CHILDREN WITH SOCIAL SKILLS DEFICIT:
EFFECTS, POTENTIAL CONTRIBUTORS, AND POTENTIAL INTERVENTIONS: A LITERATURE REVIEW

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ABSTRACT

This literature review explores the nature of Social Skills Deficit among children who range in grade from 3 to 9 (approximately 7 to 14 years of age). As such, it will look to contemporary writings and research from a variety of disciplines, including Education, Sociology, and Psychology (cognitive, social, developmental and behavioral). It will address potential contributors to the formation of Social Skills Deficit, particularly in terms of both the nature versus nurture perspective. For example, is there a biologically predetermined element to having an apparent inability to form social competence in age and developmentally appropriate context? Or rather, is lack of social competence in the socially formative years largely a product of the lack of examples by which to learn, the absence of appropriate individuals modeling the necessary social skills? As well, Social Skills Deficit may, at least in part, may be the product of multiple factors. For, we must acknowledge the existence of those children who, within and around the home, consistently bear witness to flawed and detrimental social interaction; say for example, children whose parents are blatantly socially incompetent.

Moreover, this review will seek to explore remedial strategies to intervene at the appropriate time and stage of a child’s life, so that those with Social Skills Deficit or lacking the skill set to achieve social competence may be helped at the optimal developmental stage. For example, one such intervention strategy might well utilize student’s self-directed and self-monitored behaviour strategies, as this method has been used in similar learning scenarios.
As well, assisting children with Social Skills Deficit through other remedial programs and strategies will be briefly considered. This will include positive role modeling and role play, social skills training and enhancement, addressing potential biological contributors.

**INTRODUCTION**

Social Skills Deficit, as it exists in children, can be viewed from two perspectives: it can be interpreted as a symptom of a larger overall condition or diagnosis of the child. Alternatively, children with Social Skills Deficit may have such a deficit solely as a condition in and of itself, nonetheless challenging for the child; but also not part of a larger, more recognized diagnosis or condition. To illustrate, in the first scenario, a child may present as having a stark and challenging lack of social competence as a symptom of Aspergers Syndrome (Gaus, 2007), or Non-verbal Learning Disability (Rourke, 1989). Consequently, these classifications are but two of what is likely a growing list of diagnosis of which Social Skulls Deficit is a symptom of the larger whole.

However, this literature review will strive to focus on the child with Social Skills Deficit within a context in and of itself; although it will briefly touch upon Social Skills Deficit as a symptom of a larger and defined diagnosis. Such broader context diagnosis and the existence of Social Skills Deficit effecting children will be examined briefly to offer a broader perspective reader. The limitations of this paper, in terms of content and research volume, make it virtually impossible to undertake such diagnosis in a broader and more detailed context. Finally, this literature review will seek to identify and explore remedial interventions often required to start the social skills enhancement process at the optimal learning and developmental stage.¹
From a professional perspective, my interest in Social Skills Deficit (or an often subtle lack of appropriate social skills) began to form from substantial contact with students within various public schools in which I have worked with Student Support Services (all-grades outreach schools, and numerous schools that collectively ranged from kindergarten to grade twelve), serving schools and their students. A further 10 years working as a correctional officer, parole officer, and addictions counselor made me more intrigued and concerned with a prominent deficit in basic social skill sets among many of the individuals who became my clients and sought my services. Thus, I began to wonder of the connection between addiction and crime and social incompetence. In considering these factors in most basic of forms, I began to ponder these life circumstances and behaviour as a chicken and egg phenomenon. More precisely, did a failure to acquire necessary social skills lead to a failure to accomplish life gains and accomplishments through, what many of us might deem to be, conventional and acceptable means? Or, alternatively, does state incarceration, and poor school performance delegate inmates and effected children and adults to a social periphery; a marginal place where social skills, as we recognize them, serve no purpose appear to be absent? If this were the case, then one could well suggest that crime and academic failure dulls the existence of necessary social skills and their acquisition within individual students. But, these are large questions, often requiring complex analysis and significant in-depth study. And so, at this time, and in the context of this paper, inquiry will have to confined to the proposed literature review.

**Social Skills Deficit and Social Competence Defined**

In defining social skills deficit, one should first offer a definition of social skills. While there may be an absence of a generally accepted definition of social skills, to take the
liberty of paraphrasing Libet and Lewinsohn, social skills can be defined as the ability to avoid being punished and working upon being good (1973, p. 311). However, this definition does not specify what behaviors can be referred to as a skill; and moreover, the definition notes the ability of avoiding punishment. It appears to speak more to conformity, and, thus, more to the group, rather than the individual person. Moreover, an individual child must be addressed on an individual level when we consider any intervention, supports, or appropriate counsel. Yet, as is obviously the case, one can avoid punishment by lying. Stravynski and Amado agree with this and state that social skills can be defined from an intrapersonal and interpersonal point of view (2004). Hence, social skills refer to a set of capabilities that are used by people in interaction and communication (Brooke, 2005). They entail communicating and interacting with other people in a society without any kind of conflict. Good examples of social skills include greeting others when you meet, and responding to people when they talk to you among others.

