A STUDY ON THE ASSESSMENT OF THE EFFECTIVENESS OF A
SOCIAL SKILLS TRAINING PROGRAMME WITH
INTERMEDIATE PHASE LEARNERS
WITH LEARNING
DISABILITIES

Hannelie Kotzé
2004
A STUDY ON THE ASSESSMENT OF THE EFFECTIVENESS OF A
SOCIAL SKILLS TRAINING PROGRAMME WITH
INTERMEDIATE PHASE LEARNERS
WITH LEARNING
DISABILITIES

By

Hannelie Kotzé
BA (Hons.) Psychology (UNISA)

A dissertation submitted to the Faculty of Arts in partial fulfilment of the
requirements for the degree of Master of Arts (Educational Psychology) in the
Department of Psychology at the University of Zululand.

SUPERVISOR: PROFESSOR P.T. SIBAYA

February 2004
KWADLANGEZWA
## CHAPTER 2

2.1 Introduction ........................................... 14
2.2 Social skills training ............................... 15
2.3 Self-concept or self-esteem ......................... 20

## CHAPTER 3

3.1 Research design ....................................... 24
3.2 Sampling design ...................................... 26
3.3 Research instrument ................................. 28
3.4 A description of the PHCSCS ......................... 29
3.5 Assessment of self-concept .......................... 32
3.6 Scoring of research instrument ..................... 32
3.7 Analysis of data ....................................... 34
3.8 Procedures for empirical work ...................... 35
3.9 Social skills programme ............................. 35

## CHAPTER 4

4.1 Introduction ........................................... 41
4.2 The characteristics of the study sample .......... 42
4.3 The reliability of the self-concept scale .......... 43
4.4 Hypothesis ............................................ 43
4.5 Global self-concept ................................ 44
CHAPTER 5

5.1 Summary 46
5.2 Findings 47
5.3 Shortcomings of the research project 49
5.4 Recommendations with regard to future research 51

REFERENCE LIST 53

TABLES AND FIGURES

Table 4.1 Distribution of subjects in study sample 43
Table 4.2 Individual scores for the experimental and control groups for the pre- and post-tests 44
Table 4.3 Mean scores for the experimental and control groups for the pre- and post-tests 44
Figure 4.1 Mean total score for the experimental and control group for the pre- and post-tests 45

APPENDICES

Letter of Approval 64
Letter of Authority 65
Global Self-Concept: Spreadsheet 1 66
ABSTRACT

Social skills are a well-researched topic, and skills programmes have been used extensively to improve the social and emotional problems encountered by learners with learning disabilities. They are often the therapies of choice for learners who suffer from poor self-concept and poor social skills.

Meta-analyses of recent social skills outcome studies have indicated that the amount of change effected by social skills programmes was minimal, and that rarely does it reach the level of effecting clinically significant change.

In the light of these contradictory statements, the aim of this study is to establish whether the current social skills programme succeeds in improving the self-concept of learners with learning disabilities at a school for learners with special educational needs.

The results of the study indicated that this social skills programme does not improve the global self-concept of learners.
DECLARATION

I hereby declare that this dissertation represents my own work,
both in conception and execution, unless otherwise stated.

Hannelie Kotzé
ACKNOWLEDGEMENTS

To God all the Glory!

Thank you to my husband, Izak, who taught me so much in life and still leads by example. Thank you to my children, Lara and Caro, who are my greatest gifts in life and who constantly remind me of how precious it is to be loved. Thank you to my parents. You did a great job!

In addition, my thanks go not only to all the children who participated in the research and who courageously battle against their learning disabilities daily, but also to their even more remarkable parents.

Finally, a special word of appreciation goes to Professor Sibaya for his guidance and knowledge and to Dr Kidd for his invaluable assistance with the statistics.
1.1 MOTIVATION FOR THE STUDY TO BE UNDERTAKEN

The impact of learning disabilities on the lives of children is not limited to academic situations, but extends beyond the borders of school, and permeates family life and social settings. It is a known fact that learners with learning disabilities often experience demoralization, low self-esteem and deficits in social skills (American Psychiatric Association, 1994:47). These influence their mental health and relationships into adulthood. Cowen, Pederson, Babigian, Izzo and Trost conducted a study in 1973 which revealed that at third grade level peer ratings, primarily peer rejection, were more powerful predictors of adult mental health problems 11 to 13 years later than were a variety of other traditional predictors such as intellectual ability, school grades, academic achievement, teacher ratings and self report data (Choi & Heckenliable, 1998:209).

The major contributing factor to the rejection these learners experience is their inappropriate social behaviour. This social skills deficit may be related to the following:

- impulsiveness (both verbal and motor)
- poor visual perception of facial and body language cues
- poor auditory perception
- invasion of the personal space of others
- inappropriate touching
- poor problem solving skills
- overreaction
- depression
- untidiness
- poor communication skills
- disorganization
- mood swings.

A number of other such problems can be added to the above list (Evans, Axelrod & Sapia, 2000:192).

The rejection these learners suffer often leaves them with a poor self-concept (American Psychiatric Association IV, 1994:47). They often dislike who and what they are, and feel unwanted, unhappy and out of place. This in itself contributes to poor social relations.

Early intervention can help teach the skills other children learn almost automatically, and provide plenty of practice in
developing strategies, which will help in ensuring greater social acceptance, more positive self-concept in childhood and adolescence as well as greater social and vocational competence in adulthood. It is certainly true that children with good social skills have more opportunities for positive interactions with their peers, and an enhanced ability to benefit from academic and prevocational training. A person's success in life depends largely on his or her behaviour, and the ability to get along with family members, peers, teachers and eventually employers. The very term "social skills" implies the tools that are needed to interact successfully with others, whether at home or at school.

Social skills are a well-researched topic and skills programmes have been used extensively to improve the social and emotional problems encountered by learners with learning disabilities. Recently, however, there have been studies that challenged the thoughts and beliefs of researchers and practitioners of social skills programmes. Evans et al., (2000:191) made the statement that social skills programmes lack effectiveness. Furthermore they have claimed that a failure of therapy is the failure of treatments to generalize to the settings where clients exhibit problems. Meta-analyses of recent social skills outcome studies indicated that the amount of change effected by social skills programmes was minimal.
and that rarely does it reach the level of effecting clinically significant change (Evans et al., 2000:192). McConnell and Sisson (1991:474) mention a study by Hops in 1982 in which powerful treatment effects have been shown for the initial acquisition of various social behaviours, but little evidence could be found to indicate long-lasting, generalized effects on the social interactions of the children.

