Assessment of Social Competence in Populations of Learning-Disabled, Behaviorally Disordered and Normal Adolescents.

Teresa Jo Scardino

Louisiana State University and Agricultural & Mechanical College

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Assessment of social competence in populations of learning-disabled, behaviorally disordered and normal adolescents

Scardino, Teresa Jo, Ph.D.

The Louisiana State University and Agricultural and Mechanical Col., 1990
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Assessment of Social Competence
in Populations of Learning Disabled,
Behaviorally Disordered and Normal Adolescents

A Dissertation

Submitted to the Graduate Faculty of the
Louisiana State University and
Agricultural and Mechanical College
in partial fulfillment of the
requirements for the degree of
Doctor of Philosophy

in

The Department of Psychology

by

Teresa Jo Scardino
B.S., Texas A & M University, 1983
M.A., Louisiana State University, 1985
December, 1990
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Abstract

The present investigation was designed to examine normal vs. impaired adolescents' social competence according to self, teacher, and parent report. Although the importance of social competence has been established with child and adult populations, few studies have assessed social competence of adolescents. Social competence of learning disabled (LD), behaviorally disordered (BD), and regular education (RE) adolescents was assessed. Nineteen BD, 20 LD, and 66 RE completed self-report measures of social skills and perceived communication/conflict with parents, and sociometric rankings of peers. Teachers of each participating student completed a teacher report measure of the adolescent's social skill, and parents of each student completed a parent report measure of perceived communication and conflict with the targeted adolescent. It was hypothesized that among learning disabled and behaviorally disordered adolescents, social competence would be impaired and that there would be greater rater (i.e., parent, teacher, and self) differences among the impaired populations than for the regular education adolescents. A one-way MANCOVA was performed to assess the differences among the groups of LD, BD, and RE students on measures of social skill, parent-adolescent communication/conflict, and
sociometric status. As predicted, results of the MANCOVA yielded differences in social competence among LD, BD, and RE adolescents. No rater effects were found in the present study. The results of the present study are discussed relative to current clinical literature.
Introduction

Dodge and Murphy (1984) have noted that most conceptualizations of psychopathology (adult and child) are based on a "defect model" (e.g., biogenic factors, deviant environmental control). The clinical literature focusing on adolescent psychopathology primarily has dealt with such problems as delinquency, substance abuse, parent-adolescent conflict, depression and suicide. It is argued that such views of psychopathology emphasizing deficiency are inadequate, and that maladaptive behavior be conceptualized in terms of social competence and skills (Dodge & Murphy, 1984). The present investigation was designed to examine maladaptive adolescent behavior in the context of social competence.

Limited number of scales for assessing adolescent social competence exist. The majority of social competence research has misguidedly focused on treatment to the exclusion of adequate assessment. Moreover, available assessment instruments narrowly focus on younger children's skills without considering normative or developmental information, particularly regarding adolescents. Although various comprehensive measures of youths' social competence are available and accruing psychometric support, few studies
include adolescents (Cavell, in press). In addition adequate assessment has not been conducted with various psychopathological populations of adolescents.

The goal of the following literature review is to provide a rationale for the importance of assessing adolescent social competence in general. Secondly, the review will document the importance of assessing social competence of learning disabled and behaviorally disordered adolescents. Before describing the literature relevant to the purpose of this study, definitions of social competence and social skill will be provided.

Defining Social Competence and Social Skill

One problem in assessing social competence and social skill has been definitional. McFall (1982) notes that although frequently used interchangeably, social skill and social competence are distinct terms. This investigation defines "social skill" as a single specific and observable behavior (e.g., eye contact, initiation of a conversation) that produces a socially desired outcome; "social competence" is more globally defined to include social judgments about the quality and social relevance of an individual's performance (Hops, 1983; McFall, 1982). A comprehensive discussion of these terms follows.

Social Skill. Michelson and Wood (1980) noted that
various definitions of social skill have been offered and debated over the last four decades. Early definitions and research narrowly focused on "assertive behavior" (e.g., Chittenden, 1942) versus current interest in social skills. Because assertive behavior is just one component of skillful social interactions, it has been criticized as too narrow to define social competence. Definitions of social skills have since expanded to more comprehensive conceptualizations of social competence. Table 1 provides various definitions.

Although early definitions provide general parameters of social skills, they still are somewhat vague and lack the operationalism necessary for empirical research. Gresham and Cavell (1987) suggest that three general definitions can be extracted from the social skills literature. Each general definition will be briefly reviewed.

First is the peer acceptance definition of social skills using indices of peer acceptance or popularity (e.g., peer sociometrics). Gresham and Cavell (1987) cite the inability to identify specific behaviors leading to peer acceptance or rejection as the major weakness of peer acceptance.

Second, the behavioral approach defines social skills with measures of situation specific responses (e.g., behavioral observations of discrete behavior in naturalistic
### Table 1

**Social Skills Definitions**

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<tr>
<td>Libet &amp; Lewinsohn (1973):</td>
<td>&quot;the complex ability to both emit behaviors that are positively or negatively reinforced and not to emit behaviors that are punished or extinguished by others&quot; (p. 304).</td>
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<td>Combs &amp; Slaby (1977):</td>
<td>&quot;the ability to interact with others in a given social context in specific ways that are societally acceptable or valued and at the same time personally beneficial, mutually beneficial, or beneficial primarily to others&quot; (p. 162).</td>
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<td>Foster &amp; Ritchey (1979):</td>
<td>&quot;those responses, which within a given situation, prove effective, or in other words, maximize probability of producing, maintaining, or enhancing positive effects for the interactor&quot; (p. 626).</td>
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or role-play settings). According to these authors, the advantage is that behavioral excesses and deficits and their antecedents and consequences are identified, specified, and operationalized for assessment and treatment purposes. However, a behavioral definition does not ensure that identifiable social behaviors are socially skilled, socially significant, or socially important (Gresham & Cavell, 1987).

The third definition combines the advantages and functions of the first two definitions and adds social validity as another important social skills dimension. From the social validity definition, it can be concluded that social skills are situation-specific behaviors that predict important social outcomes (e.g., peer acceptance or popularity, parental and teacher judgements), thus, accounting for the social relevance of the behaviors being assessed and treated (e.g., Parker & Asher, 1987). By summarizing the social skills literature into these three main definitions, these authors provide a basis from which social competence can be measured.

**Social Competence.** Early definitions of social competence are outlined in Table 2. Although definitions of social competence include both aspects of the individual’s behavior as well as aspects of the social environment, most
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<td>Trower (1982):</td>
<td>&quot;the possession of the capability to generate skilled behavior&quot; (p. 419).</td>
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<td>Goldfried &amp; D’Zurilla (1969):</td>
<td>the &quot;effective response of the individual to specific life situations&quot; (p. 158).</td>
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<td>Conger &amp; Conger (1982):</td>
<td>the &quot;degree to which a person is successful in interactions or transactions taking place in the social sphere&quot; (p. 314).</td>
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<td>White (1959):</td>
<td>the &quot;organism’s capacity to interact effectively with its environment&quot; (p. 297).</td>
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<tr>
<td>Ford (1982):</td>
<td>the &quot;attainment of social goals in specified social contexts, using appropriate means, and resulting in positive developmental outcomes&quot; (p. 324).</td>
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approaches to social competence include either internal aspects, such as traits or skills, or the external judgments of a person by important others (Dodge & Murphy, 1984; McFall, 1982). More recent models, however, have begun to include other contributing variables in conceptualizing social skills.

Kazdin (1979), for example, suggested that in addition to interpersonal behavior, such demographic factors as age, marital status, and socioeconomic status are critical prognostic indicators for severe forms of psychopathology. McFall's (1982) model of social competence includes both evaluative judgments based on some criterion that an individual's performance is adequate as well as the social skills necessary to perform adequately. Thus, his model accounts for both external judgments and performance variables including characteristics of the performer such as age, sex, and experience.

Additionally, social competence is considered important in defining various disorders. For example, determinations of mental retardation emphasize social competence rather than just intellectual ability (Greenspan, 1981). Social factors have been found to be important in defining problems of schizophrenics (Bellack & Hersen, 1978) and special populations of developmentally disabled youth (Matson &
A third approach to conceptualizing social competence has been offered by Gresham (1985) who proposes that adaptive behavior (e.g., independent functioning skills, physical development, language development, academic competencies) and social skills define social competence. Included in the social skills component are interpersonal behaviors (e.g., accepting authority, conversation skills, cooperative behaviors, assertion skills), self-related behaviors (e.g., expressing feelings, ethical behavior, positive attitude toward self), and task-related behaviors (e.g., attending, completing tasks, following directions, independent work). These varied conceptualizations of social competence offer theoretical bases from which further empirical validation and explanation are necessary.

