

# Current Canadian Clinical Concepts

The inter-relationship of language, self concept, social competence and academic performance is well understood by many professionals who work with school age clients. In the Winnipeg area (Child Guidance Clinic and the St. Vital School Division) an interdisciplinary language/social skills group was designed by a school psychologist and a speech-language clinician for a group of six Grade 2 students. The students exhibited below grade level academic achievement, poor work habits, a lack of competent social skills and pragmatic language difficulties. Classroom teacher observations were used to select students judged to have average potential but experiencing these problems. The program consisted of four topic areas - 1) self awareness, 2) awareness of others, 3) listening skills and 4) verbal expression. Sessions, forty-five minutes in length, were held two to four times weekly for eight months. Group supervision alternated between the school clinicians and a teacher aide. The teacher aide received training in general principles for child development and behaviour. Regular meetings were also held with the classroom teacher and parents. Improvement was seen in academic achievement, motivation and language abilities.

The authors have included the Social Skills Rating Scale used in this program. For indepth information on the program including specific materials and activities for each of the four topic areas, contact the authors.

Comments, suggestions, and contributed articles should be sent to the Co-ordinator:

Sister Janet Malone  
Colchester-East Hants District School Board  
P.O. Box 975  
Truro, Nova Scotia, B2N 5G8

An Inter-disciplinary Language/Social Skills Group  
Designed For Classroom Aides

From: Sharon Rae and Patricia Lumsden-Owen  
Child Guidance Clinic of Greater Winnipeg and  
St. Vital School Division

## Program Description

This program was undertaken by a school psychologist and school speech-language clinician with a group of six grade two students. These students were performing below grade level in academic achievement, exhibited poor work habits and social skills and showed poor use of language in everyday communication. The school was a suburban kindergarten to grade nine setting, with many low income and single parent homes.

Students chosen for this group were rated informally by their classroom teachers as having average potential. All students in the classroom involved were observed in small groups and rated on a behaviour inventory. The rating scale was not the only selection method. More weight was placed on teacher observation.

The program ran for eight months with meetings held four times a week every second month and twice per week every other month. Sessions were forty-five minutes in length. The program was broken into four topic areas: self awareness, awareness of others - empathy, listening skills

and verbal expression.

Teaching sessions were led by one of the clinicians, with a teacher aide present. Follow-up sessions were conducted by the aide with materials provided by the clinicians. The intent of the project was to design a program which could be run independently by teacher aides in the future. Meetings were held weekly with the teacher to provide information on group activities and suggestions for follow-up in the classroom. Monthly meetings were held with the parents for similar purposes. Parents were shown a video tape of one of the month's sessions at each meeting. Halfway through the program individual meetings were scheduled with the parents and teacher to evaluate progress. This was repeated at the completion of the program in June, when the clinicians met with the principal, teacher and parents to discuss follow-up for the students.

The procedure for referral to a clinician from the Child Guidance Clinic normally involved identification of a problem by a teacher, parent, or physician. Most often the referral is made to only one discipline of the team, but the experience of the two clinicians involved in this group, was that a number of children were being served simultaneously by both psychology and speech pathology. These students exhibited both language and behaviour difficulties which appeared related to poor social skills. In the area of language pathology these would have been classed as pragmatic problems. These students were all performing below expected grade level academically. The inter-relationship of language, self concept, social competence and academic performance seems obvious and is well documented (Purkey, 1970). The effects of slow school progress in the early years often becomes cumulative and results in serious learning difficulties at the upper elementary levels. The speech-language pathologist and school psychologist thus planned a program to develop pragmatic language skills, good self concept, and social competence.

The choice of grade two students was an arbitrary one, resulting mainly from internal factors in the school. It is felt the program is appropriate for kindergarten to grade three students, but in choosing a grade level, prime consideration should be given to the presence of staff and parents' interest and support. Students with severe language or behavioural difficulties were not considered appropriate for the program as they required more intensive individual help.

A token system was used at first to help students follow a list of appropriate behaviours drawn up by group discussion. Halfway through the year tokens were faded out and an attempt was made to use more natural consequences. Tokens were then given for participation, which helped encourage the withdrawn students. The program was designed to incorporate both direct and indirect learning. The direct learning was emphasized through the content of the activity. Indirect learning was built in by structuring the group activities so as to encourage independent problem solving (asking for information, looking for alternatives, willingness to try, cooperation, and responsibility for self).