1.2 STATEMENT OF THE PROBLEM
The goal of social skills training is to establish specific behaviours in an individual's repertoire in order to improve social interaction. Social skills programmes are the therapies of choice for learners who suffer from poor self-concept and poor social skills. Social aptness relies on various different factors, of which a good self-concept is one. It is therefore important to establish and improve on the efficacy of social skills programmes. However, for the purpose of this research project, the focus will be only on the efficacy of a social skills programme to improve the self-concept of the learners who attend the programme. The research question therefore is: how effective is the current social skills programme in improving the self-concept of learners with learning disabilities?
1.3 AIM OF THE STUDY

The aim of the study is to establish whether the current social skills programme succeeds in improving the self-concept of learners with learning disabilities.

1.4 HYPOTHESIS

It is hypothesized that participants in the social skills programme will demonstrate more positive self-concepts after participating in the 10-session programme.

1.5 RESEARCH METHODOLOGY

1.5.1 RESEARCH DESIGN

An in-depth literature review of the social skills training programme and self-concept will be done.

A before - after experimental control group design will be used. The one group of learners with learning disabilities will attend a social skills programme, consisting of ten sessions of one hour each, twice weekly. The other group, the control group, will not receive any treatment. All the participants’ self-concept will be measured by the Piers-Harris Children’s Self-Concept Scale before the commencement of the programme and after completion of the programme.
The social skills training programme will make use of techniques such as coaching, interpersonal cognitive problem solving and modelling. This is because a multi-modal training programme has proved to be more effective than a single therapeutic approach (Erwin, 1994:1).

1.5.2 SAMPLE

Twelve Grade 4 learners will be selected, by means of purposive sampling, from a population of 48 Grade 4 learners in a school for learners with learning disabilities. The learners are identified as learning-disabled according to the policies of the Western Cape Education Department. These policies define a student, as a learner with learning disabilities when the individual's achievements are substantially below that expected for age, schooling and level of intelligence. Such an assessment is based on individually administered, standardized tests in reading, mathematics or written expression (American Psychiatric Association IV, 1994:46). The variables of sex and intelligence are both controlled, as the research includes only boys. Every participant must have an average to above average intelligence score in order to be diagnosed as a learner with learning disabilities, as explained in the definition for a learning disability.
The class teachers have identified learners who came to their attention for demonstrating emotional and behavioural disorders. Among the most frequently cited characteristics of these learners are poor self-concept, hyperactivity, distractibility, poor problem solving abilities, being isolated, poor communication skills, emotional liability and having difficulty making friends.

For the purpose of the study, the learners will be randomly assigned to one of the two groups: a control group and a social skills group. The control group will be assessed, but will follow the regular classroom routine during the experiment.

1.5.3 RESEARCH INSTRUMENT

The Piers-Harris Children's Self-Concept Scale (PHCSCS) will be used to make an assessment of the learners' self-concept (Beltempo & Achille, 1990:82).

The PHCSCS is a self-concept questionnaire, which determines the self-concept of young children and adolescents, ranging from 8 to 18 years. More specific, it measures those self-evaluating qualities and behaviour, which relate to the self-concepts of an individual. The compilers of this questionnaire define self-concept as a relative stable set of opinions. This set of opinions is a reflection of the descriptive and evaluative
aspects of a person's character and behaviour (Piers, 1984:5). The Piers-Harris test-retest reliabilities have been reported for learners with learning disabilities (Piers, 1984:54).

The PHCSCS consists of 80 items. Each item describes how certain people feel about themselves and the respondent is asked to give an indication whether the statement is of relevance to him or her, by answering yes or no. The questionnaire makes provision for a global self-concept score, which is further divided into six subscales. Inherent in the use of these scales is the assumption that self-concept is not a unitary dimension. Children are not characterized by an overall level of self-concept but may view themselves quite differently across different areas.

The six subscales may be used to generate clinical hypotheses and identify areas of relative strength and vulnerability in individual children.

- **Behaviour subscale**, (16 items), reflects the extent to which the respondent is capable of acknowledging or denying problem behaviour. A low or moderately low score on the behaviour scale suggests acknowledged behavioural difficulties. High scores are more difficult to interpret. They
may reflect either a lack of problems or a denial of their existence.

- **Intellectual and School Status subscale**, (17 items), reflects the learner's self-assessment of his or her abilities with respect to intellectual and academic tasks, including general school satisfaction and future expectations. A low score suggests difficulties with school-related tasks.

- **Physical appearance and attributes subscale**, (13 items), reflects the learner's attitudes concerning his or her physical attributes, as well as attributes such as leadership and the ability to express ideas.

- **Anxiety subscale**, (14 items), reflects the learner's general emotional disturbance and dysphoric mood. These items tap a variety of specific emotions, including worry, nervousness, shyness, sadness, fear and a general feeling of being left out of things.

- **Popularity subscale**, (12 items), reflects the learner's evaluation of his or her popularity with classmates, being chosen for games, and ability to make friends. Low scores on this scale may reflect shyness, lack of interpersonal skills, or personality traits which tend to isolate the child from others.
- Happiness and Satisfaction subscale, (10 items), taps a general feeling of being a happy person and easy to get along with, and feeling generally satisfied with life. Low scores on this scale are associated with general dissatisfaction, feelings of negative self-worth, and a longing for things to be different.

The respondents are encouraged to answer the questions as honestly as possible. Every question must be answered and only one answer per question is allowed.

1.5.4 METHOD OF ASSESSMENT
Pre- and post-test measurement of the learners' self-concept will be made. The first set of test results will serve as a baseline measure of self-concept (dependent variable). The same procedure will be repeated after completion of the social skills programme, serving as the post treatment measure.

Items are scored in the direction of positive self-concept so that the higher the raw score; the more positive the child's assessed self-concept. Thus a high total score on the scale indicates a favourable self-concept (for example a high degree of self-esteem or self-regard) whereas lower scores are associated with lower self-concept. This lower self-concept may be either specific, affecting particular aspects of the learner's self-evaluation, or generalized across many areas (Piers, 1984:8).
The raw scores and cluster scores of the Piers-Harris Scale may be converted to percentiles, stanines and / or T scores to aid interpreting the scale. Each learner's results will be graphed.

1.5.5 METHOD OF DATA ANALYSIS

After completion of the experimental procedure, a repeated measures analysis of variance (RANOVA) will be done. Intra-individual comparisons will also be done to establish whether an improvement in self-concept occurred.