One last approach to defining social competence (Greenspan, 1981) goes beyond the first step of describing this phenomenon to delineate outcomes, contents, and processes of social competence. The outcome-oriented approach to defining social competence is solely concerned with the results of performing various social behaviors in specific situations (e.g., number of friends, score on an objective measure, judgments by others). The content-oriented approach to defining social competence
focuses on the specific behaviors exhibited (e.g., initiating conversations, listening, complimenting) that lead to successful outcomes. The last approach to defining social competence is the skill-oriented approach emphasizing the interpersonal processes (e.g., attitudes, perceptions, knowledge) resulting in the performance of socially competent behavior.

The disadvantage of the outcome-oriented approach (i.e., lack of information regarding specific behaviors associated with social success) is remedied by the content-oriented method. Combining the outcome and content-oriented approaches is useful because targeted behaviors are those that predict important social outcomes (Gresham & Cavell, 1987). According to Gresham and Reschly (1988), the skill-oriented approach has not been as functionally useful as the outcome and content-oriented approaches. Gresham (1985) suggested the lack of empirical support for the skill-oriented approach partly stems from the focus on underlying, vague, and intangible processes that are difficult to reliably measure. To date, in most empirical research the optimal approach to conceptualizing social competence is one focusing on socially valid behaviors or the content of successful outcomes (e.g., Asher & Hymel, 1981; Asher, Oden, & Gottman, 1977; Gresham, 1986;
Hops, 1983). Considerable social skills literature has focused on the contents of children's social interactions as socially valid for various outcomes (e.g., peer rejection consistently related to later delinquency). It is from this literature that a rationale for investigating adolescent social competence will be provided.

Methodologically, the judgments of social competence can be based on subjective evaluations (e.g., parent, teacher, self report), comparisons to specific criteria (e.g., number of friends), or comparisons to a normative sample (Gresham & Cavell, 1987). Social skills are the specific abilities used by an individual to perform competently on various tasks. Thus, in assessing social competence, it is important to measure not only the presence of the skill, but also the quality of performance and whether or not its performance leads to some socially desired outcome (i.e., peer acceptance).

**Rationale for Examining Adolescent Social Competence**

The importance of adolescent social competence has gained interest and attention. Although lacking empirical support, researchers and clinicians recognize the necessary role interpersonal behavior plays in an adolescent's social, familial, work/school, and cultural functioning.

In contrast, the importance of social competence both
in the child and adult literature as consequential for life satisfaction and adjustment is well established (e.g., Greenwood, Walker, & Hops, 1977; Hops, 1976; Lewinsohn, 1975; McFall, 1982). Thus, in providing a rationale for examining adolescent social competence, relevant findings from the child and adult literature will be reviewed. The assumption is that the empirical study of adolescent social competence will parallel developments in the child and adult literature. The rationale for investigating social competence is threefold. Each factor will be briefly reviewed.

Psychopathological Etiological Considerations. First, several researchers suggest that childhood social competence may be an important etiological factor in adolescent and adult psychopathology (Goldfried & D’Zurilla, 1969; Liberman, Neuchterlein, & Wallace, 1982; McFall & Dodge, 1982; Phillips, 1978; Trower, Bryant, & Argyle, 1978). Specifically, it has been found that early peer acceptance correlates with later adolescent and adult maladjustment.

In summarizing the relevant literature, Schinke (1981) reported that socially deficient children exhibit higher rates of underachievement in school (Westman, Rice, & Bermann, 1967), juvenile delinquency (Moore, Chamberlain, & Mukai, 1979), alcohol and drug use (Beachy, Peterson, &
Pearson, 1979), poor military conduct (Roff, 1961), poor psychological adjustment (Peskin, 1970), neurotic disorders (Roff, 1977), psychiatric referrals (Cowen, Pederson, Badigian, Izzo, & Trost, 1973), schizophrenia, (Watt, 1978), marital and family dysfunction (Bachman, O'Malley, & Johnson, 1978; Janes, Hesselbrock, Myers, & Penniman, 1979), and vocational and employment difficulties (Ross & Ross, 1976). It is important to note that social behavior may be either adjunctive to or a causative factor in most major adolescent and adult disturbances.

This literature suggests that adequate assessment of social competence may be instrumental in identifying populations at risk for later pathology. Parker and Asher (1987) conducted a comprehensive review to validate that early peer relationships predict serious adjustment problems in later life. These authors generally support the conclusion that childhood social deficits place an individual at risk for later adolescent and adult maladjustment.

Although their review is supportive of the risk hypothesis for peer maladjustment, Parker and Asher (1987) qualify their conclusions. First, they note that the accuracy of prediction is a function of type of problematic peer relationships. That is, low peer acceptance combined
with aggression is more strongly associated with later psychopathology than low peer acceptance combined with shyness/withdrawal. Second, they conclude that predictive accuracy of early peer problems is influenced by types of outcomes studied. Specifically, they found that dropping out of school and criminality were the most common adolescent and adult outcomes. Finally, they suggest that the effects of false negative and positive errors on peer relationship measures should be considered. They note that these measures demonstrate high sensitivity to selection of children later evincing poor adjustment while over selecting children not at risk.

Parker and Asher's (1987) general conclusion that early peer aggressiveness and peer rejection are predictive of later dropping out of school and adult criminality is relevant to adolescent social competence, particularly for students identified as behaviorally disordered. Continued aggressiveness with parents, teachers, and peers is important in adolescent social functioning as well. Juvenile delinquents have been found to exhibit poor social functioning as evinced by such problem behaviors as frequently making aggressive statements (Phillips, 1968), intimidating others using threats, frowning, and sneering (Buehler, Patterson, & Furniss, 1966), and by exhibiting low
rates of positive social behaviors such as laughing, smiling, expressing sympathy, and giving compliments (Beuhler et al., 1966). It also has been found that aversive family interactions (e.g., poor communication skills, verbal aggression) are common among various types of conduct problem children (Patterson, 1982).

Social skills deficits also may be associated features of various adolescent disturbances such as conduct disorder and major depression. Schinke (1981) argues that social competence is integral to almost all adolescent problems. However, it is important to specifically, clearly, and empirically document the relevance of adolescent social competence to adolescent psychopathology.

An extensive literature exists documenting the importance of social competence specifically with learning disabled children (e.g., Bryan, 1974, 1976; Bryan & Bryan, 1978; Gable, Strain, & Hendrickson, 1979; Gresham, 1981; Gresham & Reschly, 1988; La Greca & Mesibov, 1979). Schumaker and Hazel (1984a, 1984b) suggest that social deficits of learning disabled students may be as handicapping as their academic deficits. It consistently has been found that learning disabled students (like aggressive students) are less liked/accepted than their peers (e.g., Bruininks, 1978a, 1978b; Bryan, 1974a, 1974b,
Learning disabled children also are similar to aggressive children in that their social problems persist into adulthood (Blalock, 1982; Vetter, 1983; White, Schumaker, Warner, Alley, & Deshler, 1980). In fact, it has been found that learning disabled students and juvenile delinquents perform similarly on a role-play test of social skills (Schumaker, Hazel, Sherman, & Sheldon, 1982). Thus, the importance of assessing social competence is specifically demonstrated with a learning disabled population. Again, however, the results of this literature primarily are specific to children and not adolescents.

Developmental Considerations. The second major reason for investigating an individual's social competence is its importance from a developmental perspective. Hartup (1979) suggested that rather than being luxuries, peer relationships are necessities in human development. Social interaction begins in infancy and it has been suggested among developmental psychologists that social interactions provide invaluable learning opportunities for children (Hartup, 1979). Furthermore, it has been suggested that with increasing societal demands, adolescents in particular need more refined social skills (LeCroy, 1983). Mussen, Conger, Kagan, and Geiowitz (1979) assert that learning how to relate to same and opposite-sex peers during childhood and
adolescence provides the basis for successful adulthood interactions. LeCroy (1983) succinctly explained that "good social skills help adolescents develop friendships, communicate better with parents and teachers, and contribute to their overall sense of competence as individuals" (p. 91). It is likely that among emotionally disturbed adolescents, normal social development is impaired. Thus, the empirical investigation of disordered adolescents' compared with normal adolescents' social competence is important from a developmental standpoint.