Conversely, Social Skills Deficit consists of a lack of social skills and, most importantly, can have a devastating impact on a child, as they lack the skills which are very important in our day to day lives (Brooke, 2005). Curran supports this view and states that Social Skills Deficit constitutes a lack of the skills that are essential when interacting and reciprocating with others in society (1974). Students who experience learning disabilities are usually accepted with low esteem by their peers and for this reason they often struggle with comprehension and acquisition of social skills (Frank and Stephen, 1987). Thus, students with these issues are said to have social skills deficit.

There are certain behaviors and skills needed for one to succeed in society. In essence, for children to adapt to social values and norms, they need certain skills and behaviours. A
set of social and cognitive skills, abilities and behaviours needed by children to successfully adapt to the world in which they live can be referred to as social competence (Halberstadt et al, 2001). Social Competence then can be viewed as the opposite of Social Skills Deficit. Could we not, by extension then, have a definition for social incompetence. Indeed, this could be defined as the opposite of social competence: lacking certain skills and behaviours; or rather lacking the social and cognitive skill set needed by children, and adults, to adapt and function in a manner which allows them to be fully engaged in their classroom, community, and society. Moreover, Social Competence can be taught, enhanced, or fostered in children. In turn, it is a child’s ability to establish and maintain mutual relationships, and subsequently, avoid negative treatment from others in society (Brooke, 2005). It is noteworthy, however, that both Social Competence and appropriate social skills are subject to fluctuating situational and contextual changes over time; thus they may well be reflected, in perception and effect, differently in both the skills and behaviour of different children (Ming-hui Li, 1999).

Both Social Competence and social skills are fragile in children and students during their formative and developmental years. This competence and skill can, in turn, be compromised by an array of factors and conditions; which include, but are by no means limited to: deficient support, insufficient levels of emotional intelligence, social anxiety and social awkwardness. Why then is Social Incompetence important? For one thing, it is a key factor in the social, emotional, and intellectual growth and development of the child (Frank and Stephen, 1987). In addition, childhood acquisition of these skills will influence how these individuals will interact with peers and others, both at this time and, quite often, in later years in their lives (Frank and Stephen (1985). Parents, nonetheless, have a key role to play
in supporting the development of social competence in their child’s early years and likely throughout childhood and early life.

**Targeting Specific Behaviours for Change**

Social Skills Deficit has negative effects on one’s function, and often success in life. In defining Social Skills Deficit and Social Competence, it is noted that there are certain skills and behaviours that are socially acceptable; and equally so, there are those social behaviours that are either deficient to the child’s individual’s social functioning or deemed socially unacceptable (Farmer et al, 1996). Behaviours that are socially unacceptable usually lead to ineffective interaction with other children, which may initiate or foster social isolation and withdrawal, self injury and aggression (Riggs et al, 2006). In addition, in later years of life, such a deficit may manifest as a negative impact on the person’s social life. This often becomes evident within the vocational setting and stage, where one might have problems interacting with workplace peers (Webster-Stratton and Reid, 2008). Social Skills Deficits usually entail negative behaviors that can be a symptom of larger disorders. These disorders include, but are not limited to, intellectual disorders, attention deficit hyperactivity disorder, learning disabilities and other psychiatric diagnoses (American Psychiatric Association, 2000). Specific challenging behaviours that are associated with social skills deficits are aggression, acting out through undirected rage, property destruction, self-injury, and injury of caregivers.

Aggression is a behavior that is often a manifestation of social skills deficit. This is a negative behavior, and as such, it is highly desirable target of change. At around the age of two to three years old, aggression begins to develop. Often, frustration may be the pre-cursor to aggression. It is a feeling experienced when we cannot achieve our intended goals; when
we are circumvented in our desire to achieve tasks. As such, this frustration can manifest itself as anger and subsequent aggressive acts. Aggression may dissipate as the child matures. Considered in the context of nature versus nurture, aggression could be a learned behavior, or it may occur in the child naturally and in the absence of a learned behavior (Rourke, 1986). Fear of others, family difficulties, learning disorders and emotional trauma are the most common causes of aggression amongst children in the formative school years (Webster-Stratton and Reid 2008). In addition, children may acquire these behaviors from the many forms of media - such as television or by watching videos and films with violent content. In viewing aggressive behaviour consistently in their environment, children may come to believe that such aggression is the most beneficial and appropriate way to deal with others, and thus, get the most favorable results. In fact, such aggressive behavior, if beginning in early childhood, may flourish with the child’s growth and lead to violent behaviours in the child’s later years (Hay and Loeber, 1997).