1.6 PLAN OF STUDY

1.6.1 CHAPTER 1

As an introduction to this research study, this chapter will be devoted to orientate the reader regarding the background of this study, followed by the motivation (contextualisation). The hypothesis and the purpose for this study will then be explained. A short discussion of the methodological orientation will follow. A list of the main definitions will be provided with explanations and clarifications of the terminology, which will be used in this research. Finally, a short overview of the remainder of the research will be provided.
1.6.2 CHAPTER 2

Chapter 2 provides a theoretical background to the study. A literature review of the previous work done in this field provides a framework whereby the researcher can direct his or her research. The researcher has the task to limit his or her research within the existing boundaries of completed research studies. Information must be gathered, identified and selected. It must then be systematically compared and evaluated.

The following research references can be distinguished: books, dissertations, research articles in professional journals and dictionaries.

1.6.3 CHAPTER 3

This chapter details the research design and methodology of the study. The design and method of investigation, as well as how data will be analysed, are discussed in detail. That is to say, it describes how fieldwork was carried out and the scales administered.

1.6.4 CHAPTER 4

Chapter 4 deals with presentation and analysis of data collected during fieldwork. The hypothesis postulated in Chapter 3 is tested in this section.
1.6.5 CHAPTER 5

This chapter presents the main findings of this study and also concludes the research by making recommendations, pointing out limitations of the study and avenues for future research.
CHAPTER 2

REVIEW OF PREVIOUS WORK DONE IN THIS FIELD

2.1 INTRODUCTION

It is the author's experience that amongst the most frequently listed referral problems of learners with learning disabilities (apart from actual learning difficulties) are low self-concept and poor social skills. Research has proven that a large number of learners with learning disabilities suffer from poor self-concept (Bear, Minke & Manning, 2002:405) and poor social skills (American Psychiatric Association, 1994:46; Schumaker & Hazel, 1984:492; Blackbourn, 1989:28; Bear, Minke, & Manning, 2002:406).

Within schools for learners with special educational needs there are, however, limited opportunities for individual therapy. The focus is mainly on group therapy because of time constraints and the learner-psychologist ratio. Learners at the school, where the research was conducted, have the opportunity to attend social skills groups. It is therefore of vital importance to establish whether the learners' self-concept improves by attending the social skills training programme; and if not, what recommendations can be made.
2.2 SOCIAL SKILLS TRAINING

Ogilvy (1994:296) states that there is a rising body of evidence to show that, although social skills training is not a panacea, it can be used effectively as part of a general treatment programme. It can also be used to improve and alleviate the social and emotional problems encountered by learners with learning disabilities. The rationale for social skills intervention with children is to ameliorate current dysfunction and to prevent the long-term aversive consequences of early social deficits (Ogilvy, 1994:296).

Richardson (2000:248) makes the statement that social and emotional learning should be promoted because they are essential for the development of informed, responsible and caring individuals. A research study by Bijstra and Jackson (1998: 570) confirms this statement. They studied the educational effects of social skills training on 14 to 16 year old well-adjusted adolescents, using social learning principles, and found the training to be successful in several aspects. Social anxiety decreased, social activity increased, self-concept improved and the adolescents made use of adequate coping strategies. The researcher could find no evidence of similar studies with learners with learning disabilities.
Social relationships, with significant others, contribute to a sense of well-being and belonging, and promote sound mental health. The home is the most appropriate setting to teach social and emotional competence. In addition, schools could enhance these competencies. They provide individuals with ample opportunities to exercise the skills that are naturally acquired through day-to-day contact with other individuals (Richardson, 2000:248).

Clark and Dixon (1997:179) studied the impact of social skills training on the self-concept of gifted high school students. The hypothesis of the study was that students who participate in social skills training would show significant improvements in their social self-concept.

According to Gross (Clark & Dixon, 1997:179), children's emotional development is more correlated with their mental age than their chronological age. Therefore, gifted students may have an advanced mental age, yet their chronological age and its accompaniments, such as social skills, may be lagging behind.

The subjects participated in a pre-test measurement of their global self-concept using the Marsh Self-Description Questionnaire III, which differentiates between social self-
concept and academic self-concept. The subjects then took part in a three-week social skills programme. A post-test self-concept measurement was gathered. The results did not follow the hypothesis. The subjects did not demonstrate an increase in their social self-concept. Two students demonstrated an increase in their opposite-sex social self-concept scores. One student showed a 0.17-point increase while the other student increased by 0.72 on his opposite-sex self-concept score. The third student decreased by 0.58 from the pre-test to the post-test measure.

These findings are somewhat congruent with the findings of a prior research study by Manor-Bullock (Clark & Dixon, 1997:185). She examined students' self-concept and adjustment to life at a school for gifted children. Over the course of the academic year students who had prior gifted education experienced a steady decline in their same-sex social self-concept score. However, students who were experiencing their first encounter with gifted education had an increase in their same-sex social self-concept score.

The researchers are of the opinion that limitations in the study may have contributed to these results. Firstly, the very small data set, sample of 4, precluded the calculation of proper statistical analyses. The post-test measurements may have
been taken too soon after the intervention and improvements in self-concept may be seen only over the course of time. The volunteer status of the participants could have biased the results. Another limitation of the study may have been the specific topics addressed in the workshops and the briefness of the intervention, which were three one-hour workshops.

Clark and Dixon (1997:186) make the statement that future studies in this field may benefit by including more participants so as to gather more relevant data and to enhance the generalizability of findings. They also suggest that participants should be randomly assigned to a social skills programme and a control group. An experimental design would help to minimize biases and would empirically strengthen the findings. They continue to make the statement that the students' awareness of social skills may have increased, but their skills may not have been influenced (Clark & Dixon, 1997:186).

Although the research was done on gifted learners, the author is of the opinion that there are similarities between gifted learners and learners with learning disabilities. Clark and Dixon mention that gifted learners reported feeling “different” from their age peers (1997:181). Evans, Axelrod and Sapia (2000:192) refer to a study by Kavale that emphasizes the fact that about 75% of students with learning disorders or
disabilities present with poor peer interaction, poor self-concept
and inappropriate or inadequate social behaviour. They can be
differentiated from their non-learning-disabled peers via
measures of academic achievement and often via measures of
social competence. This is also true of some of the gifted
learners.

Very often learning disabilities are associated with poor social
skills, peer rejection, low self-concept and demoralization
(American Psychiatric Association, 1994:46; Schumaker &
Hazel, 1984:492; Blackbourn, 1989:28; Bear, Minke, &
Manning, 2002:406). Kavale and Fomess analysed 152
studies in which students with learning disabilities were at
approximately the 25th percentile in terms of social skills
(Vaughn, 2001:135).