Treatment Considerations. Finally, assessment of adolescent social competence may be clinically beneficial (Dodge & Murphy, 1984). Social skills training programs have been conducted with the following adolescent populations: juvenile delinquents (Ollendick & Hersen, 1979; Sarason & Ganzer, 1971); emotionally disturbed inpatients (Jennings, 1975); aggressive adolescents in schools (Goldstein, Sherman, Gershaw, Sprafkin, & Glick, 1978) and residential facilities (Berlin, 1976; Chandler, Greenspan, & Barenboim, 1974); learning disabled students (Schumaker & Hazel, 1984a, 1984b); socially isolated college students (Curran, 1975); and test-anxious students (Harris & Johnson, 1980). This research attention to adolescent social skills treatment programs suggests the clinical importance of
adolescent social functioning. Additionally, it has been suggested that non-clinical adolescent populations benefit from better interpersonal skills (Schinke, 1981).

In summary, the literature indicates that social competence is important as an etiological or risk factor for adolescent and adult psychopathology, as a normal developmental milestone, and as an important treatment element with many disorders. However, it has been shown that there is a significant gap in our knowledge on these social competence issues with adolescents. The present study proposed to fill in some of these knowledge gaps.

Although the importance of assessing adolescent social competence is clear, the development of adequate assessment procedures or measures has followed more slowly. In surveying the literature, it becomes obvious that most research efforts have focused on the development of social skills treatment programs with the development of assessment procedures being secondary. Consequently, "behavioral assessment strategies have been developed on an ad hoc, rather than empirical basis" (Bellack, 1979). Previous methods for assessing childrens' social skills generally have been criticized for not being comprehensive (Hops & Greenwood, 1981); for not sufficiently attending to psychometric requirements (Cone, 1977); and for not
adequately relating assessment to treatment (Mash & Terdal, 1976). Researchers are beginning to overcome problems in the assessment of children's social competence. However, the assessment of adolescent social competence is still inadequate.

Assessment Methods

Several methods are available for assessing social skills deficits. These methods include sociometrics (ratings and nominations/rankings by peers), behavior checklists (ratings by parents, teachers, and self), and behavioral role play. It has been suggested that sociometrics and rankings by others are most useful for selecting those exhibiting skills deficits because they access socially valid outcomes on peer acceptance and rejection, while behavior ratings and checklists are optimum for treatment planning because they specify the contents of skill excesses and deficits (Hops & Greenwood, 1981). Sociometrics and behavior checklists are frequently used procedures for assessing childhood social skills deficits. These methods, therefore, will be briefly reviewed.

Sociometric Techniques. In evaluating children's friendship patterns, Moreno (1934) was the first to use sociometric assessment. Since then, sociometrics have proven to be predictive of later maladjustment and
psychopathology (e.g., Roff, 1961; Ullman, 1957). The two basic types of sociometric procedures are peer nominations and peer ratings.

Peer nominations involve having students within a class nominate peers according to some nonspecific criteria (e.g., best friends, play companion, preferred work partner) from which a score can be derived for each student based on the number of nominations received. The specific implementation of the nomination procedure can vary according to the number of nominations requested and the valence (positive or negative) of the selection criteria. The number of nominations requested have varied from unlimited, in which students have been asked to identify all their most liked classmates (e.g., Busk, Ford, & Shulman, 1973), to a predetermined number, in which students choose the three most liked classmates (e.g., Dunnington, 1957). Nomination criteria also can be phrased negatively to include selection of nonpreferred peers or least preferred work and play partners.

The addition of negative as well as positive valence nominations is advantageous because positive and negative nominations have been found to measure two distinct dimensions of sociometric status (Asher, Oden, & Gottman, 1977; Asher, & Hymel, 1981; Asher, Singleton, Tinsley, &
Hymel, 1979; Hartup, 1970). Asher and his colleague’s research indicates that positive peer nominations measure peer acceptance, whereas negative nominations measure peer rejection.

Coie, Dodge, and Coppotelli (1982) developed a sociometric status classification method to identify popular, neglected, rejected, and controversial groups of children. Using peer nominations [i.e., liked most (LM), liked least (LL)], scores for Social Impact (SI = LM + LL) and Social Preference (SP = LM - LL) are derived. Students obtain relatively high or low scores on each dimension which determine belonging to a particular sociometric status group. Specifically, popular students receive relatively high positive and low negative scores, rejected students receive relatively low positive and high negative scores, controversial students receive relatively high positive and negative scores, and neglected students receive relatively low positive and negative scores. Without the use of negative nominations, distinction among neglected vs. rejected vs. controversial students cannot be made (Coie, 1985).

Considerable stability of sociometric status, particularly for rejected students, has been demonstrated over a 5-year period (Coie & Dodge, 1983). Research has
indicated that the behavioral correlates and treatment outcomes differ for students in different sociometric status groups (Coie & Dodge, 1983; Coie & Krehbiel, 1984; Dodge, 1983). In addition to peer nominations, peer ratings have been used in assessing youth's social skills.

Peer ratings vary somewhat from peer nominations. Peer ratings require all students in a classroom to rate each other on a Likert scale according to some nonspecific criteria (e.g., likeability). Peer nominations and peer ratings appear to measure two distinct dimensions of sociometric status. Gresham (1981) conducted a factor analytic study in which two peer rating scales (i.e., play and work with ratings) and three peer nomination categories (i.e., best friends, play with, and work with nominations) were included. It was found that the peer ratings loaded on a factor labeled Likeability and seemed to be measuring general acceptance in the peer group. The three peer nominations, on the other hand, loaded on a factor labeled Friendship and seemed to measure best friendships or popularity.

Peer ratings in contrast to peer nominations have the advantage of all students in a classroom being rated and less likelihood for students to forget classmates since a class roster is commonly used. Additionally, peer ratings
are thought to measure peer acceptance rather than best friendships or popularity because every child is rated according to a Likert scale by all classmates rather than each student choosing a limited number of preferred or nonpreferred peers.

Peer nominations and ratings have been useful in identifying peer acceptance of handicapped and nonhandicapped students in numerous investigations (Asher & Hymel, 1981; Asher & Taylor, 1981; Gresham, 1981; Gresham & Nagle, 1980; Singleton & Asher, 1977). These methods have demonstrated stability over time (mdn $r = .80$) (Oden & Asher, 1977); have been shown to correlate moderately with direct measures of classroom behavior (Gresham & Nagle, 1980; Morrison, Forness, & MacMillan, 1983); and have been found to correlate moderately with teacher and parent ratings of social skills, intelligence, adaptive behavior, and academic achievement (Reschly, Gresham, & Graham-Clay, 1984). Thus, peer ratings and nominations have demonstrated adequate psychometric properties.

**Behavior Checklists.** Ratings of social behavior by adults can be an efficient method of assessing a youth's social skills. Various instruments have been developed which require parents or teachers to rate adolescents' social competence (Dodge & Murphy, 1984). The most commonly
used measures, however, are those designed to screen for behavior problems not specific to social skills deficits. Examples of such instruments include The Achenbach Child Behavior Checklist (Achenbach & Edelbrock, 1981) for which parent and teacher report forms are available, the Revised Behavior Problem Checklist (Quay & Peterson, 1984), the Walker Problem Behavior Identification Checklist (Walker, 1970), and the Devereux Adolescent Behavior Rating Scale (Spivack, Spotts, & Haines, 1966). Although these instruments are well validated by virtue of their ability to accurately screen for adolescents with social skills deficits, they tend to combine ratings of specific behaviors into one global scale labeled "social competence" or "peer relations" and, therefore, are not useful for designing treatment interventions with socially deficient adolescents (Gresham & Cavell, 1987).

Other instruments specific to social skills assessment also have been developed. Several teacher and parent report measures of social skills exist. The Social Behavior Assessment (SBA) measure developed by Stephens (1979, 1981) provides a comprehensive assessment of social skills. Teachers rate students according to the degree they exhibit 136 social behaviors (i.e., acceptable level, less than acceptable level, or never). Thirty subcategories derived
from the 136 social skills are grouped into four broad behavioral categories: environmental, interpersonal, self-related, and task-related behaviors.

