

# **Social Skills Training for Children and Youth**

**Craig Lecroy and  
Jerome Beker**



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Craig W. LeCroy  
Editor

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# Introduction

Research on social skills has proliferated in the last decade. We now have an impressive body of empirical findings. Journal articles on social skills appear in many of the major psychological, educational, developmental, and social service journals. Several recent books have been written on research and practice in social skills training. However, there is still a gap between the rapidly increasing body of research findings and the integration of these findings into social interventions and social service delivery systems. This special issue was conceptualized to take a beginning step toward the integration of social skills research and practice.

Several issues need to be explored if we are to progress toward this goal. What do relevant research findings tell us about the target population and the nature of the problem that social skills training might address? What successful applications currently exist at the practitioner level? How can these ideas be packaged and disseminated for those professionals who are most likely to work with children and adolescents deficient in social skills? It is these types of questions that we must begin to ask and answer if we desire to facilitate successful treatment and socialization of our youth.

Swetnam, Peterson, and Clark begin the special issue by examining ways in which services can be delivered to promote early detection and treatment of childhood problems. They describe how social skills development can be beneficial to young children starting with the first five years of life. The authors emphasize a comprehensive approach to facilitating a child's social behavior. This conceptualization of social skills development across the young child's life span leads to an integrative model emphasizing how services can be developed and delivered within the community.

Two articles discuss social skills programs designed for the school setting. Finch and Hops focus specifically on the socially isolated child while Rose presents two types of broad based social skills approaches with children. These articles emphasize implementation and practitioner issues in developing social skills programs in the schools. Rose considers pragmatic concerns and Finch

and Hops discuss implementation addressing such issues as, who is best to implement such programs and how children deficient in social skills can be targeted for treatment.

Ladd and Mize devote their attention toward delineating the specific methodology useful in teaching social skills. They organize the concepts and principles being used to develop social skills methods for children within a cognitive-social learning perspective. This helps practitioners conceptualize skill deficits (knowledge, skill performance, and self evaluation) and then apply skill training variables to remediate those deficits. As yet, we have not had a fully developed conceptualized process of social skills training and Ladd and Mize provide us with a more complete training strategy upon which to plan social skills interventions.

Oden reviews research using coaching procedures for socially withdrawn children. She then examines the applicability of social skills research by conducting a survey of social service agencies. There have been few attempts to systematically examine the way in which social skills programs are being developed and utilized in community agency settings. This is an important step in further developing social skills programs to be used by various social service personnel.

Three articles discuss social skills approaches with an adolescent population. LeCroy presents a comprehensive review of social skills programs which suggests the broad applicability of this model for youth problems. Although research on social skills training for adolescents is being primarily conducted with delinquents and psychiatrically hospitalized youth, recent programs have examined the potential for use as a preventive intervention. The article by Hazel, Schumaker, Sherman, and Sheldon-Wildgen, and the one by Friedman, Quick, Mayo, and Palmer discuss two different social skills programs, one developed for delinquents and one developed for emotionally disturbed youth. Hazel *et al.* present the theoretical and programmatic issues they confronted in developing ASSET, their social skills program for delinquents. Friedman *et al.* discuss the use of social skills strategies in the context of a day treatment program for emotionally disturbed adolescents. Specific examples of skill building procedures are presented. The authors approach social skills not as a singular approach but as part of a comprehensive day treatment program.

The contributors have, I believe, achieved the goal of integrating current research progress with practical considerations for social

service professionals. I want to thank them for taking part in this special issue. I would also like to thank those who assisted in the preparation of this issue by either reviewing manuscripts or providing consultation, including Steve Broday, Richard Tolman, and Sheldon Rose. This issue represents a new challenge, the integration of social skills research with social skills practice for effective interventions within the community and existing social service delivery systems.

*Craig W. LeCroy*

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# Social Skills Development in Young Children: Preventive and Therapeutic Approaches

Laurel Swetnam  
Christa R. Peterson  
Hewitt B. Clark

**ABSTRACT.** Accessible programs provided by a variety of community resources should offer young families comprehensive, well-integrated services to prevent or minimize socio-emotional and behavioral problems in young children. An overview of social skill interventions with infants, toddlers, and preschoolers is presented, emphasizing parent training approaches, dyadic (parent-child) therapy, and treatments which directly change the child's behavior. Discussion of the range of services which could be provided within the community present a model for fostering social competence in young children.

Children with diagnosed disabilities (Jordan, Hayden, Karnes, and Wood, 1977) and those whose environmental circumstances might hinder development (Lazar, 1980) benefit from treatment during the preschool years. The flexibility of the young child offers an ideal opportunity for guiding social development. Early programs are effective because caregivers mediate much of the child's

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The authors wish to thank Mr. Alan Garner and Dr. Joe Burnett of the Southern Nevada Mental Health Region for their support in the development of the programs described in this article. We also extend our appreciation to Mrs. Agnes DiMaggio for her assistance in the preparation of this manuscript. Reprints are available from Dr. Hewitt B. "Rusty" Clark, Children's Behavioral Services, State Mail Complex, Las Vegas, NV 89158.

experience and can provide the consistency and repetition which promote learning. High level of parent interest during the child's first years facilitates the commitment and involvement necessary for successful intervention (Bronfenbrenner, 1974).