Learners who experience repeated peer rejection due to poor
social skills might develop failure-orientated cognitions and a
that under repeated failure conditions, it is likely that learners
develop negative self-concept and cognitively label themselves
as socially awkward, unsuccessful, undesirable or unattractive.
By avoiding situations that require social competencies, the
individual is not likely to be in a position to learn more
appropriate skills.
The socially isolated learner will be less likely to observe and interact with skilful peer models. When they do exhibit skilful behaviour, these behaviour patterns are less likely to be reinforced.

Vaughn (2001:135) warns that early intervention could teach the skills other children learn almost automatically, and in addition provide plenty of practice in developing strategies. It will ensure greater social acceptance, more positive self-concept in childhood and adolescence, as well as greater social and vocational competence in adulthood. Children with good social skills have more opportunities for positive interactions with their peers and an enhanced ability to benefit from academic and prevocational training (Vaughn, 2001:135).

2.3 SELF-CONCEPT OR SELF-ESTEEM

Bong, Clark and Richard (1999:142) explain that self-concept, self-esteem and self-perception are used interchangeably to refer to individuals' judgements of their competence or worth, either generally or in particular domains. They remark (1999:140) that decades of research have contributed to our understanding of how critical students' appraisals of themselves can be for their successful functioning and well-being in school.
Numerous other researchers like Harter, Marsh, Shavelson, Hubner and Stanton (Vaughn, 2001:124) support the multi-dimensional nature of self-concept. Individuals do not always view themselves similarly across all domains. For example, the individuals’ appraisal of their social capabilities may differ considerably from their appraisals of their academic capabilities (Vaughn, 2001: 126).

Haney and Durlak (1998:423) conducted a meta-analytic review of 116 studies that focused on changing the self-concept of children and adolescents. They came to the conclusion that interventions specifically focused on changing self-esteem were far more effective than programmes focused on another target, such as behaviour or social skills. Taking these research results into account, social skills training can improve the self-concept of learners with learning disabilities, if it is a main aim of the social skills training.

Feelings of low global self-worth are, according to Bear, Minke and Manning (2002:405), commonly associated with poor achievement motivation. Children value academic, behavioural and social domains; therefore low global self-worth could be predicted among learners with learning disabilities based on their unfavourable self-perceptions in these domains. Wattenberg and Clifford (Hamachek, 1995:420) found that self-
concept scores of kindergarten children predicted reading achievement more accurately than did intelligence tests. Hamachek (1995:420) continues to say that data indicate that the level of school achievement is influenced by one's self-concept.

Researchers like Chapman, Boersma, Margalit, Zak, Rogers and Saklofsky (Vaughn & Elbaum, 1996:601; Bear et al., 2002:406) have done a substantial amount of research that indicated that learners with learning disabilities have more negative self-concepts than learners without learning disabilities. These learners experience difficulty in specific areas of academic functioning (Kavale & Forness, 2000:239) and as many as 70% of these learners demonstrate lower academic self-concept (Vaughn, 2001:126). Bear, Minke and Manning, (2002:405) conducted a meta-analysis of 61 studies of self-concept. Results showed that children with learning disabilities perceived themselves less favourably than their non-learning-disabled peers in global self-concept as well as in specific domains of academic, social, and behavioural competence.

Hay, Bryne, and Butler (2000:102) refer to previous research that showed that students with low self-concepts had less positive classroom behaviour, co-operation, persistence,
leadership, peer interaction, more anxiety, and poorer expectations for future schooling; a testimony of the impact of low self-concept on the general functioning of learners. According to Herbert (1996:4) these learners fail to develop social confidence, because of continuous peer rejection and feelings of inadequacy. The more they feel inadequate, the more likely they are to fail in social situations, which is in itself a vicious circle.

In light of these research findings, not only do learners with learning disabilities need learning support and occupational and remedial therapy, but they also need psychological intervention to help them overcome the emotional hurdles their learning disabilities create in their lives.
CHAPTER 3

RESEARCH METHODOLOGY

3.1 RESEARCH DESIGN

The researcher decided on a Before and After Control Group Design (Pre-test – Post-test). Kerlinger (1973:336) states that this design is frequently used to study change and has two important strengths, randomization and control. The control group supplies a comparison against which the difference, if any, can be checked. Without a control group, we would never be able to say whether history, maturation (or both), or the experimental manipulation produced the change.

According to Kerlinger (1973:322) there are several important criteria for a good research design. One of the most important criteria is the ability of the research design to test the hypothesis.

The ability of the research design to control the independent and extraneous independent variables of the research study is another important criterion (Kerlinger, 1973:332). Subjects were randomly selected from the list of learners that have been referred by their class teacher for social skills. They were randomly assigned to their groups and the experimental
treatment was randomly assigned to the groups. Controlling independent variables through randomization ensures that extraneous and unwanted sources of systematic variance will have minimal opportunity to operate, therefore contributing towards the internal validity of the study.

The variable intelligence is controlled, as every participant must have an average to above average intelligence score in order to be diagnosed as a learner with a learning disability. This is explained in the definition for a learning disability (American Psychiatric Association IV, 1994:46).

The American Psychiatric Association IV (1994:49) states that 60% to 80% of individuals diagnosed with Reading Disorder are males. This disorder has been found to occur at more equal rates in males and females when careful diagnostic ascertainment and stringent criteria are used. According to them referral procedures may often be biased toward identifying males, because they more frequently display disruptive behaviour in association with the learning disorder. This is true of the population of learners with learning disabilities at this specific school, as approximately 80% of the learners are male. The referral list of thirty-eight learners included five girls, but none of them was randomly selected. Thus the variable of sex is also controlled.
The third criterion of generalizability (Kerlinger, 1973:325) is met by the fact that the results of the study can be generalized to future intermediate phase social skills groups at this school.

The internal validity of this research design can be established only when we see whether the experimental manipulation really made a significant difference to the self-concept of the learners.

3.2 SAMPLING DESIGN

The class teachers referred learners for social skills training, based on requests of parents and observed behaviour difficulties. Examples were the inability to establish and maintain friendships, social isolation and low self-concept. In other words, purposive sampling was done, which is characterized by the use of judgement and a deliberate effort to obtain representative samples by including presumably typical areas or groups in the sample (Kerlinger, 1973:129). Thirty-eight learners have been referred and due to the size of the therapy room, only six learners can be accommodated in the social skills programme. A larger sample would be more beneficial, but this was not possible. In order to measure the variable effects of the treatment adequately, one experimental and one control group were created. Twelve learners were randomly selected from the population of 38 referred learners. The twelve learners were then randomly assigned to the
experimental and control groups. The experimental treatment was randomly assigned to the group.