Good evidence for both the reliability (interrater, internal consistency, and stability) and validity (content, criterion-related, and construct) of the SBA exists (Stephens, 1981; Stumme, Gresham, & Scott, 1982, 1983). Stumme, Gresham, and Scott (1982) found that the SBA's 30 subcategories correctly classified 83% of the sampled students into emotionally disturbed and normal categories. The major disadvantage of the SBA is its lack of social validity: the SBA provides no normative data against which referred and treated students can be compared.

Two rating scales have been developed specifically for social skills training programs. One measure developed by Walker, McConnell, Holmes, Todis, Walker, and Golden (1983) to interface with the Walker Social Skills Curriculum or Accepts Program is a 28-item scale requiring teachers to rate students on a 1 to 5 Likert scale ranging from not descriptive to very descriptive. While face valid, this measure has not been studied psychometrically. Similarly, Goldstein, Sprafkin, Gershaw, and Klein (1980) developed a 50-item parent or teacher report measure. These authors used this skills inventory to identify socially unskilled
adolescents and deficit areas to be targeted in their Structured Learning Skills Training Program. Again this inventory appears to be face valid but requires further research to evaluate its psychometric properties.

The Social Skills Rating Scale (Gresham & Elliott, in press) previously referred to as the Teacher Rating of Social Skills (Clark, Gresham & Elliott, 1985) is a comprehensive, nationally standardized measure of social skills. There are three equivalent versions of the SSRS including teacher, parent, and self rating scales. The prosocial behaviors measured by the various SSRS versions are characterized by cooperation, assertion, responsibility, empathy, and self-control.

Although a recently developed measure, the SSRS has substantial data supporting its psychometric adequacy (Gresham & Elliott, in press). A factor structure and internally consistent component factors are available (Clark, et al., 1985; Gresham, Elliott, & Black, 1987). The SSRS moderately correlates with academic achievement, behavior problems checklists scores, naturally observed social interactions in classrooms, ratings of physical attractiveness, and sociometric status (Elliott, Gresham, Freeman, & McCloskey, 1988; Frentz, 1988; Gresham & Elliott, in press). Although the SSRS has strong evidence
for construct validity with elementary school children, few studies have been conducted using this measure with adolescents. The SSRS has effectively differentiated mildly handicapped (i.e., LD, behavior disorders, and mildly mentally handicapped) from nonhandicapped students (Gresham, Elliott, & Black, 1987). One advantage of the SSRS is that it spans an age range from preschool through 12th grade and has versions across raters (i.e., parents, teachers, and self).

The Matson Evaluation of Social Skills for Youngsters' (MESSY) also has the advantage of teacher and peer versions. The teacher rating form consists of 64 items useful for reliably evaluating a broad range of children (Matson, Esveldt-Dawson, & Kazdin, 1981; Matson, Rotatori, & Helsel, 1983). Teachers rate children and adolescents on a variety of relevant verbal and non-verbal behaviors. The MESSY teacher report form has two factors: inappropriate assertiveness/impulsiveness and appropriate social skills.

The teacher report form of the MESSY has demonstrated reliability with populations of normal school children (Matson et al., 1981), visually handicapped students (Matson, Heinze, Helsel, Kapperman, & Rotatori, 1986), and hearing impaired students (Matson, Macklin, & Helsel, 1985). Thus, there are a variety of potentially useful
adult ratings of social skills measures that can be used for researching adolescent populations.

Although self-report measures are not as frequently used as other techniques previously discussed, they potentially provide useful information not provided by other techniques (e.g., ratings by others, sociometrics). Self-ratings by adolescents can provide information regarding behavior not observed by parents or teachers and the importance or social validity of particular social behavior to adolescents, which likely differs from adults' judgments of importance. However, few social skills self-report measures have been developed for use with adolescents and those used with children have lacked criterion-related validity (Michelson & Wood, 1980).

Gresham and Reschly (1988) noted that many children's self-report measures of social skills are modified versions of adult assertion scales (e.g., the Rathus Assertiveness Scale). Michelson and Wood (1980), for example, developed the Children's Assertive Behavior Scale (CABS), a 27-item multiple-choice scale designed to assess aggressive and passive behavior in elementary school children. Adequate internal consistency and test-retest reliability have been demonstrated for the CABS. However, criterion-related validity for this measure has not been established.
Specifically, the CABS has not been found to correlate with teacher ratings of aggression or naturalistic observation of assertive behavior (Shapiro, Lentz, & Sofman, 1985). Because the CABS only assesses one aspect of social skills (i.e., assertion), it is too limited for comprehensive assessment of social competence.

The Matson Evaluation of Social Skills for Youngsters (MESSY), a 62-item, self-report scale assesses a broader range of social behavior (i.e., appropriate social interaction, negative interaction, expression of hostility, social isolation, and conversation skills) than the CABS (Matson, Rotatori, & Helsel, 1983). The MESSY self-report form has been found to be reliable among populations of normal students (Matson, et al., 1983) and visually handicapped students (Matson, et al., 1986). In assessing the relationship between the MESSY and other measures of social competence, Matson, et al. (1983) found significant but low correlations between the MESSY self-report form and teacher ratings of students (i.e., ratings of social skills and rankings of popularity, a structured child interview, and global ratings of social adjustment). Lack of significant correlations were found with direct observations of performance on a role play measure or with positive peer nominations. Matson et al., (1983) note that although
direct observation of molecular behavior and social role-play situations commonly have been used to assess treatment outcome, their normative and social validity is being questioned. In particular, it seems that the specificity and limited number of behaviors assessed via direct observation are inadequate for assessing the complexity of social interactions (Matson, et al., 1983). Given that the MESSY did significantly correlate with other commonly used measures of social behavior, the MESSY self-report form is a useful measure. It has demonstrated adequate psychometric properties and would be useful for measuring adolescent social skills.

Self-report measures specifically designed for adolescents are even less well-developed than self-report inventories for children. Measures regarding adolescent social competence skills primarily have focused on adolescent problem solving skills, which is only one aspect of social competence. The Adolescent Problem Inventory (API: Freedman, Rosenthal, Donahoe, Schlundt, & McFall, 1978) and the Problem Inventory for Adolescent Girls (MC-PIAG: Gaffney, 1984; Gaffney & McFall, 1981) are multiple-choice measures developed for use with male and female delinquents and have effectively discriminated delinquents from non-delinquents.
Similarly, Cavell, Kelley, and Buss (1985) developed a self-report measure of frequent problem situations experienced by normal populations of middle and high school students. Although problem-solving ability is an important aspect of social competence, measures which assess only problem-solving skills are inadequate as screening instruments for the assessment of adolescent social competence.

In summary, although a variety of psychometrically adequate measures of social competence are available, comprehensive and socially valid assessment of various components of socially skilled behavior for populations of deviant and handicapped adolescents compared with normal adolescents is needed. Specifically, now that normative measures of social competence are available, it is important to determine what social competence differences exist among various types of disordered adolescents as compared with normally functioning adolescents.

**Purpose and Hypotheses of Investigation**

Thus, the purpose of the present investigation was to assess the social competence of psychopathological populations of adolescents as compared with normal adolescents. Review of the relevant literature indicates a need for and lack of research assessing adolescent social
competence in general (Cavell, in press). The literature previously reviewed regarding adolescents' psychological functioning suggests the important, if not crucial role of social competence. Although social factors have been implicated in areas of research regarding adolescent psychopathology, adolescent social competence has not been directly assessed among psychopathological populations. The proposed study examined differences in the social competence of learning disabled (LD), behaviorally disordered (BD), and regular education (RE) adolescents according to self, teacher, parent, and peer report. To obtain an overall assessment of adolescents' social functioning, three different methods of assessing social competence were used. These methods include self and teacher report of social skills, self and parent report of communication skills and perceived conflict, and peer rankings of sociometric status.