The unit on self awareness was geared to improving self concept by developing awareness and acceptance of likenesses and differences, strengths and weaknesses. The second unit on empathy was to develop awareness of how other people may be feeling in a situation and to consider others' needs when communicating. The unit on listening skills involved activities to practise screening out distractions, making use of visual and written cues, rehearsal of messages, taking the listeners' point of view, and learning to identify and attend to relevant details. The section of verbal expression emphasized activities for staying on topic, speaking

clearly, clarifying with questions, adjusting communication style to fit the situation, expressing feelings verbally, organizing ideas before expressing them and judging the amount of information a listener needs.

Summary:

About four months after the project began, observable changes were noted in the students involved in the group. They demonstrated increased willingness to risk verbal responses, fewer fights, an increase in quality and quantity of verbalizations, and internalization of the rules and strategies employed in the group. Motivation of group members remained high through the eight months, and the group was positively viewed by their peers. This may have been aided by the non-academic activities, choice of students who were not identified as "behaviour problems" and in-class demonstrations. The clinicians felt a need for the incorporation of more activities in "real life" locations to promote generalization of skills. The frequency of the sessions was necessary for the amount of practice and reinforcement necessary to build any degree of stability in skills. Training for the aide, in general principles for child development and behaviour, was essential. It was extremely important to schedule specific time for consultation and evaluation with all individuals involved in the program.

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APPENDIX 'A'

\*\* In completing this rating scale, consider the child's behaviour in a group setting, not on a one to one basis.

SOCIAL SKILLS RATING SCALE

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_

Grade \_\_\_\_\_

Ratings:	Frequently (F) (3 out of 4)	Sometimes (S) (2 out of 4)	Rarely (R) (1 out of 4)
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LANGUAGE SKILLS IN THE CLASSROOM:

- \_\_\_ Does not stay on topic during a conversation.
- \_\_\_ Child is a poor listener (interrupts, no eye contact).
- \_\_\_ Child gives little feedback during a conversation (questions, comments), seldom asks for more information and confirmation of his ideas and performance.
- \_\_\_ Has trouble telling about events in the order they happened (rambling, disjointed phrases, repetitions, rewording).
- \_\_\_ Child has difficulty remembering specific words he wants to use and uses a lot of indefinite words (ex. "stuff", "thing").
- \_\_\_ Child uses and understands mostly concrete words rather than abstract (few adjectives, difficulty with humor, etc.)
- \_\_\_ Child does not mark person, place and time to anchor conversation so listener will know what he is talking about (good transitions, ex. "That picture reminds me of the show I saw last week...")
- \_\_\_ Child does not talk in a way that is socially appropriate to the situation (modified slang, swearing, compliments, etc.)
- \_\_\_ Child tends to exaggerate events.

### CHILD'S CLASSROOM BEHAVIOUR:

- Fidgety, gets out of seat frequently.
- Talks out of turn, disturbs others while they are working.
- Seeks attention, inappropriately "clowns around" several times daily.
- Overly aggressive to peers, (fights, is overbearing, belligerent).
- Defiant, obstinate, stubborn.
- Impulsive, is unable to delay, acts before thinking.
- Shy, timid, rarely initiates conversation or volunteers answers.
- Daydreams, is preoccupied, "off in another world".
- Cries over minor frustrations, pouts, sulks.
- Does not accept legitimately imposed limits.
- Does not complete classwork in time allotted.

### OTHER BEHAVIOURS:

- Lacks self-confidence, seeks frequent approval from adult.
- Reacts poorly to disappointment, failure, criticism.
- Depends too much on others.

### CHILD'S ACADEMIC PERFORMANCE:

- Difficulty following directions.
- Poor concentration, limited attention span.

Child's performance in specific academic areas: (Please rate each item from 1 to 5 above).

Reading    Maths    Numbers    Writing    Colors    Concepts  
 Printing    Phonics

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From your experiences with this child, please check (✓) any of the following which you believe relate to the problems you have reported:

- Separation or divorce of parents
  - Illness or death of a family member
  - Lack of educational stimulation in the home
  - Economic difficulties
  - Under family pressure to succeed
  - Lack of adequate adult supervision
  - Physical handicap, illness
  - Lack of intellectual potential
  - Marked differences in cultural and religious beliefs from the community at large
  - Lack of adequate physical care - e.g. child is inadequately nourished, tired, unkempt, health problems not attended to.
  - Disagreement between home/school on child management or academic programming
  - Other \_\_\_\_\_
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