The learners are all pupils at a school for learners with special educational needs. Their ages range between 10 and 12 years, the average age being 11 years. They all are grade 5 intermediate phase learners and are English speaking.

A parent permission form was sent home with the learners several weeks prior to the assessment date. Only those children whose parents returned the consent form were allowed to participate. There was 100% compliance.

Before the start of the social skills programme, the PHCSCS was administered to participants by the researcher. The data gathered serve as a baseline measure (Time 1) of self-concept, the dependent variable, for the whole sample. The experimental group attended the social skills programme, which will be briefly discussed under point 3.8 Procedures for empirical work.

After completion of the skills programme, the same procedure was then repeated, serving as the post-placement measure (Time 2) of self-concept for the complete sample. There was
no experimental loss or absenteeism at the time of testing; the
total sample with complete data yielded 12 subjects.

3.3 RESEARCH INSTRUMENT

The Piers-Harris Children’s Self-concept Scale (PHCSCS)

The PHCSCS is a self-concept questionnaire, which
determines the self-concept of young children and adolescents,
ranging from 8 to 18 years. More specifically, it measures
those self-evaluating qualities and behaviour, which relate to
the self-concept of an individual. It is a widely recognized and
used self-concept questionnaire, with psychometrically
adequate self-concept measures, as used by Haney and
Durlak (1998:425) and Bear, Minke and Manning (2002,408) in
their meta-analytic reviews of the self-concept of children and
adolescents.

One may question whether young children have a stable self­
concept. In other words does the Piers-Harris Scale reflect a
measure of an immediate state or a trait? Piers (1969:36) has
given evidence demonstrating that, by at least the age of
seven, self-attitudes have a reasonable amount of stability. The
researchers define self-concept as a relative stable set of
opinions. This set of opinions is a reflection of the descriptive
and evaluative aspects of a person’s character and behaviour
(Piers, 1984:5). The Piers-Harris scale is reported to have
sufficient reliability and validity to be used for research purposes. Smith and Rogers have reported the test-retest reliabilities for learners with learning disabilities. They reported a stability coefficient of .62 ($r = .62$) with a sample of 89 learners ages 6 to 12 (Piers, 1984:54).

Estimates of the validity of the Piers-Harris Scale have been obtained from a number of empirical studies (Piers, 1984:57). Mayer (Piers, 1984:59) compared scores from the Piers-Harris with scores on Lipsitt's Children's Self-concept Scale for a sample of 98 special education learners and found a correlation of .68 ($r = .68$).

3.4 A DESCRIPTION OF THE PHCSCS

The PHCSCS consists of 80 items. Each item describes how certain people feel about themselves and the respondent is asked to give an indication whether the statement is of relevance to him or her, by answering yes or no. The questionnaire makes provision for a global self-concept score, which is further divided into six subscales. Inherent in the use of these scales is the assumption that self-concept is not a unitary dimension. Children are not characterized by an overall level of self-concept but may view themselves quite differently across different areas.
The 6 subscales may be used to generate clinical hypotheses and identify areas of relative strength and vulnerability in individual children. They make it possible for the researcher to analyse the effect of the social skills programme in more detail without looking at the global self-concept alone, as it then could easily seem like little change has occurred. The post-test measurement can show what areas, if any, of the child's self-concept changes as a result of partaking in the social skills programme. It can also point out what areas of the self-concept could be developed further and how the social skills programme can be adjusted to meet those specific needs of the learners.

- **Behaviour subscale**, (16 items), reflects the extent to which the respondent is capable of acknowledging or denying problem behaviour. A low or moderately low score on the Behaviour scale suggests acknowledged behavioural difficulties. High scores are more difficult to interpret. They may reflect either a lack of problems or a denial of their existence.

- **Intellectual and School Status subscale**, (17 items), reflects the learner's self-assessment of his or her abilities with respect to intellectual and academic tasks, including general
school satisfaction and future expectations. A low score suggests difficulties with school-related tasks.

- **Physical appearance and attributes subscale**, (13 items), reflects the learner's attitudes concerning his or her physical attributes, as well as attributes such as leadership and the ability to express ideas.

- **Anxiety subscale**, (14 items), reflects the learner's general emotional disturbance and dysphoric mood. These items tap a variety of specific emotions, including worry, nervousness, shyness, sadness, fear and a general feeling of being left out of things.

- **Popularity subscale**, (12 items), reflects the learner's evaluation of his or her popularity with classmates, being chosen for games, and ability to make friends. Low scores on this scale may reflect shyness, lack of interpersonal skills, or personality traits which tend to isolate the child from others.

- **Happiness and Satisfaction subscale**, (10 items), taps a general feeling of being a happy person and easy to get along with, and feeling generally satisfied with life. Low scores on this scale are associated with general dissatisfaction, feelings of negative self-worth, and a longing for things to be different.
3.5 ASSESSMENT OF SELF-CONCEPT

Two weeks before the start of the social skills programme, the Piers-Harris Children’s Self-concept Scale was administered to participants of both groups by the researcher in order to measure their global self-concept and their self-concept pertaining to different areas of their lives. It is a pencil and paper test and the answering procedure was explained and illustrated. The respondents were encouraged to answer the questions as honestly as possible. Every question had to be answered and only one answer per question was allowed. The respondents were asked to fill in all the required data and to take their time, as there was no time limit. Each of the 80 items was read out loud, twice, to ensure comprehension and to accommodate slow readers.

3.6 SCORING OF RESEARCH INSTRUMENT

Items are scored in the direction of positive self-concept so that the higher the raw score; the more positive the child’s assessed self-concept. Thus a high total score on the scale indicates a favourable self-concept, for example a high degree of self-esteem or self-regard, whereas lower scores are associated with lower self-concept. This lower self-concept may be either specific, affecting particular aspects of the learner’s self-evaluation, or generalized across many areas (Piers, 1984:37).
The researcher checked that none of the items was circled both “yes” and “no”, and also for omissions. A scoring key was used to score the answer sheets. The total raw score was the total number of responses marked in the positive direction. The raw score was then recorded in the space provided on the front page of the answering sheet. Cluster scores were obtained in a similar fashion, the only difference being that only those responses belonging to the specific cluster were calculated. Space for recording the raw cluster scores was also provided on the front of the booklet. The total raw score and cluster scores were then converted to percentiles, stanines and T-scores to aid the interpretation of the scale. The results for every learner were then graphed on a profile form.

The data gathered serve as a baseline measure (Time 1) of self-concept, the dependent variable, for the whole sample.

The experimental group attended the social skills programme over eight sessions of one hour each, once a week. The control group did not receive any treatment and stayed in their classes and continued with the normal class routine.