Given the purpose of the present study to assess adolescent social competence in LD, BD, and RE adolescents, the following measures were selected: (a) Matson Evaluation of Social Skills for Youngsters-MESSY (teacher and self report versions); (b) Conflict Behavior Questionnaire-CBQ (parent and self report versions); and (c) peer nominations to determine sociometric status of each participating
adolescent. These methods were chosen for their clinical utility and psychometric properties and for their combined usefulness in assessing social competence. A detailed description and the psychometric properties of each measure is provided in the method section. The following hypotheses were suggested: (1) Population differences among LD, BD, and RE adolescents will be found using the MESSY (self and teacher), CBQ (parent and adolescent), and sociometric rankings. It was predicted that the LD and BD adolescents would demonstrate the lowest levels of social competence. And, normal adolescents would demonstrate the highest levels of social competence. Overall, it was predicted that BD < LD < RE adolescents in levels of social competence. And, (2) A difference will be found between raters, using the various social skills measures. It was hypothesized that differences between adolescents and teachers would be found using the MESSY. It was predicted that correlations between adolescent and teacher report of social competence would be lower for LD and BD than for regular education adolescents. It also was predicted that there would be less agreement on the CBQ for LD and BD than for normal students.

Method

Subjects and Setting

Adolescents were recruited as follows: learning
disabled adolescents and behaviorally disordered adolescents as defined by their placement according to state guidelines in accordance with Public Law 94-142 (see Appendix A for the state guidelines) and regular education adolescents from West Virginia public schools. The LD and BD students were in self-contained classes which ranged in size from 3-10 students. The regular education classes ranged from 20-30 students per class. One parent and one teacher of each participating adolescent were recruited to participate. With the consent of school officials, parents were sent a consent form for their own and their childrens' participation. Parents were asked to complete a self-report inventory and return the measure along with their signed consent form to the school.

The sample consisted of approximately 106 high school students: 19 BD, 20 LD and 66 regular education students. Parental packets (consent form and parent CBQ) were sent to all parents of high school LD and BD students in 3 area public schools. Parental packets were sent to parents of principal selected classrooms of regular education students from the same 3 area public high schools. Approximately equal numbers of consent forms were sent out to each type of student (i.e., 80 parental packets per population). The return rate for regular education students was much greater
than for special education students at a ratio of approximately 3:1. Among LD and BD students, males typically are more prevalent. The ratios range from 2:1 to 5:1 for LD students (Finucci & Childs, 1981), and in ratios ranging from 4:1 to 12:1 for conduct problem children (American Psychiatric Association, 1987). In the present special education sample, males outnumbered females at an approximately 3:1 ratio.

**Instrumentation**

Instrumentation for the present study included the teacher and self-report ratings of adolescent social skill (i.e., MESSY), parent-adolescent communication and conflict (i.e., CBQ), and sociometric status (i.e., peer nominations of the three most and least liked peers). Each of the above measures has been reported to have adequate psychometric properties. Psychometric data will be provided in the following description of each measure used in the present study. In addition to the measures outlined below, self-report demographic information also was obtained from the participants.

**Matson Evaluation of Social Skills for Youngsters (MESSY).** The MESSY is a social skills rating scale that has both teacher and self-report forms. A description and the psychometric properties will be given for each form.
The teacher report form is a comprehensive 64 item measure of students' social behavior (See Appendix B). Teachers are asked to rate how often the student demonstrates the behavior described by each item on a 1 to 5 Likert scale. The rating scale ranges from "not at all" to "very much". This scale was initially standardized on 322 public and Catholic schools students in the Chicago area (Matson, Rotatori & Helsel, 1983). Teachers rated students ranging in age from 4-15 years. There are two factors for the MESSY teacher report form: appropriate social skills (Factor I) and inappropriate assertiveness/impulsiveness (Factor II). Matson et al., (1983) used $r = .55$ for inclusion/exclusion of the 64 test items (See Appendix D).

Further reliability of the MESSY teacher report form has been found with 9 to 22 year old visually handicapped students: an interitem reliability coefficient of .93 and a split-half reliability coefficient of .87 were obtained (Matson, Heinze, Helsel, Kapperman & Rotatori, 1986). And also with 8 to 19 year old deaf students: an interitem reliability coefficient of .95 and split-half reliability coefficient of .88 were obtained (Matson et al., 1985).

Certain demographic variables have been found to be important. In particular, for the teacher report form, age
was found to significantly interact with the MESSY total score, Factor I, and Factor II (Matson et al., 1983). The authors suggested that age differences in ratings of social skills are expected and more normative data is necessary. The relationship of the MESSY teacher report form to other criterion measures of social skills have not been conducted to date.

The self report form is a comprehensive 62 item measure of students' social skills (See Appendix C). For each item, students rate themselves on a 5-point Likert scale which ranges from 1 (not at all) to 5 (very much). The following five factors were found for the MESSY self-report form: appropriate social skill (Factor I), inappropriate assertiveness (Factor II), impulsive/recalcitrant (Factor III), over confident (Factor IV), and jealousy/withdrawal (Factor V) (Matson, et al., 1983). (See Appendix D for the factor items).

The MESSY self report form was standardized on 422 4 to 18 year old public and Catholic school students in the Chicago area. Test-retest reliability for inclusion/exclusion of items was set at $r = .50$ for the MESSY self-report form (Matson, et al., 1983). The self report form also has been found to be reliable with 9 to 22 year old visually handicapped students: an interitem reliability
coefficient of .80 and a split-half reliability coefficient of .78 were obtained (Matson et al., 1986).

In assessing the relationship between the MESSY and other measures of social competence, Matson, et al. (1983) found significant but low correlations between the MESSY and the following teacher ratings of students: ratings of social skills ($r = .35$), rankings of popularity ($r = .23$), with a structured child interview ($r = .27$), and global ratings of social adjustment ($r = .30$). Lack of significant correlations was found with direct observations of performance on a role play measure or with positive peer nominations.

Demographic variables were found to be significantly related to the MESSY self-report form. Gender was significantly related to Factor II (inappropriate assertiveness) which, as explained by the authors, parallels the higher incidence of behavior problems among boys than girls (Matson, et al., 1983). In addition, age was found to be significantly related to Factor I (appropriate social skill). (See Appendix D for Factor items).

In summarizing the psychometric properties of the MESSY teacher and self report forms, it can be concluded that although further normative and psychometric data are needed, the initial data indicate that it is a useful measure of
youths' social skills.

Conflict Behavior Questionnaire (CBQ). The CBQ-20 is a 20 item self-report measure of perceived communication and conflict between parents and adolescents. There are three parallel versions (i.e., parent regarding the adolescent, adolescent regarding the mother, and adolescent regarding the father) containing statements endorsed as true or false. (See Appendices D and E for both the adolescent and parent versions, respectively).

Several studies have been conducted investigating the psychometric properties of the CBQ. Estimates of reliability have been adequate. Test-retest reliability coefficients have ranges from .27-.85 over six to eight week intervals (Robin & Foster, in press). Internal consistency estimates using coefficient alpha have been above .90 for mothers and adolescents (Prinz, Foster, Kent, & O’Leary, 1979). Investigations of the CBQ’s validity have indicated that it is sensitive to changes produced by treatment (Foster, Prinz, & O’Leary, 1983; Robin, 1981) and to consistently discriminate between distressed and non-distressed families (Nayar, 1982; Prinz et al., 1979; Robin & Weiss, 1980).

Sociometric Nominations. The peer nomination to be used in this study was developed by Coie et al., (1982).
Students are asked to choose the three peers they like most and the three peers they like least from a list of their classmates. As previously indicated, liked most (LM) and liked least (LL) scores are summed for each student from all the peer nominations. These scores can then be used to determine general acceptance vs. rejection of the student. A 12-week test-retest correlation of .65 was found for this sociometric technique (Coie et al., 1982). Using a derivation of this sociometric measure, consistent correlations have been found with sociometric status, behavioral ratings, and direct observations (Dodge, 1983; Dodge, Coie, & Brakke, 1982; Coie & Kupersmidt, 1983).

Procedure

First, parents of LD, BD, and RE adolescents received a packet which included informed consent for themselves and their children, the parent form of the CBQ, and a return envelope. The packets were sent by the experimenter via the participating schools. Parents were instructed to return the consent form and completed CBQ in the envelope provided via the student to the teacher. Once parental consent was obtained, student and teacher consent were obtained and the participating adolescents were asked to complete the MESSY and CBQ, and to choose the three most and three least liked peers from a class roster. It should be noted that because
of the smaller size of self-contained LD and BD classes and a limited parental consent rate, less than optimal numbers of peers participated in the sociometric task. Both of these problems will be discussed in the results section.