Self-inflicted physical harm is another outcome associated with Social Skills Deficits. Self injury may manifest in the form of hitting, biting or even poisoning oneself (Keenan, 2009). Depression is a major psychiatric disorder and the strongest cause of self injury (Bronson, 2000). Acute and intense anxieties also play a key role in causing self injury (Keenan 2009). Moreover, deep feelings of isolation, alienation and isolation directly and/or indirectly lead to self-injury (Sundel and Sundel, 1999). Significantly, such feelings and behavior may escalate, thereby leading to suicidal tendencies (Bronson, 2000). For this reason, this problem needs to be addressed as soon as it is detected and this can be done through intervention such as controlled cognitive behavioral therapy (CBT) or even usual care by members of the family and community (Rourke, 1986).
The Development of Socially Competent Skills

Behaviours associated with Social Skills Deficits are generally those which will limit and sometimes circumvent human development, relationships with others, and the ability of the individual to attain his or her true life potential. As noted, social skills deficit can bear negative consequences for the individual, the community, and so forth. Moreover, individuals with social skills deficit are markedly challenged with regard to reaching their full potential both as individuals and as members of society collectively. This is not to suggest that all children with Social Skills Deficit, failing to reach what others often perceive to be their full potential, will wander aimlessly through a life failure. Instead, a number of these children will find their own way, so to speak; reaching or exceeding meaningful potential in non-traditional and non-linear form. For this reason, behaviors related to Social Skills Deficits need to be addressed by adapting and fostering alternative behaviours which consist of enhanced, effective, and mutually beneficial interactions with others (Keenan 2009).

At birth, an infant’s first source of social interaction is usually with its mother; and, if this is the case, whereby the mother is among the first to humanly interact with her newborn (Keenan 2009). At this point, the child is endowed with the most basic of capabilities, such as hearing, vision, smell and pain perception. It is at this stage that the child must be assured of belonging and appropriate attachment (Keenan, 2009). Ultimately, the infant will attain neuromuscular control and it is at this point that it responds to interactions such as the mother’s basic facial expressions and tones of voice (Sundel and Sundel, 1999). At this stage, trust and the mother-child bond is enhanced and strengthened; simultaneously, the infant’s brain becomes more active as it continues to develop. A significant point here is that children,
although of the same age group, can mature and move through stages of development at varying rates and pace. Thus, while one child may well be ready and capable of social interaction by age seven, others, by virtue of the pace of their development, may not be so equipped.

As the child grows she interacts more with familiar individuals, other than the mother, and predominantly within the context of the family. This usually happens at the age of four months. At this stage, the child responds to familiar faces such as siblings and grandparents and shows responses to joy, pain and fear (Keenan, 2009). She enjoys playing with other familiar people and responds to their stimulus and also has a preference in being with certain family members (Howard and Sprink, 1997). This is a stage that sees a growth in infant trust and, subsequent learning (Keenan, 2009).

Conversely, the infant’s behavior at this stage is tempered with a degree of anxiety in the quest to explore and discover. The child, thus, reciprocates interaction at this stage, largely as a response to others. Moreover, the child now begins to respond when hearing his or her name, and begins to seek out interaction with others (Howard and Sprink, 1997). In later years, generally around the age of two, the development of more complex social skills emerge such that the child is able to hear, see, smell, follow commands and, interact on a more meaningful manner with adults (Sundel and Sundel, 1999). It is at this stage that the child prefers to be with adults more than being with other children. This stage is very crucial for the child and the adults that the child interacts with, including those working with child to instill the appropriate social skills.

At the age of two to three years, the child becomes more interested in children of the same age group more than adults. At this point, they learn a lot during interactions with other
children at school, and at the playground. They learn to give and take and to share and cooperate with peers (Keenan, 2009). Thus, it is beneficial, perhaps even necessary, to put children in an environment with other children since it hones and develops appropriate social skills with them by catalyzing their interaction with others (Howard and Sprink, 1997). It is at this stage that skills such as conflict resolution, asking for help, coordination, teamwork and respect for others are initiated and further enhanced. But this can only be done through giving children ample time with peers in semi-independent settings (Howard and Sprink, 1997). Peer interaction is not mere self-amusement and immediate gratification for pre-school children. It is a place and format whereby they learn from other and by mirroring others.

Obviously, and under optimal conditions, most of us realize the importance of offering our children an ideal environment, allowing them to foster the development of social skills, particularly in an environment within which they are encouraged and enabled to understand the immediate world that surrounds them (Keenan, 2009). For this, in effect, can facilitate the growth of concrete social skills and values, helping children know how they would react to the outside world and helping them to develop the skills that will be required of them to appropriately react to those who differ from them (Ison, 2001).

Social skills and the child’s character created throughout the stages of life, significantly shapes the child’s morality (Rimm-Kaufman et al 2005). How a child acknowledges others and their behavior/interaction is greatly determined by their character and the social values that are instilled in the child during earlier stages of development. Morality in a child is built depending on the environment and interactions between the child and the adults in his or her life. It is through these interactions that certain behavior codes are
passed from the adults to the child (Howard and Sprink, 1997). Both Rimm-Kaufman (2005), and Howard and Sprink (1997), should be interpreted within a narrow concept; confined by the parameters of their study in the form of guidelines and the own academic restraints. For instance, we must acknowledge that youth and school culture, some of which may be termed as underground or not understood by many who function at varying levels or the periphery of school and youth culture. For this reason, it should be noted that student character, behavioural, and moral traits do not develop in a vacuum, and we are often not privy to most or all of these factors. Factors that influence the aforementioned development include school-based and youth gangs, various levels and aspects of drug culture, social jealousy of student cliques, and last but by no means least, bullying. For while school district and school level professionals tout such mantras as “zero tolerance” of bullying and “bully-free zones”, school violence and more subtle forms of student ostracism by peers is alive and well.