After completion of the skills programme, the same procedure was then repeated, serving as the post-placement measure (Time 2) of self-concept for the complete sample. There was
no experimental loss or absenteeism at the time of testing; the total sample with complete data yielded 12 subjects.

3.7 ANALYSIS OF DATA

Should the research indicate a variance in the post-test measurement, the variance is due, presumably, to the experimental manipulation. The researcher would then have to establish whether the means differ statistically. If the experimental manipulation has been influential, it should be beyond the differences that arise by chance alone.

Statistica Version 6 will be used to analyse the data gathered from both the control and experimental groups.

A Repeated Measures Analysis of Variance, of every subscale, was done to establish whether there were any differences between the two groups due to the experimental intervention. In some cases, results were verified using non-parametric bootstrap techniques. The 0.05% significance level was used as guideline for determining significant differences.
3.8 PROCEDURES FOR EMPIRICAL WORK

Learners who have social skills deficits have the opportunity to attend a set social skills training programme at the school. The experimental group will attend the exact same social skills programme. The programme stretches over ten sessions. Sessions one and ten are exclusively with the parents, as they play an integral part in the success of the skills programme and generalization of the newly acquired skills.

3.9 SOCIAL SKILLS PROGRAMME

The following is a short summary of the topics that are discussed during the social skills programme in every session.

**Session 1**

This session is devoted to explaining the purpose of the programme to the parents and getting their support. The parents are guided as to how they can create situations at home to practise the newly acquired skills and how to reinforce them with positive feedback. "Youths whose parents learned skills reciprocal to those the youths learned (e.g. when the youths learn to accept criticism, the parents learn to give criticism), maintained their use of the skills at post-training levels longer than youths whose parents were not involved in the training" (Schumaker et al., 1984:497).
Session 2

Module 1 – The purpose of this session with the learners is to create an awareness of the self and others.

Objectives

☐ To improve self-concept
☐ To be less self critical
☐ To learn own strengths and weaknesses
☐ To be accepting of others

Rationale

By becoming less self critical through self-knowledge, the learner will become more accepting of others.

Session 3

Module 2 – The aim of this session is to expand the learners' feelings vocabulary in order to improve their ability to identify emotions in others and themselves.

Objectives

☐ To acquire the vocabulary to express emotions
☐ To be able to verbally express emotions rather than acting on them
☐ To be able to identify emotions in others
☐ To be able to show empathy
Rationale

The ability to read and notice distinction in moods, temperaments, motivation, intentions and feelings of others, plays a major role in social aptness (Richardson, 2000:246).

Session 4

Module 3 – The aim of this session is to teach the learners to share, not only on a material level, but also to share and express emotions appropriately.

Objectives

☐ To be able to share emotions
☐ Communicativeness

Rationale

The ability to share material things, our feelings and ourselves, plays a major role in the establishment and maintenance of relationships.

Session 5

Module 4 – The aim of this session is to improve the learners' socialization skills.

Objectives

☐ Initiating conversation
☐ Establishing relationships
☐ Maintaining relationships
Rationale

Learners with learning disabilities, due to their impulsiveness and/or inattentiveness, often do not naturally acquire the social rules that form the basis of social interactions. This can be rectified via direct instruction and role-playing.

Session 6

Module 5 - The aim of this session is to improve the learners' ability to communicate effectively.

Objectives

- Listening skills
- Open-ended question
- Non-verbal communication

Rationale

Good communication relies on conversational and listening skills. They form an integral part of social skills.

Session 7

Module 6 – The aim of this session is to encourage problem solving and conflict resolution skills.

Objectives

- Assertiveness training
- Conflict handling techniques
Rationale

Carlson (1987:310) makes the statement that research has proven that learners with learning disabilities predominantly approach conflict as a win-lose situation. Their strategic approach reflects dominance or submission. They should rather be taught a win-win approach to conflict resolution.

Session 8

Module 7 – The aim of this session is to teach the learners' the skills to give and to receive criticism.

Objectives

☐ How to handle criticism
☐ How to give constructive criticism

Rationale

Learners in the past have been, and in future will be, confronted by both constructive and unfair criticism. This module not only provides alternative ways of handling criticism, but also deals with the giving of constructive criticism.

Session 9

Module 8 – The aim of this session is to revise all the preceding skills, to ensure that a firm foundation for these skills has been laid.

Objectives

☐ Reinforcement of skills
Rationale

Taking into account the age of the learners, it will be necessary to reinforce the skills and even revisit them at different developmental stages.

Session 10

The last session takes the form of a feedback session to the parents, where the outcome of the social skills training programme is discussed. The parents then have the chance to give verbal feedback and any question or concerns can then be addressed.
CHAPTER 4

PRESENTATION AND DISCUSSION OF DATA

4.1 INTRODUCTION

The aim of this study has been to assess in a scientific way whether learners attending the set social skills programme aimed at improving their social skills deficit, would also experience an improved self-concept.

The services of a statistician were used. The statistician ensured that the appropriate statistical techniques were used and the correct interpretations were done based on the results. Statistica Version 6 was used to analyse the data gathered from both the control and experimental groups.

A Repeated Measures Analysis of Variance (RANOVA) was done to establish whether there were any differences between the two groups due to the experimental intervention.

The main assumptions for the RANOVA are the following:

- Data is continuous (interval)
- Data is distributed according to the normal distribution
- The variance of the data within subgroups are the same.
In all the analyses subsequently reported, checks on the validity of the assumptions of the RANOVA were done. In some cases, where the assumptions of the RANOVA could have been violated, results were verified using non-parametric bootstrap techniques. The 5% significance level was used as a guideline for determining significant differences.

4.2 THE CHARACTERISTICS OF THE STUDY SAMPLE

The class teachers referred 38 learners in total for social skills training, based on requests of parents and observed behaviour difficulties. Due to the size of the therapy room, only six learners could be accommodated in the social skills programme at a given time. In order to measure the variable effects of the treatment adequately, one experimental and one control group were created. Twelve learners were randomly selected from the population of 38 referred learners. The twelve learners were then randomly assigned to the experimental and control groups. The experimental treatment was randomly assigned to the group.

The learners are all pupils from the same school for learners with special educational needs. Their ages range between 10 and 12 years, the average age being 11 years. They all are male, grade 5 intermediate phase learners and are English speaking. They all have average to above average intellectual abilities.
The composition of the final study sample is summarised in Table 4.1.