In addition, basic demographic information was obtained on each adolescent according to self and teacher report. The experimenter supervised all administration of these measures. Students were reassured as to the confidentiality of these procedures which has been found to decrease resistance to negative nominations (Bjerstedt, 1956). Teachers of participating adolescents completed the MESSY teacher report form. All participation was confidential and voluntary. Once teacher and student participation was completed, participants were given the opportunity to ask questions and a mini lecture on social skills was presented.

Results

A one way fixed effects multivariate analysis of covariance (MANCOVA) was performed to assess for population (i.e., LD, BD, RE students) main effects on each of the dependent measures (i.e., MESSY factor and total scores, adolescent and parent CBQs, and sociometric rankings) with significant demographic variables entered as covariates. Table 3 diagrams the research design and data analyses.
Because regular education students significantly outnumbered the number of LD and BD students, 20 regular education students were randomly selected at a 3:1 male to female ratio using a random numbers chart for the data analyses.

The following demographic information was obtained on each subject: age, sex, race, grade, number of months at current school, number of grades repeated, number of suspensions, who the students lives with, parent(s)' employment status, and parent(s)' education level, whether or not the student and/or family has received counseling other than at school as reported by the student; and months in special education, number of grades repeated, and number of suspensions as reported by the teacher. The codes for the demographic variables are listed in Table 4.

This demographic data was analyzed using the Newman-Keuls test to determine if there were significant population differences. Population means for each demographic variable are provided in Table 5. Frequencies of non-numeric demographic data for LD, BD, and RE students is presented in Table 6. Significant population differences were found for the following demographic variables: student age and grade, with whom the student lives, mother’s level of education, years in special education, number of suspensions, and been
in counseling. There was no significant population difference for race or gender. A gender difference was not expected since RE subjects were matched at the 3:1 male to female ratio found in the LD and BD samples.

Student age, with whom the student lives, and mother’s level of education were entered as covariates. Differences in counseling, years in special education, and numbers of suspensions are expected as part of LD and BD classification; therefore, these variables were not entered as covariates.

The MANCOVA performed on the dependent measures yielded a significant overall effect for population $F(24, 54) = 1.77, p < .05$. Since the MANCOVA was significant, a series of univariate ANOVAS were computed for each dependent variable. Follow up univariate analyses indicated significant group effects for the following MESSY scales: 

**Appropriate Social Skills** (Self Scale 1), $F(2, 54) = 3.89, p < .03$; Self Total score, $F(2, 54) = 4.13, p < .03$;

**Inappropriate Social Skills** (Teacher Scale 2), $F(2,54) = p < .001$. Table 7 contains the summary statistics for the MANCOVA and the significant univariate ANOVAS. The covariate age was significant for the MESSY Self Appropriate Social Skills Scale, $F(1, 54) = 4.89, p < .05$ and Self Total score, $F(1, 54) = 4.61, p < .05$. 

Table 3

Research Design and Data Analyses

Population

<table>
<thead>
<tr>
<th></th>
<th>BD</th>
<th>LD</th>
<th>Normals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>19</td>
<td>20</td>
<td>20</td>
</tr>
</tbody>
</table>

Dependent Variables: MESSY Teacher and Self factor and total scores, CBQ Parent and Self total scores, and sociometric ranking.

Data Analyses: One-way MANCOVA across BD, LD, and Normals on each of the dependent measures.
Table 4

Codes for Demographic Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td><strong>Self Reported</strong></td>
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<tr>
<td>Sex</td>
<td>1-female 2-male</td>
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<tr>
<td>Race</td>
<td>1-caucasian 2-black 3-other</td>
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<tr>
<td>Lives With</td>
<td>1-both parents 2-mother 3-father</td>
</tr>
<tr>
<td></td>
<td>4-other</td>
</tr>
<tr>
<td>Parents’ Marital Status</td>
<td>1-married 2-separated 3-divorced 4-never married</td>
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<tr>
<td>Received Counseling</td>
<td>1-yes 2-no</td>
</tr>
<tr>
<td>Father Employed</td>
<td>1-yes 2-no 3-retired</td>
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<tr>
<td>Mother Employed</td>
<td>1-yes 2-no</td>
</tr>
<tr>
<td>Fathers’ Education</td>
<td>1-did not graduate high school 2-graduated high school 3-graduated college</td>
</tr>
<tr>
<td>Mothers’ Education</td>
<td>same as fathers’ education</td>
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### Table 5

**Group Means of Demographic Variables**

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<th>LD</th>
<th>RE</th>
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<td><strong>Self Reported</strong></td>
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<tr>
<td>Age</td>
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<td>15.40b</td>
<td>16.84a</td>
<td>17.00a</td>
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<td>Grade</td>
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<td>Sex</td>
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<td>1.83a</td>
<td>1.65a</td>
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<td>Who Lives With</td>
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<td>Parents’ Marital Status</td>
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<td># Months at School</td>
<td>58</td>
<td>12.16c</td>
<td>20.53b</td>
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<tr>
<td># Grades Repeated</td>
<td>41</td>
<td>1.13a</td>
<td>1.13a</td>
<td>.10b</td>
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<tr>
<td># Suspensions</td>
<td>36</td>
<td>2.54ab</td>
<td>4.00a</td>
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<td>Counseling</td>
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<td># Suspensions</td>
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<td>3.87a</td>
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Significance level is < .05  
Means with different subscripts significantly differ
Table 6

Group Frequencies of Non-Numeric Demographic Data

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<th>LD</th>
<th>RE</th>
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<td><strong>Lives With</strong></td>
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<td>Both Parents</td>
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<td>Mother</td>
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<td>Father</td>
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<td><strong>Parent's Marital Status</strong></td>
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<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Never Married</td>
<td>3</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Received Counseling</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>12</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td><strong>Father Employed</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>11</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Retired</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>Mother Employed</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>11</td>
<td>13</td>
<td>16</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td><strong>Father's Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Graduate High School</td>
<td>3</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Graduated High School</td>
<td>10</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Graduated College</td>
<td>6</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td><strong>Mother's Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Graduate High School</td>
<td>5</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Graduated High School</td>
<td>10</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>Graduated College</td>
<td>2</td>
<td>5</td>
<td>7</td>
</tr>
</tbody>
</table>
### Table 7

**MANCOVA Summary Table of Population Differences**

**Multivariate Test of Significance** $F(24, 54) = 1.77$ $p = .042$

(Wilks')

<table>
<thead>
<tr>
<th>Dependent Variables</th>
<th>df</th>
<th>F-value</th>
<th>prob.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MESSY Univariate Tests</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self Scales</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate Social Skills</td>
<td>2</td>
<td>3.89</td>
<td>.027*</td>
</tr>
<tr>
<td>Inappropriate Assertiveness</td>
<td>2</td>
<td>1.32</td>
<td>.278</td>
</tr>
<tr>
<td>Impulsive</td>
<td>2</td>
<td>.22</td>
<td>.805</td>
</tr>
<tr>
<td>Overconfident</td>
<td>2</td>
<td>1.54</td>
<td>.224</td>
</tr>
<tr>
<td>Jealous</td>
<td>2</td>
<td>.49</td>
<td>.613</td>
</tr>
<tr>
<td>Total</td>
<td>2</td>
<td>4.13</td>
<td>.022*</td>
</tr>
<tr>
<td>Teacher Scales</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate Social Skills</td>
<td>2</td>
<td>3.11</td>
<td>.054</td>
</tr>
<tr>
<td>Inappropriate Social Skills</td>
<td>2</td>
<td>7.6</td>
<td>.002**</td>
</tr>
<tr>
<td>Total Score</td>
<td>2</td>
<td>9.2</td>
<td>.0004***</td>
</tr>
<tr>
<td><strong>CBQ Univariate Tests</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self</td>
<td>2</td>
<td>1.41</td>
<td>.557</td>
</tr>
<tr>
<td>Parent</td>
<td>2</td>
<td>.78</td>
<td>.540</td>
</tr>
</tbody>
</table>

*p<.05; **p<.01; ***p<.001
Significant ANOVA's were followed up with a series of Newman-Keuls post-hoc analyses to isolate sources of differences for population main effects. Table 8 contains the means for LD, BD, and RE adolescents from the Newman-Keuls post-hoc tests. The tests indicated that LD and BD adolescents were not significantly different from each other but both groups scored significantly higher than the regular education adolescents on the MESSY Self Appropriate Social Skills and Total scores. Higher scores on the Messy indicate worse social skills.