Programs which foster social growth may be especially valuable in promoting optimal development in other areas. The children's social behavior affects the way they are treated by others (Bell, 1973) and influences the quality of stimulation they receive. Socially capable young children elicit responsive caretaking which correlates with optimum cognitive and language development (Clarke, Vanderstroep, & Killian, 1979), while unresponsive children tend to provoke negative and manipulative responses in adults (Keller & Bell, 1979). Even intellectual competence is often judged by sociability rather than cognitive ability (Stevenson & Lamb, 1979).

Early social maladjustments are also forerunners of behavior problems in later childhood. Disturbances in the relationship between mother and infant have been linked to poor social adjustment in the preschool classroom (Klein & Durfee, 1979) and preschool problems are likely to become more serious as the child grows older (Rickel, Smith, & Sharp, 1979). Recognition and treatment of maladaptive social behavior during the first five years of life offers child and family professionals an opportunity to prevent later dysfunction in children; interventions during the early years should obviate or minimize the necessity for more extensive treatment as the child matures.

### ***SOCIAL REPERTORIES OF YOUNG CHILDREN AND THE EFFECTIVENESS OF EARLY INTERVENTION***

*Infants.* The early social behaviors of infants, presented in Table 1, affect the quality of interaction with caregivers. Temperamental characteristics of the normal neonate, such as alertness to human stimuli and the tendency to be soothed when held, reinforce early caregiving efforts; thus the infant helps to socialize the adult into parenthood (Beckwith, 1976). Babies who respond unpredictably to daily routines, in contrast, can elicit feelings of frustration and inadequacy in the caregiver; maternal anxiety and dissatisfaction further aggravate the irregularity of the child as mother grows insensitive to the child's signals (Bates, 1980), and comes to ignore the child to a greater and greater extent.

The mother's behavior affects newborns in the same way that

their characteristics influence her. Her attitudes (Broussard, 1966), her responses to the baby's behaviors (Schaffer & Crook, 1978), and her satisfactions with her other social relationships (Beckwith, 1976) all contribute to the quality of care she is able to give to her infant. As the mother and child tailor their behaviors to each other, they form a strong mutual attachment which affects the child's learning and well-being throughout his early years (Bowlby, 1969).

In the second quarter of the first year the infant learns to be an ac-

TABLE I

Examples of Social Skills in Infancy: Birth - 12 months\*

- attends to those around him - 1-2 months
- quiets to caregivers voice - 2-3 months
- regulates sleep and feeding cycles - 3 months
- recognizes caregiver - 3 months
- smiles - 3 months
- prefers caregiver - 4-6 months
- laughs - 4 months
- increases activity at sight of toy - 4 months
- solicits familiar person by reaching - 5-6 months
- babbles in response to verbal stimulation - 6 months
- cooperates in feeding - 6 months
- imitates sounds and gestures - 9 months
- offers toys to adults - 9 months
- shows awareness of strangers - 9 months
- demand attention via vocalization - 9 months
- plays reciprocal games - 10 months
- plays alone for 10 minutes - 10-12 months

\* Adapted from Portage Guide to Early Education, EMI Assessment Scale, Bayley Scales of Infant Development, and Denver Development Screening Test.



tive social participant in the environment, as the behaviors listed in Table 1 indicate. The infant's smiles prolong face-to-face interaction and the babbling can attract attention from across the room. A growing range of affective expressions, the ability to imitate, and increased cognitive competence enable infants to engage in reciprocal games which delight those around them. The infant's skill in sustaining interaction with caregivers contributes to the amount and quality of attention they receive. Thus abnormal social behavior of either the mother or the child can contribute to low levels of interaction; disturbances in the mother-child bond can impair the growth of social competence and cognitive abilities (Denenberg & Thoman, 1976; Terestman, 1980).

Altering the mother's tolerance and expectations through counseling and parent training or increasing the child's social responsiveness through stimulation and reinforcement can interrupt the chain of unsatisfying social interactions. Having established that early maternal disappointment adversely affects child development Broussard (1976), reversed the negative trend by providing at-risk mothers with information and supportive therapy. Siqueland (1973) worked directly with premature infants, increasing their behavioral repertoires to evoke more responsive interaction from their mothers. While these limited research findings are promising and suggest the importance of clinical interventions with infants and mothers, the range of programs currently available is limited.

*Toddlers.* Researchers have identified an extensive repertory of toddler social skills which facilitate interaction with family members, other adults, and peers, as Table II shows. Toddlers respond to social overtures with an ever-expanding array of vocalizations and they express anger, delight, affection, and disgust with facial expressions and body postures (Sroufe, 1980). They begin to adapt to environmental demands as they comprehend verbal instructions and nonverbal signals. Toddlers competently initiate interactions by touching, smiling, and commanding eye contact with appropriate vocalizations (Finkelstein, Dent, Gallacher, & Ramey, 1978). Sharing or showing objects to adults or peers serves as a prop for early interactions and provides the building blocks for initiative and cooperative play (Mueller & Brenner, 1978).

Social skills of toddlers are, in part, shaped by parents. The child imitates the acquiescence, generosity, and helpfulness of his mother, learning cooperation through example (Lytton, 1979; Minton, Kagan, & Levine, 1971). The toddler's compliance is also en-