### TABLE 4.1 DISTRIBUTION OF SUBJECTS IN STUDY SAMPLE.

<table>
<thead>
<tr>
<th>GENDER GROUP</th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE (in years)</td>
<td>CONTROL N=6</td>
<td>EXPERIMENTAL N=6</td>
</tr>
<tr>
<td>10</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>NUMBER OF CHILDREN</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>DIAGNOSIS</td>
<td>Diagnosed with specific learning disability</td>
<td>Diagnosed with specific learning disability</td>
</tr>
<tr>
<td>IQ</td>
<td>Average</td>
<td>Average</td>
</tr>
<tr>
<td>GRADE</td>
<td>5 Intermediate phase</td>
<td>5 Intermediate phase</td>
</tr>
<tr>
<td>LANGUAGE</td>
<td>English</td>
<td>English</td>
</tr>
</tbody>
</table>

4.3 THE RELIABILITY OF THE SELF-CONCEPT SCALE

Test-retest reliabilities have been reported for learners with learning disabilities. Smith and Rogers (Piers, 1984:54) reported a stability coefficient of .62 with a sample of 89 learners aged 6 to 12 years. The test-retest interval was 6 months.

4.4 HYPOTHESIS

The following hypothesis was suggested: Participants in the social skills programme would demonstrate an improved global self-concept after participation in the 10-session social skills programme (Null Hypothesis - Ho).
4.5 GLOBAL SELF-CONCEPT

Table 4.2 shows the individual pre-test and post-test scores of every participant in both the control and experimental groups. Table 4.3 indicates the mean pre-test and post-test scores of both the control and experimental groups.

**TABLE 4.2 INDIVIDUAL SCORES FOR THE EXPERIMENTAL AND CONTROL GROUPS FOR THE PRE- AND POST-TESTS.**

<table>
<thead>
<tr>
<th>Child</th>
<th>Group</th>
<th>Pre-test Score</th>
<th>Post-test Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Experimental</td>
<td>49</td>
<td>52</td>
</tr>
<tr>
<td>2</td>
<td>Experimental</td>
<td>47</td>
<td>51</td>
</tr>
<tr>
<td>3</td>
<td>Experimental</td>
<td>48</td>
<td>57</td>
</tr>
<tr>
<td>4</td>
<td>Experimental</td>
<td>42</td>
<td>51</td>
</tr>
<tr>
<td>5</td>
<td>Experimental</td>
<td>43</td>
<td>47</td>
</tr>
<tr>
<td>6</td>
<td>Experimental</td>
<td>38</td>
<td>30</td>
</tr>
<tr>
<td>7</td>
<td>Control</td>
<td>40</td>
<td>33</td>
</tr>
<tr>
<td>8</td>
<td>Control</td>
<td>43</td>
<td>41</td>
</tr>
<tr>
<td>9</td>
<td>Control</td>
<td>51</td>
<td>51</td>
</tr>
<tr>
<td>10</td>
<td>Control</td>
<td>46</td>
<td>52</td>
</tr>
<tr>
<td>11</td>
<td>Control</td>
<td>46</td>
<td>39</td>
</tr>
<tr>
<td>12</td>
<td>Control</td>
<td>26</td>
<td>30</td>
</tr>
</tbody>
</table>

**TABLE 4.3 MEAN SCORES FOR THE EXPERIMENTAL AND CONTROL GROUPS FOR THE PRE- AND POST-TESTS.**

<table>
<thead>
<tr>
<th></th>
<th>Pre-test Average Score</th>
<th>Post-test Average Score</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental Group</td>
<td>44.5</td>
<td>48.5</td>
<td>p=1.00</td>
</tr>
<tr>
<td>Control Group</td>
<td>42.0</td>
<td>41.0</td>
<td>p=1.00</td>
</tr>
</tbody>
</table>

(A 5% significance level was used as a guideline for determining significant differences)
FIGURE 4.1 MEAN TOTAL SCORE FOR THE EXPERIMENTAL AND CONTROL GROUPS FOR THE PRE- AND POST-TESTS. THE ERROR BARS INDICATE 95% CONFIDENCE INTERVALS FOR THE MEANS.

There have been no significant differences between the two groups on their global self-concept measurement, see figure 4.1. F test value with 1 and 10 degrees of freedom = 1.78, p = 0.21. We therefore reject the null hypothesis (Ho) and accept the alternative (H1). We conclude that the social skills programme does not improve the global self-concept of learners.
CHAPTER 5

SUMMARY OF FINDINGS, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS

5.1 SUMMARY

This study was prompted by the realization that learners with learning difficulties often have a poor self-concept. Individual therapy is impractical, due to cost, time constraints and the psychologist-learner ratio in schools. Thus a myriad of emotional problems goes untreated, despite the educational support and interventions that are made in the lives of these learners.

The school, where the study was conducted, provides a set social skills programme as a means of support to the learners. The greater part of recent research indicates that social skills programmes are highly effective in treating the different emotional and social problems which children experience (Bryan, 1994:307; Choi & Heckenlaible-Gotto, 1998:209; Erwin, 1994:305; Maag, 1994:101; Mehaffey & Sandberg, 1992:61). However, Evans et al. (2000:192) found that although social skills interventions have inherent appeal and appear appropriate to address many of the social and
emotional problems encountered by children, they have not demonstrated their effectiveness despite widespread use.

The aim of this study has been to assess in a scientific way whether those learners attending the social skills programme (aimed at improving their social skills deficit) would also experience an improved self-concept.

The following hypothesis was suggested: Participants in the social skills programme would demonstrate a more positive self-concept after participation in the 10-session social skills programme. The 12 learners were divided into two groups: an experimental and a control group. The Piers-Harris Self-Concept Scale was administered to the sample of 12 learners both before and after the experimental treatment.

5.2 FINDINGS

There has been no significant difference between the experimental and control groups on their global self-concept. Learners' self-concept did not improve after attending the social skills programme. Thus the data reject the null hypothesis that the social skills programme improves the respondents' global self-concept.
These findings correspond with Haney and Durlak’s (1998:423) meta-analytic review of 116 studies that focused on changing the self-concept of children and adolescents. Interventions specifically focused on changing self-concept were far more effective than programmes focused on another target, such as behaviour or social skills.

Evans et al., (2000:191) state that psychotherapeutic interventions with children are often not as successful in practice as laboratory studies suggest. Meta-analysis of recent social skills outcome studies indicated that the amount of change effected by social skills programmes was minimal. Effectiveness varies widely across studies, but according to Evans et al., it rarely reaches the level of clinically significant change (2000:192).