Finally, interdependence is very important in social development. At this toddler stage, the child has grown and experienced various interactions with various people from which he or she has acquired a pool of knowledge, information and social skills to a point whereby independence of thought and behavior emerges (Nota et al, 2007). However, the child cannot function alone because she needs others to do most things. For as much as he or she wants to be independent, the child is still dependent on others to have basic and other needs met (Rimm-Kaufman et al, 2005). Interdependence then, not only continues throughout child development, but transforms and evolves as mutual parties change and the child’s world is enlarged and becomes more inclusive.
Keenan (2009) writes of the early bonding experience with the mother and the role of the adults in an infant’s life, particularly with regard to social development and social skills acquisition. The cultural differences among diverse societies and cultures, however, are given no consideration. Consider, for instance, that there are societies wherein children might well have minimal contact with others as infants. A prime example would be in a rural Canadian community where the backbone of the economy is the harvest of deep-sea fishery. Often, in such scenarios, fathers, uncles, and indeed adult males in general, are, save for brief and intermittent shore time, are almost absent from an infant’s early years. Spending months at sea is essential to sustain home and life. Thus, we have an environment where a developing infant and later child, has minimal contact with adult males and comes to rely heavily on one parent, while the other is predominantly absent. This example is remote; but, with that being said, we should be aware that most studies similar to Keenan’s consider the child or the infant in what is often perceived as a traditional western context. I would suggest that we question this authority, and indeed our own preconceived notions: has the notion of the traditionally western world society and its people been resting on a crumbling foundation; little more than a convenient and reassuring notion that we clutch to?

The reader must also note that we are dealing with and describing infant and childhood development. And, the articles being reviewed appear to be striving to utilize a template of sorts. While we have long accepted stages of development, stages of grief, stages of alcohol or drug abuse recovery, etc, this is likely more reflective of our own need to categorize novel information, to fit it snugly into our well shaped paradigm. But, stages are virtually non-existent if researchers regard them as carved in stone with little to no variation. Stages cannot be definitively predicted based on age. Stages can be prolonged beyond the
expected, or the may well be virtually passed over. The point is that suggested developmental stages are hardly benchmarks to indicate hindered or enhanced development. Moreover, whenever we consider humans, from infants to seniors, we cannot succumb to a purist scientific perspective that suggests that people are homogenized and flawlessly predictable behaviourally or developmentally, as if they were mere variables in a definitive equation.

**Early and Developmental Indicators of Social Skills Deficits**

It is very important to note various signs that may indicate that a child is experiencing social skills deficit. Recall, however, that both behaviour and performance are not the exact and purist science that some would like to believe. Moreover, bear in mind that a well calculated scale or firmly entrenched benchmark of infant and child behaviour and development, is elusive at best. With this in mind, determining that a child has social skills deficits entails understanding what a child can and cannot do (Nota et al, 2007). Perhaps then, it should be said that there are signs that may indicate the presence of Social Skills Deficits. Some general signs might include behaviours such as defiance, disturbing other children, inadequate independent work habits, aggression, frequent bragging, shyness, bossiness, peer relation difficulties, high verbal ability, and temper tantrums (Rimm-Kaufman et al, 2005). These indicators can be categorized as acquisition deficits, performance deficits, fluency deficits, and adaptive deficits.

Acquisition deficits involve the inability of a child to possess certain skills that include not responding when talked to or difficulty making friends. To illustrate, a child may finds it difficult to befriend peers, play appropriately with other children, share toys and accept criticism (Eisenberg and Fabes, 1992). Normally, as the child undergoes growth and
development and interacts with the mother and others who are familiar, and other children in and outside the family, they build relationships and learn from them. This process, in turn, leads to the acquisition of social skills that enable the child to communicate, share with others and interact with them in their day to day lives. Failure to so, for instance failure to interact without consistently acting out, may be an indicator that something is amiss; and, resultantly, this may be indicative of cognitive or neurodevelopment development failure, such as Autism or Aspergers Syndrome (Eisenberg and Fabes, 1992).

Performance deficits are exhibited when a child knows how to perform a certain task but performs it in a manner that is generally socially unacceptable, and, hence, may be deemed incompetent or inconsistent. In some instances, such a child may become excessively annoyed when confronted for such poor performance (Rimm-Kaufman et al 2005). In fact, the child knows how to perform a certain task but often doesn’t do so in an appropriate manner. This could be interpreted by most parents and caregivers as incompetence or stubbornness in the child such that some might go as far as negatively punishing the child for it. Significantly, the reason for this could be lack of motivation to perform the task. However, a child with such behaviors is experiencing social skills deficits and is likely best served through timely and remedial intervention (Nota et al, 2007). Nota and colleagues should here be tempered or rather qualified. For when noting behaviours that are inappropriate, one should consider them in degrees or across a spectrum: is the behavior extreme; how extreme; how, by its very nature, is said behavior abnormal or extreme?

