning autism, and other mild disabilities. Early intervention (EI) is effective in enhancing cognitive and communication skills because of the impact of the stimulation on brain development. The same is true of social development, working with and reinforcing infants as they make eye contact or respond to a smile or gesture. The earlier this type of stimulation is started and the longer it is maintained, the more likely the child will acquire and apply these at a later time.

Keeping in mind the plasticity of a child's brain, it is recommended that teaching social skills be addressed as soon as a problem is suspected and continued as the child matures and develops a larger repertoire of social behaviors. It is typically much more productive to teach a young child new skills than it is to begin to teach them to an adolescent who has already solidified his/her preferred response patterns. Extinguishing ineffective behavior patterns in an adolescent and replacing them with more acceptable ones is a challenging task, especially when working with students with mild disabilities. Teaching appropriate skills at an early age

establishes the foundation on which more complex skills can be added. Adolescents, in general, become increasingly interested in peers and social activities. Many students with mild disabilities are not exceptions to this pattern; they, too, want to be a member of a group and to have friends. If basic social skills are taught at an early age, then more complex skills such as social awareness, interpreting non verbal language, and recognizing subtle social messages can be addressed as children mature. All of these skills eventually become a part of our hardwiring; ie, our neurology. One's behaviors, much like cognition, follow a pattern of information processing and can be modified via learning and rehearsal. The important point is to begin early while the brain is most responsive to stimulation, processing, and learning.

Once skills are learned during early childhood they are routinely practiced and repeated, thereby becoming hard wired and a natural, spontaneous part of the behavioral repertoire. However, we do know from observation that the acquisition of a skill does not guarantee its performance. Although the skill might have been acquired and previously demonstrated, it is often not automatically performed in the appropriate situation.

Variables that Interfere with the Performance of Social Skills

A variety of behaviors are characteristic of persons with mild disabilities that interfere with both the acquisition and performance of social skills. When one considers ADD, ADHD, HFA, and AS, characteristics such as restlessness and inattentiveness come to mind. If a child is not able to focus and attend to social stimuli, then the likelihood that s/he will effectively observe and model appropriate social skills is minimized. Nonverbal behaviors such as facial expressions and gestures might not be recognized. The subtleties of responses by others are often not noticed. All of these interfere with effective social reciprocity, which is dependent on recognizing and responding to nonverbal communication, including what others are feeling.

Additional behaviors that interfere with the acquisition and performance of social skills include impulsivity and impatience. An individual with a disability might not demonstrate the patience needed to listen to someone ask or answer a question. The result may be that they impulsively interject, interrupt, or change topic. These behaviors cause awkward communication and social interactions. They often increase the anxiety that people with mild disabilities feel during interpersonal interactions, thereby exacerbating the difficulties.

All competing behaviors interfere with the performance of learned skills. The more frequent and severe the competing behaviors, the more they interfere with the appropriate demonstration of desired social skills. This in turn disrupts the individual's ability to be affectively engaged, and negatively impacts interactions. Consequently, the person is often isolated and has fewer enriching experiences than persons without disabilities. This sequence too often results in social isolation, loneliness, and depression.

Transfer and Generalization

An individual needs to be aware of his or her behaviors and their impact on others before desired changes can be made. Gresham (2006) wrote that there is a benefit to the individual in acquiring additional social behaviors because not only is the result a larger and stronger repertoire of skills, but that the acquisition of effective skills helps to identify and minimize competing behaviors. The more often new behaviors are rehearsed and applied, the greater the likelihood they will be transferred and used in other settings.

Friedman et al (2003) addresses the "receptive deficit" that interferes with communication, noting that persons with mild disabilities often miss social cues and the subtleties of interactions. Continued exposure to such interactions will strengthen behaviors that lend themselves to improved social reciprocity and the ability to recognize verbal and nonverbal cues. Individuals will recognize at a young age that they do have some control over their behaviors and that via monitoring and self regulation they can more effectively interact with others, thereby become more successfully integrated. This is consistent with Winner's (2010) observations regarding the integrative impact of social thinking skills. Encouraging individuals with mild disabilities to think about their behavior, feelings, and thoughts in specific social situations, that is, a type of "forced introspection", will no doubt also strengthen their ability to recognize the consequences of their behavior and its impact on others. This knowledge can then be generalized and transferred to other settings.

Implementing Change

Although detailed strategies for behavioral training and skill acquisition are beyond the scope of this paper some general suggestions can be made. It is widely recognized that different teaching strategies are effective with different individuals and that trial and error is sometimes the only way to identify what strategy to implement. In schools, cues and prompts are routinely used to remind students of expected responses. Modeling and rehearsal are often effective as students can watch others interact and then rehearse those behaviors. Video modeling provides the individual with the opportunity to observe himself, recognize the impact of his behavior on others, and to change old behaviors or integrate new responses. Strategies such as direct instruction of skills can be used in certain situation, especially when one to one with a parent or teacher. Applied Behavior Analysis is routinely used when working with students with mild disabilities. Any approach that includes problem solving skills will no doubt be useful in the future because of its applicability across settings, regardless of the type of disability. The common thread running through all of these approaches is that the individual has an opportunity to learn, rehearse, and apply effective social skills, leading to enhanced social competence. It appears that the younger the child when strategies are implemented, the greater the likelihood that they will be integrated and have a future impact.

Summary

It is recognized that social competence is a broad concept within which there are a number of sub-skills. These include social skills, social awareness, self awareness, and self perception. Effective interpersonal skills can be taught and learned at a young age and, with practice and reinforcement, can be strengthened and transferred to other real life settings. The higher functioning the individual, the more likely the transfer of skills will occur. All individuals have specific areas of strengths and interests. Encouraging pursuit of their interests as they acquire new skills will facilitate their processing, integration, and transfer. What is intuitive for the majority of people is often not the case for individuals with mild disabilities, so intuition can be supplemented or replaced with teaching and practice, depending on the severity of the disability and the strength of competing behaviors. The more effectively the skills are learned, integrated, and applied, the greater the likelihood that individuals with mild disabilities will become socially integrated. Persons with disabilities have much to share. Acquiring skills that enhance social competence will provide them with more opportunities to actively engage in activities in which they choose to participate.

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