The MESSY Teacher Report results indicated that for Inappropriate Social Skills and Teacher Total scores, BD, LD, and RE adolescents were all significantly different from one another, with BD adolescents scoring the highest, LD adolescents the second highest, and RE adolescents the lowest.

The CBQ measures and the sociometric rankings were not significant. Although the CBQ results were not significant, the pattern of results indicate more conflict for LD and BD parents and adolescents than for RE parents and adolescents. Table 8 contains means for adolescent and parent report.

It should once again be noted that because of the small number of LD and BD students participating per class, it was not possible to calculate social preference and social
Table 8

Population Means for Significant Dependent Variables

<table>
<thead>
<tr>
<th></th>
<th>BD</th>
<th>LD</th>
<th>RE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Appropriate</td>
<td>57.94a</td>
<td>60.58a</td>
<td>47.65b</td>
</tr>
<tr>
<td>Self Total</td>
<td>144.13a</td>
<td>146.59a</td>
<td>122.70b</td>
</tr>
<tr>
<td>Teacher Appropriate</td>
<td>55.44a</td>
<td>49.37ab</td>
<td>42.75b</td>
</tr>
<tr>
<td>Teacher Inapp.</td>
<td>104.88a</td>
<td>84.42b</td>
<td>60.45c</td>
</tr>
<tr>
<td>Teacher Total</td>
<td>164.69a</td>
<td>137.32b</td>
<td>106.85c</td>
</tr>
<tr>
<td>CBQ Self</td>
<td>5.44a</td>
<td>7.00a</td>
<td>3.50a</td>
</tr>
<tr>
<td>CBQ Parent</td>
<td>8.19a</td>
<td>6.63a</td>
<td>5.45a</td>
</tr>
</tbody>
</table>

Significance level is < .05
Means with different subscripts significantly differ
impact scores for approximately half of the LD and BD students. Consequently, the sociometric variable was missing for these subjects (approximately 1/2) in the MANCOVA analysis.

In order to specifically assess rater (i.e., adolescents and teachers) main effects, a MANOVA was performed on the factor scores of the MESSY teacher and self report forms. Results of the MANOVA indicated no rater main effects.

Discussion

As predicted, LD and BD adolescents were found to be generally less socially skilled than regular education adolescents as assessed by the MESSY. In particular, it was found that LD and BD adolescents rated themselves as having lower appropriate social skills and as less socially skilled overall than did regular education adolescents.

Teacher ratings indicated that the special education adolescents were more deficient in rates of inappropriate social behavior than RE adolescents. According to teacher ratings of inappropriate social skills, BD, LD, and RE adolescents were significantly different from each other with BD students evincing the most impaired levels and RE students the most favorable levels of inappropriate social behavior. Teacher ratings of students' overall levels of
social skills followed the same predicted pattern: BD < LD < RE.

In general, these findings are consistent with previously reviewed literature suggesting a relationship between social deficits and childhood conduct problems (e.g., Parker and Asher, 1987) and learning disabilities (e.g., Schumaker and Hazel, 1984). It was concluded that lower levels of social competence also are present during adolescence for the LD and BD students.

Although no rater differences were found, it is interesting to note that group differences were found for only the appropriate scale according to self report, whereas teacher differences were found for the inappropriate scale. Thus, it appears that LD and BD adolescents are aware of deficiencies in positive social behavior, whereas, teachers seem to focus more strongly on the negative social behavior of LD and BD students.

There are several possible explanations for this finding. First, it has consistently been found that aggressive, less popular, and less socially competent children misperceive and misattribute other children’s social behavior (Hops and Greenwood, 1988). For example, they are likely to interpret hostile intentions on the part of another child, and thus respond "in kind" (e.g., Dodge,
1980). Perhaps, LD and BD adolescents continue to have higher rates of misattributions and expect that their peers will be or are hostile, and therefore, perceive no differences between their own inappropriate behavior and their peers'. It also is possible that given typical developmental changes, adolescents generally are more socially inappropriate with each other, thus mediating any self-reported differences among clinical and non-clinical populations. As has been previously suggested by Matson et al. (1983), more normative data on the MESSY is required to determine effects as a function of age.

Regarding the finding that disordered adolescents rate themselves as less competent than do normal adolescents, it is possible that special education adolescents realize that they do not engage in appropriate behavior as frequently as their regular education peers. It is likely that they have received at least some feedback about their need to be more appropriate. In reviewing the treatment literature, consistent recommendations are made to teach socially incompetent children more appropriate behavior (e.g., problem solving, initiating conversations, complimenting others, assertiveness). And, in fact, dysfunctional children have been found to lack socially competent behavior (see Hops & Greenwood, 1988 for a review).
In contrast, teachers' focus on LD and BD students' inappropriate behavior is not necessarily contradictory in terms of actual behavior. This finding may be influenced by perspective: from teachers' perspective, students' inappropriate behavior is more disruptive and more consequential. A frequently cited finding in the clinical literature is the influence of parents' perceptions and the tendency of clinical population parents to attend to and respond at higher rates to children's inappropriate rather than appropriate behavior (e.g., McMahon & Forehand, 1988). Mash and Johnson (1982), for example found that mothers of hyperactive children are less likely to socially reinforce their children's socially appropriate initiations. It is likely that a similar phenomenon occurs in the classroom with teachers: special education teachers, by job definition, give much attention to students' dysfunctional problems and little attention to appropriate behavior.

The hypothesis that there would be rater (i.e., adolescent, teacher, and parent) differences among LD and BD as compared with regular education students was not confirmed in the present study. It was expected that there would be greater disagreement regarding adolescents' social functioning between self and adults for the disordered adolescents. The lack of a significant rater effect could
be a function of repeated feedback to these adolescents from educators, counselors, and parents combined with increased cognitive awareness of themselves.

The present study found no significant population or rater differences in parent-adolescent conflict as reported by parents and adolescents. However, although not significant, the pattern of population differences on the CBQ was in the direction expected with higher conflict scores for LD and BD than regular education adolescents. As previously reported, the CBQ-20 has been found to distinguish between distressed and non-distressed families (e.g., Prinz, et al., 1979). Table 9 provides the means and standard deviations for the CBQ-20 (the means for LD, BD, and RE groups are in Table 8). Although the CBQ-20 differences among LD, BD, and RE were not statistically significant according to the present analyses, the mean scores of LD and BD students more closely match the CBQ-20 means for distressed families and the mean scores for the RE students more closely match the means of non-distressed families. Thus, the present findings may be clinically significant, indicating more parent-adolescent conflict and less positive communication skills for LD and BD versus RE adolescents. Similarly, Cavell and Kelley (1990) found a moderate relationship between the CBQ and their measure of
Table 9

Means and Standard Deviations for CBQ-20

<table>
<thead>
<tr>
<th></th>
<th>Adolescent</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distressed Mean (SD)</td>
<td>8.4 (6.0)</td>
<td>12.4 (5.0)</td>
</tr>
<tr>
<td>Nondistressed Mean (SD)</td>
<td>2.0 (3.1)</td>
<td>2.4 (2.8)</td>
</tr>
</tbody>
</table>

Significance level is p < .001
adolescent social functioning, The Measure of Adolescent Social Competence (MASC). Specifically, these authors found that adolescents reporting more positive communication with parents generally had higher MASC scores.

One explanation for the lack of greater population differences on the CBQ-20 is a problem of selection bias. As previously reported in the results section, the return rate of LD and BD adolescents' parent consent and participation was much lower than that of RE adolescents' parents. Thus, the present sample probably consists of the highest functioning LD and BD families, particularly, those with less conflict. It is likely that the LD and BD parents who did return the forms were parents who were most involved with and concerned about their children and who were likely to have lower levels of pathology themselves. This supposition was informally confirmed by many of the participating LD and BD teachers.

It is also possible that the population sampled is not well represented in the normative sample of the CBQ. The authors of the various versions of the CBQ have indicated that the CBQ normative sample overrepresents white, middle class, urban, and suburban families (Foster and Robin, 1988). It is not known how well the present sample matches the normative sample. Future research could investigate the
importance of such factors.

One last possibility for the lack of significant population differences is the limited utility of a yes-no format. Such a format restricts the range of responses and therefore limits the possibility of assessing differences in perceived conflict/communication levels.