Fluency deficit is another major indicator of social skills deficit. In such a scenario, the child knows how to perform a certain task and they are motivated to do so but they fail to execute the task simply because they lack adequate practice or feedback (Rimm-Kaufman et
al 2005). For example, such could be the case in an instance where a child is told to lower the toilet seat when in the washroom, yet they do not; even if they have been repeatedly instructed to do so. In essence, the child lacks enough practice not to do it. This could be due, in large part, to lack of exposure in performing the task. Again, this is not to be conceived as belligerence or blatant defiance, but rather as a sign of social skills deficits; and, again, remedial-based intervention will likely be beneficial to the child at this time.

**Social Skills Deficit as Symptom**

Thus far we have considered Social Skills Deficit as existing within the child, in and of itself. But what of the occurrence of Social Skills Deficit as a by-product or symptom of a more pervasive and pre-existing condition or challenge.

Adaptive deficits take place when the child is unable to adapt to new internal and external socio-economic environment. A child could have acquired a certain skill and is able to perform it consistently and appropriately (Rimm-Kaufman et al, 2005). Moreover, the child have been taught and motivated to perform a certain task. However, this could be deterred by internal and external factors such as depression, hyperactivity, sameness, high verbal ability and anxiety (Nota et al 850-865). As a result, it becomes a problem for the child to interact with others at home and at school and this undermines the child’s social adaptation. This is a sign of social skill deficits such as inability to change to new environment in case of a change.

**Aspergers Syndrome**

In 1944, Hans Asperger, an Australian pediatrician made a description of children lacking nonverbal communication skills, those with limited empathy with their peers and those who were physically clumsy and it was after him that Aspergers is named (Eisenberg
Asperger’s disorder is also known and considered among the Pervasive Developmental Disorders (Barre, 1995). Adults and children who have this disorder usually experience difficulties in social interaction and repetitive and restricted behaviors and interests (Barrel 1995). It entails typical use of language and physical clumsiness. It is unique in that linguistic and cognitive development remains relatively preserved (Eisenberg and Fabes, 119-150). Major characteristics of Aspergers include difficulties in social interaction, restricted and repetitive interests and behavior, speech and language difficulties among others.

Individuals with Aspergers usually have difficulties in their interpersonal relationships such as difficulties in making friends, teamwork, social reciprocity, facial expression and gesture (Eisenberg and Fabes, 1992). Contrary to other autism disorders, individuals with Aspergers are not withdrawn from others (Nota et al, 2007). Some approach others and can go as far as talking and discussing issues in their favorite topic but they usually do this in an awkward manner such that they are insensitive of what others think or even feel while others only selectively approach and interact with only people that they like (Barrel 1995).

Restricted and repetitive behavior and interests is another main characteristic that exhibits Aspergers. Sometimes individuals with Aspergers usually display behavior and interests that are abnormally intense and/or focused (Eisenberg and Fabes, 1992). This may entail behaviors such as repetitive movements, sticking to inflexible routines or pre-occupation with certain parts of an object. These behaviors may improve with time or they may become more unusual, more habitual and form an integral part of social interaction.

Individuals with Aspergers usually acquire language skills without delay but their speech has abnormalities which include verbosity, abrupt transitions, and literal
interpretations among others (Nota et al, 2007). People with this disorder may not be interested or may fail to monitor whether the listeners are actually listening or even engaged in the conversation. Children with Aspergers usually use unusually complicated language at a very young age but they have difficulties in comprehending figurative language and they use language literally.

**Non-verbal Learning Disability**

Non-verbal learning disability (NLD) is also referred to as non-verbal learning disorder. Essentially, individuals with this disorder are highly verbal but they experience or exhibit high levels of deficits in their non-verbal abilities; such as interpreting moods and communication of others (Sturtevant et al, 2006). Hence, while they generally score highly in their verbal and vocabulary domain, they may well score low in performing intelligent quotient tests, hindered by aspects of the disability (Shea et al, 1995). Conversely, individuals with non-verbal learning disorder are usually very bright, in considering that they possess a very mature vocabulary, very good memory, excellent attention to detail and a higher than average reading performance. (Sturtevant et al, 2006). However, children with this disorder usually find it very difficult interacting with others, particularly peers, and moreover, they are significantly challenged in terms of social adaptation. Generally performing well in literature studies, children with NLD predominantly perform poorly in arithmetic, handwriting, and as noted, experience difficulties reading facial expressions and gestures; also appearing to be dimensionally and depth perception challenged (Eisenberg and Fabes, 1992). In their initial school years, around the ages of 5 and 8 years, children diagnosed with NLD may well present and perform fairly well in class (Shea et al, 1995). But, as they, generally reach the age of about 8 or 9 years, and left to more tasks independently, things start to deteriorate for them both socially and academically (Sturtevant et al 2006). To
explain, students with NLD become increasingly disorganized, are usually not prepared for class, forget or are unable to complete school-assigned homework, and experience significant difficulty following directions without acting out in apparent anger (Eisenberg and Fabes, 1997). In addition, they quite often misunderstand their teachers and the directions they deliver, are unable to relate effectively with peers, and ultimately find themselves experiencing increasing levels of anxiety, particularly in social context (Ison, 2001).