Gresham (1993:166) attributed this to the fact that most social skills programmes ignore the specific deficits children are experiencing and utilize similar approaches for all children. Children possess varying degrees of the skills in question; therefore they require different interventions. This is demonstrated by the low effect sizes of social skills programmes conducted with children with learning disabilities or emotional problems (Gresham, 1993:167). For example, teaching a child a method to join a group of peers may be
missing the mark completely if he or she already knows how to do this, but lacks the self-confidence to do it. The social skills programme under research was not tailored to the self-concept needs of the learners and this could well be a plausible explanation of the low effect sizes we saw.

5.3 SHORTCOMINGS OF THE RESEARCH PROJECT

There are several factors that could have contributed to the results. The sample size, which was determined by the number of learners who could be accommodated in the therapy room, may have influenced the outcome of the results. Although the data reject the null hypothesis, there was a tendency on the behaviour and anxiety subscales towards the improvement of self-concept. A bigger sample could have increased that probability. An alternative would have been to keep the sample size as is, but to repeat the same social skills programme with more groups, thus increasing the sample size of intermediate phase learners who attended the social skills programme. It would be more difficult to control extraneous variables, but not impossible.

An increase in sample size would have increased the likelihood of girls being included in the sample. The inclusion of girls would broaden the generalization population of this research.
The social skills programme could also have inherent deficits, which could explain the results.

According to Evans et al., (2001:191) two of the frequently cited weaknesses in intervention programmes with children include: the failure of treatment gains to generalize to other times and settings; and the lack of individualization (which was discussed above).

Generalization techniques that should be included into the programme are:

- A controlled practice setting that closely approximates the child's environment
- Verbal reminders
- Visual cues
- Evaluation of that behaviour
- Feedback to the child.

This process of implementation, assessment and revision of the newly acquired skills should be repeated until the behaviour goals are achieved. According to Evans et al., (2000:195) this portion of the training can take several sessions.

Kravetz et al., (1999:249) mention that the learner with learning disabilities has difficulty acquiring the necessary social skills
because of his or her neurological dysfunction that produces the learning problems. That same neurological dysfunction could prevent the child from benefiting from the social skills programme. The inclusion of learners without learning disabilities into the sample could have provided answers to this question.

Schumaker and Hazel (1984:497) mention the importance of the skills trainer being properly prepared and well trained. Social skills training is very complex, and it is difficult to become proficient in it. Rotheram-Borus, Bickford and Milburn (2001:94) in their research looked at the prerequisite skills and training programmes for social skills trainers and came to a similar conclusion, i.e. a well-trained programme presenter makes a positive contribution to the efficacy of the programme. In the meta-analytic study on the effectiveness of social skills training by Erwin (1994:308) he found that psychologists are the most effective social skills presenters. In future research attention should be given to the training of the presenters to ensure maximum effect.

5.4 RECOMMENDATIONS WITH REGARD TO FUTURE RESEARCH

A comparative study, consisting of boys and girls, including learners with and without learning disabilities, should be undertaken. The aim would be to get a more comprehensive
picture of the self-concept of learners and how the learners could be effectively assisted to grow in self-concept.

It is strongly suggested that research should be designed to include follow-up assessments of the effects of social skills training. There is proof of powerful treatment effects immediately after completion of the social skills programme, but little evidence is available about the long-lasting, generalized effects on the social interaction of children (McConnell & Sisson, 1991:474). The opposite could well be true, viz. that learners will slowly but surely develop a more positive self-concept as they apply the knowledge they gained during the training programme and reap the benefits thereof. It is possible that the gains of the social skills programme can be seen only over a period of time.

South Africa, as a Third World country where individual therapy is reserved for a privileged few, needs to find effective programmes to strengthen learners for the demands of work and adulthood. The psychologist-learner ratio in the education system makes individual therapy an unattainable goal. It is of the utmost importance that everything in our power is done to promote the emotional well-being of our children. Providing children with a positive self-concept is an effective primary intervention strategy.
REFERENCE LIST


Ms H Kotze
Tafelberg School
Private Bag X 6
SEA POINT
8060

Dear Ms Kotze

Re: SOCIAL SKILL TRAINING PROGRAMME

Your application to conduct the above-mentioned research at a school in the Western Cape has been approved subject to the following conditions:

1. Principals, educators and learners are under no obligation to assist you in your investigation.
2. Principals, educators, learners and the school should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. Therapeutic programmes are allowed as long as these do not impinge on educators' programmes.
5. The programme is to commence from 21 October 2002 and to continue until 06 December 2002.
6. Should you wish to extend the period of your survey at the school, please contact Dr F Wessels at the contact numbers above.
7. A photocopy of this letter is submitted to the principal of the school where the intended research is to be conducted.
8. Your research will be limited to the Tafelberg School.
9. A brief summary of the content, findings and recommendations is provided to the Director: Research.
10. The Department receives a copy of the completed report/dissertation/thesis addressed to:

   The Director: Education Research
   Western Cape Education Department
   Private Bag 9114
   CAPE TOWN
   8000

We wish you success in your research.

Kind regards.

Dr Frances J Wessels

HEAD: EDUCATION

DATE: 2002/10/17
Letter of Authority

I, .......................................................(full names), father, mother, legal guardian (underline the applicable) hereby give permission for............................................................
(child’s full name) to partake in a Social Skills Training Programme given by Mrs H. Kotze as part of a professional research project.

I authorise that direct observation, video and sound recordings, and psychometric testing can be done and that the information gained may be used in a thesis for a M.Ed.(Psych.) degree. I further understand that the results will be handled anonymously and in strict confidence.

Signature..............................................

Witness.................................................

Date.....................................................
Repetidos Análisis de Varianza

(Spreadsheet 1)

<table>
<thead>
<tr>
<th>Effect</th>
<th>SS</th>
<th>Df</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercept</td>
<td>46200.38</td>
<td>1</td>
<td>46200.38</td>
<td>404.2912</td>
<td>0.000000</td>
</tr>
<tr>
<td>Group</td>
<td>135.38</td>
<td>1</td>
<td>135.38</td>
<td>1.1846</td>
<td>0.301948</td>
</tr>
<tr>
<td>Error</td>
<td>1142.75</td>
<td>10</td>
<td>114.28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TIME</td>
<td>9.37</td>
<td>1</td>
<td>9.37</td>
<td>0.5490</td>
<td>0.475747</td>
</tr>
<tr>
<td>TIME*Group</td>
<td>30.38</td>
<td>1</td>
<td>30.38</td>
<td>1.7789</td>
<td>0.211863</td>
</tr>
<tr>
<td>Error</td>
<td>170.75</td>
<td>10</td>
<td>17.07</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TIME*Group: LS Means**

Current effect: F(1, 10)=1.7789, p=0.21186

Effective hypothesis decomposition

Vertical bars denote 0.95 confidence intervals