**Autism**

Autism, first presenting itself in early childhood, is a neurodevelopment disorder that is highly variable along a spectrum (Wehmeyer et al, 2008). Early symptoms of autism become noticeable during the first six months of life. They are more advanced and pronounced at the age of two to three years and they may continue in adulthood but in more muted form (Frank and Stephen, 1987). Children with autism experience difficulty in communicating with those around them, generally finding it very difficult to communicate with others and to express themselves verbally (Eisenberg and Faber, 1992). Individuals with Autism may be, at times, perceived as acting in a socially unusual manner, for instance repeating words over and over again (Wehmeyer et al 58-68). People with Autism often react unusually to occurrences in their surroundings (Eisenberg and Fabes, 1997). For instance, they may feel uncomfortable when gently touched, or they may become agitated and attempt to block out sound when the first perceive unusual sounds. In addition, the autistic child usually appears to become angered or annoyed when it would otherwise be considered to be a socially appropriate response or behaviour. Often appearing withdrawn, in some instances, they will respond when one talks to them (Wehmeyer et al, 2006). Characteristics of autism
can be summed up as difficulties in social interaction, difficulties in communication and restricted and repetitive behavior and interests (Nota et al, 2007).

It is during childhood that deficits in social development become increasingly apparent. For instance, autistic children are apt to fail to respond to another’s smile, and indeed, appear to give it no attention. Similarly, they look at others far less often than the average child, and they tend to exhibit little response in hearing their own name. (Wehmeyer et al 58-68). Autistic children make significantly less eye contact with others, tending to communicate by relying largely on physical, versus visual, communication; utilizing actions that include holding the hand(s) of others to communicate with them (Frank and Stephen 131-148). Individuals with autism suffer from frequent bouts of loneliness, finding it quite difficult to establish and sustain friendship(s). Deficient of specific social skills, they face a self-sustaining and cyclical dilemma in that both their peer relationships are, by-and-large deficient in both quality and quantity. (Nota et al 850-865). Further complicating the lives of autistic children, they often exhibit aggression, and frequent temper tantrums.

Most individuals with autism do not possess adequate and age appropriate communication skills in their speech. In the first year of life, this may be exhibited through unusual gestures, apparent diminished responsiveness to the presence and stimulation (visual, verbal, etc) of others, and inarticulate verbalization (Nota et al 850-865). Generally, in the second or third year of life, these behaviours and characteristics may be exhibited less frequently (Eisenberg and Fabes, 1997). The child with Autism struggles to, or may appear to be incapable of, sharing his or her perceptions and experiences; and, similarly, struggles to communicate his or her needs and wants (Eisenberg and Fabes, 1997). They seemingly, lack the verbal capacity to express their own thoughts (Nota et al, 2007). Cognitively, the autistic
child usually experiences difficulty interpreting signs, smell, and sounds (Wehmeyer, 2000). It is just such signs that may contribute to Social Skills deficit

**Peer Relationship Skills**

Peer relationships refer to social interactions within a group considered to be relatively similar in age and development. These relationships are of a social nature; such relationships exist in childhood, adolescence, adults, and elders. Peer relationship skills are a set of abilities that enable the peers to interact and communicate amongst themselves in a manner that is socially acceptable (Earth, 2007). In this case, we will look at peer relationships skills in the school formative years in grade 3 to 9. This entails skills that enable interaction amongst students in these grades. The major peer relationship skills include anger management, conflict management and resolution, efficient and effective communication, and acceptance and tolerance of diverse groups (Kitagawa and Kitagawa, 2007). They also include the more obvious abilities such as cohesive play, building rapport and trust, and taking direction.

Anger management is a very important skill amongst peers. It is important to note that anger is an extremely volatile emotion, and as such, it becomes imperative for young children, as they develop, to learn techniques that will allow them to control this emotion other relationships. Anger management can also be taught through psychological means such as behavior management; at times, such a therapy may be supplemented by pharmaceutical therapies (Cirino et al, 2007). More simple techniques acquired to foster self-control of anger include generation of optimism, stress management, learned forgiveness and empathy, and direct, albeit tactfully, addressing of the issue at hand (Earth et al, 2007).
Efficient and effective communication skills are very important in facilitating peer relationships. Effective communication skills are essential in the meaningful exchange of ideas and perspectives and, subsequently, are key skills required to resolve conflicts. This then, is obviously imperative in many realms of society – the political, academic, workplace, etc. But, above all, it is a necessary attribute for the developing child (Cirino et al, 2007).

Here, parents and teachers are at the forefront, in that they are generally the first to observe, and express concern about, students and children who fail to form close and satisfying relationships with their peers (Kitagawa and Kitagawa, 2007). Such children are deprived of beneficial learning from their peers through social interactions such as play and cooperative activities. It is, therefore, developmentally essential that young children, particularly in the context of school, have ample opportunity to interact and learn from experience the often subtle social skills necessary for conflict resolution, communication, compromise, and speech and expression (Earth et al 405-457).

Conversely, lack of timely and appropriate peer interaction may result in diminished self-confidence, and subsequently, further social skills deficits. Moreover, peer relationship skills are very important in establishing confidence in children; for the successful acquisition and exercising of these skills leads to a healthy and positive sense of self-efficacy (Kitagawa and Kitagawa, 2007). The alternative to such healthy social and developmental growth, could be a childhood and beyond of loneliness and probable failure to reach one’s ultimate development and life potential. (Cirino et al, 2007).

**Current Remedial Programs for Social Skills Deficit**

Optimally, a remedially-based approach to Social Skills Deficit would involve both parent(s) and teachers taking advantage of incidental learning whereby socially appropriate
behaviours are fully utilized in teaching and reinforcing the conduct of appropriate social skills in students; in essence creating and teaching in an environment that is conducive to rectifying and/or improving upon social deficits. Social skills, after all, are reinforced by praise and approval of students who act in a socially competent manner, thus motivating such students to adopt this positive behavior into the student’s social skills set (Test, 2005). It is similarly noteworthy that inappropriate social behaviour is not extinguished by meting out harsh punishment; but by communicating to the child the inappropriate nature of such undesirable behavior, and the reasons that make it necessary to replace such behavior (Earth et al, 2007).

A contemporary intervention to address a deficiency of student social skills must concentrate on environmental circumstances that can circumvent social skills development. Environmental factors that hinder the child’s social skills acquisition and execution must be evaluated to determine the precise extent to which they influence the child’s ability to acquire social skills (Slavin, 2007). Ergo, these factors must be addressed so as to enable the child to acquire social skills necessary for intellectual and social growth in terms of monitoring stages of development, performance in class, at home and later in life (Test, 2005).

Individual factors must also be tackled in a potentially successful program to alleviate social skills deficits. These factors are more personalized and include cognitive or neurological disabilities such as Autism and Aspergers syndrome. These unique and significant conditions require specialized therapy and intervention that is customized to meet the presenting needs of the specific child; and hence, such conditions as these, will often require the services of the medical community and model (Gaus, 2007). Medication can play a key role, particularly when administered in conjunction with personalized social skills
training and / or talk therapy (Gaus 2007). Early and accurate assessment of students at risk is foundational to any program that aims to counter a deficit in social abilities.

Social skills training is carried out in many schools; the most effective of these are delivered in an interactive manner that is highly participatory and inclusive with regard to all students, parents and caregivers, and diverse service teams (Slavin, 2007). These trainings have a major focus of facilitating good behavior in students; putting emphasis on learning, performance, and maintenance of age and context appropriate social skills. They provide a safe venue and opportunity for students to interact with one another, particularly with other students who represent diversity (Test, 2005).

Social relations and social conflicts require at least two participants. And, social difficulties can be a product of both a skill deficit for the student who is struggling socially and a product of acceptance of said student by peers. With this in mind, intervention must often concentrate on teaching skills to both the student with the deficit and his or her peers. All too often we tend to focus exclusively on the deficit or the student with the deficit. But what of the peers, who may well be consistently teasing or agitating the student? Thus, including these peers as a focus of any intervention and striving to enhance their knowledge of others and their capacity for empathy.

The diversity of service and parental involvement, as put forth by both Slavin and Test, is likely to prove beneficial, perhaps essential. In reality however, availability of parents regularly in schools and, indeed the availability of multiple service providers simultaneously, ranges from difficult to impossible. Once again, such a notion is difficult to achieve due to both parents working outside the home and being subject to limited time away from work for such school-based endeavors. Similarly, the ability to assemble multi-
disciplined professional teams within the school is often curtailed by budgetary constraints that impact various state ministries, such as Child Services, health, and education.

Cooperative learning\(^2\), which utilizes student self-monitoring, is another basis for remedial intervention. Through such cooperative learning, students work together in small groups to learn from each other and maximize individual learning. Moreover, it is geared towards the attainment of a particular shared goal (Zimmerman, 2004). It encourages positive peer interactions and promotes academic excellence. It is carried out in structured conditions and it fosters development of the student’s intelligence and self-control (Mason, 2004). It enhances future cooperation amongst peers and this translates to positive peer relationships, which play a key role in helping to develop appropriate and beneficial social skills in students.

Cooperative learning is, in effect, a means of instruction that has students working together in groups, usually with the goal of successfully and cohesively undertaking assigned projects. This method can enhance students’ ability to work with others in a collective environment. However, gifted students are often placed in groups with non-gifted children, sometimes with the goal of having the gifted student help the others, either directly or by example.

Conflicts are inevitable and prevention of such conflict should always be the main goal. Human behavior, both collectively and individually has proven through history and numerous contemporary contexts, that violence and conflict will arise. Thus, peer mediation in conflict resolution is a powerful concept that often relies heavily upon student self-direction and self-monitoring, requiring the student to venture beyond his or her previous
zone of safety, using novel interpersonal skills that, in turn, promotes individual success in class and at home (Earth et al, 2007).

**Outcomes for the Treated and Untreated Child WITH SSD**

Social skills deficits, which can manifest as communication and conversational difficulties, interactive insensitivity, self isolation, and poor team participation, have the capacity to be detrimental to fellow students, the school environment, and society in general; moreover the loss of opportunity for the student, as an individual, to live a more meaningful life. For the student with Social Skills Deficits this can be the greatest tragedy of all. It has been previously noted within this review that some of these Social Skills Deficits are indicators or symptoms of specific cognitive or neurological disorders, which include Autism and Aspergers Syndrome. Addressing social inadequacies associated with social skills enables the effected children to make positive day-to-day, social, and life choices that enhance their interpersonal relationships in class and at home, thereby facilitating enhanced personal and relational success (Slavin, 2007).

Not helping children with Social Skills Deficit can bear effects that may prove very detrimental for the child and later adult, the family, and, ultimately, community and society at large. If not addressed in a timely and constructive manner, the individual with social skills deficit can manifest as a life-long failure to develop socially, and thus, remain deprived of a substantial aspect of all that life has to offer. More specifically, this manifestation is likely to include a relatively consistent inability to make pro-social and appropriate social and life choices; which in turn, circumvents the formation of supportive and life enhancing interpersonal relationships in class and at home. Ultimately, failing to assist individuals with Social Skills Deficit lays the foundation for undermining a child’s potential success in the
educational environment (Kitagawa and Kitagawa, 2007), and moreover, throughout life. Furthermore, students with untreated cases of social skill deficit have an increased risk of experiencing inadequacies in interpersonal relationships with teachers, parents and peers; exhibiting negativity in the way they respond to their peers, leading to peer rejection or ostracism.

**Connections to Success and/or Failure**

If appropriate social skills are instilled and well nurtured in childhood, they can contribute to great success for the student in the school environment. As well, social skills acquisition or deficit can determine success throughout one’s life; social skills, after all, strongly guide our day to day actions (Mason, 2004). Hence, a deficit of social skills may well be a precursor, presenting in early school years, to failure in both school and in life. Essentially, positive and pro-social skills, when utilized with peers, draw approval and positive acknowledgement from both the teachers and parents. On the other hand, negative social skills and social incompetence in the school setting attracts much disapproval from both teachers and parents (Earth et al, 2007).

Social skills include the ability to manage anger and conflict management, and the ability to achieve successful resolution to such conflict, acceptance and tolerance of diverse groups, and, ultimately, respect for others and understanding others’ point of view (Mason, 1973). These skills are crucial to students, the school environment and community. Students with these skills are capable of making positive and pro-social choices that enhance their interpersonal relationships in class and at home, thus facilitating success (Mason, 1974). The impact of students with pro-social skills is enhancement of the ability and desire to embrace a
positive and safe school environment; resiliency when faced with crises and stressful situations, facilitating a safe avenue for frustration.

Social skills deficits include social anxiety, communication and conversation issues, body language issues, interactive insensitivity, self isolation, poor team participation and lack of satisfying relationship with peers. Hence, these individuals are at great risk of performing poorly in class and later in life as a result of social skills deficits.

**Conclusion**

In summary, the child with Social Skills Deficit generally lacks the ability to acquire the necessary social skills and social competence expected for their age. Remedial interventions such as parents and teachers taking advantage of incidental learning; addressing internal and external environment factors and individual factors in a more personalized way for individuals with cognitive challenges; and the teaching of social skills in many schools have been carried out to address this issue. This has included self-directed as well as self-monitoring strategies such as cooperative learning, peer mediation and role play and modeling. Parents and teachers should be informed and, thereby, capable of identifying early and developmental signs in children with Social Skills Deficit so as to reverse impact. Acknowledging and appropriately addressing Social Skills Deficit in a timely and effective manner can significantly enhance the lives of innumerable children.
End Notes

1The term, “to start”, and the general intent of this early paragraph, and indeed the overall review, should not be construed to indicate that the writer harbors a view that child and student development is something of a mechanical process; nor is it a process that can be reduced to rigid process subject to a schedule. Also, the writer acknowledges that the inflexible process of categorizing or coding a particular child or student is a byproduct of educational economics and management, and an ongoing struggle by educational professionals, child development professionals, paraprofessionals in our schools. Rather, we should always strive to view and serve children and their families from a holistic perspective and with an open mind.

2Cooperative Learning can be defined as a technique of instruction that requires students to work collectively and with the common goal of achieving a specific task. This form of learning has the potential for students to acquire both social and leadership skills.

3For more information on social learning in relation to child development, please refer to Albert Bandura and Richard Walter’s Social Learning and Personality Development. 1963. New York: Holt, Rinehart, and Winston.
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