The lack of significant differences for sociometric nominations is best explained by methodological problems. First, the size of LD and BD classes were smaller and the response rate of participating LD and BD students significantly less than RE students, further reducing the number of students participating in the sociometric. Consequently, for some LD and BD students, sociometric scores could not be calculated, and for those for which a score could be calculated, it was based on a small number of peers. Second, because LD and BD students were in self-contained classes, they were rated only by other LD or BD peers which severely limits representative peer evaluation. Therefore, given the methodological flaws of the sociometric procedure in the present study, no conclusions should be made regarding the lack of significant results.

The current findings have important clinical implications. One important contribution is the finding that deviant adolescents do differ from normal adolescents
in levels of social competence. It still is not known if social deficits are etiologically related to LD and BD classifications. However, that these adolescents have been found to be significantly different from normal adolescents suggests a need to routinely assess LD and BD students for social skill deficiencies. Given the importance of social skills and social interactions to life success (Hartup, 1979) and that these social deficiencies tend to persist (Parker & Asher, 1987), it is likely that such populations of adolescents will continue to meet with failure both in academic and non-academic settings (e.g., employment, family) if their deficits are not remediated.

Identification and remediation of social skill deficiencies have been considered "critical" aspects of an appropriate education for handicapped youth (Gresham, 1986). This study provides support for the premise that social skills assessment be integral in both the assessment and remediation of adolescents' learning and behavioral difficulties.

Second, much of the previously cited literature has measured social competence using sociometric measures only, which have limited clinical utility for social skills interventions. As previously discussed, behavior rating scales are viewed as optimal for treatment planning (Hops &
Greenwood, 1981). This study found that both self and teacher ratings of specific social skills discriminate among LD, BD, and RE students. Thus, such measures as the MESSY can be useful for identification of specific social skill deficiencies which can be used for treatment planning and remediation.

Both self and teacher ratings of specific social skills discriminated among LD, BD, and RE adolescents which suggests a need for multi-modal assessment of social competence. Both self and teacher report provide potentially unique and valuable information that can be used in treatment planning. Social skills interventions should be designed for these youth based on the specific problem behaviors rated as problematic according to self and teacher report. This author suggests that particular attention be given to teachers' focus on negative social behavior and probable inattention to positive/success behaviors of these students. Instruction and consultation in how to reinforce positive social behavior and success experiences in the classroom seems needed for teachers working with dysfunctional adolescents.

Although the present study does contribute useful information regarding disordered adolescents' social competence, there are methodological limitations. In
addition to the specific methodological problems discussed, further limitations of the present study include subject sampling, and sample size. First, the LD and BD students who participated are those whose parent(s) responded and those who agreed to participate at the time of the study, which as previously described was a significantly lower number than for the regular education group. It should be noted that whereas no regular education student refused to participate, some special education students did refuse. Second, is the relatively small sample size which may limit the representativeness of the sample. It is possible that a broader sample, including perhaps more and less severe LD and BD adolescents would yield different results.

Future research should address possible differences in more and less severe LD and BD students, such as differences between self-contained and mainstreamed adolescents. The present study only assessed self-contained special education students which limits the results to self-contained LD and BD adolescents. Future research also should address normative and developmental issues among LD and BD students. It still is not known what social competence changes occur for LD and BD students from elementary through high school. And, because few social competence studies include adolescents, normative data still is lacking. It also would
be useful to obtain parental ratings (comparable to teacher ratings) of disordered adolescents' social skills. This information may provide an additional perspective regarding disordered adolescents' social functioning. Thus, although the present study provides some information regarding the social functioning of disordered adolescents as compared with normal adolescents, much more research is required.
References


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### Appendix A

#### 2.10 SPECIFIC LEARNING DISABILITIES

**A. PROGRAM DEFINITION**

1. **Definition of Population to be Served**

   Specific learning disabled students have a disorder of one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations. The term does not include a learning problem which is primarily the result of a visual, hearing, or motor handicap, of mental retardation, of emotional disturbance, or of environmental or cultural differences or economic disadvantage.

2. **Program of Study**

   a. The major goal of a specific learning disabilities program is to enable the student to achieve the learning outcomes in an integrated, sequential and developmental manner.

   b. The specific learning disabilities program includes four (4) major curricular components: academic instruction, social/emotional skills, organizational/study skills and career education.

3. **Eligibility Criteria**

   Documentation that the student meets all of the following criteria:

   a. demonstrates general intellectual functioning at or above one standard deviation below the mean, in consideration of 1.65 standard errors of measurement;

   b. has a severe discrepancy between achievement and intellectual ability in one or more of the following areas: oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, mathematics calculation, or mathematics reasoning;

   1) The discrepancy shall be determined by a comparison of age-based standard scores of ability and achievement. A regression formula shall be used to determine the severity of the discrepancy. A severe discrepancy is defined as a minimum of 1.75 standard deviations difference, taking regression and 1.65 standard errors of measurement into account.

   2) A method utilizing the standard error of the difference scores shall be used only if the technical data (i.e., test correlations) necessary to account for the effects of regression are not available.
c. has a severe discrepancy between ability and achievement that is NOT primarily the result of:

1) a visual, hearing, or motor handicap.
2) mental retardation.
3) emotional disturbance, or
4) environmental or cultural differences or economic disadvantage. (This shall be determined by a comparison of the student to other students in a similar situation, e.g., the same geographical area, similar socio-economic status, etc.).

d. exhibits deficits in one or more of the basic learning processes of perception, memory and conceptualization; and that

e. educational performance is adversely affected to the extent that specially designed instruction is required.

f. In the event that the PAC, on the basis of all the assessment data, determines that a student is eligible for services in a specific learning disabilities program when he/she meets four (4) of the five (5) eligibility criteria, the specific information regarding the criterion in question which supports that decision shall be stated in writing.

4. Exit Criteria

Documentation that the student meets all of the following criteria:

a) performs adequately as measured by achievement test scores;

b) performs adequately based on classroom performance; and

c) no longer needs specially designed instruction as indicated by the completion of a transition plan. The transition plan is developed by the PAC and delineated in the ISP.
Appendix B

Dr. Johnny L. Matson

Matson Evaluation of Social Skills with Youngsters (MESSY) (Teacher Rating Form)

<table>
<thead>
<tr>
<th>Rater's Name</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chronological Age</th>
<th>Sex: F M</th>
<th>Race</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child's Name or Identification Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Handicap (circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
</tr>
<tr>
<td>Mildly retarded</td>
</tr>
<tr>
<td>Moderately retarded</td>
</tr>
<tr>
<td>Behaviorally disordered</td>
</tr>
<tr>
<td>Learning Disabled</td>
</tr>
<tr>
<td>Visually Impaired</td>
</tr>
<tr>
<td>Hearing Impaired</td>
</tr>
</tbody>
</table>

Date

DIRECTIONS

This survey is a measure of social behavior. This assessment involves rating how often a CHILD you're familiar with engages in the behaviors described in the survey.

Rate how often the CHILD demonstrates the behaviors in those situations where they might occur.

Be sure to rate how often each behavior is done, not what you think a good answer would be. No one will be told how you answer.

Student diagnosis

Estimated intelligence: Low average Average High average
  (Circle one) Above average Superior

How many years has the student been in special education? _____

How many times has the student repeated a grade (total)? _____

How many times has the student been suspended (total)? _____
<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Makes other people laugh (tell jokes, funny stories, etc.).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Threatens people or acts like a bully.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Becomes angry easily</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Is bossy (tell people what to do instead of asking)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Gripes or complains often.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. Speaks (breaks in) when someone else is speaking.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. Takes or uses things that are not his/hers without permission.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. Brags about self.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. Slaps or hits when angry.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. Helps a friend who is hurt.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. Gives other children dirty looks.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. Feels angry or jealous when someone else does well.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. Picks out other children’s faulty mistakes.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. Always wants to be first.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. Breaks promises.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16. Lies to get what (s)he wants.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17. Picks on people to make them angry.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18. Walks up to people and starts a conversation.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>19. Says &quot;thank you&quot; and is happy when someone does something for him/her</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>20. Is afraid to speak to people.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
21. Hurts others feelings on purpose. (tries to make people sad.)  1 2 3 4 5
22. Is a sore loser.  1 2 3 4 5
23. Makes fun of others  1 2 3 4 5
24. Blames others for own problems.  1 2 3 4 5
25. Sticks up for friends.  1 2 3 4 5
26. Looks at people when they are speaking.  1 2 3 4 5
27. Thinks (s)he knows it all.  1 2 3 4 5
28. Smiles at people (s)he knows.  1 2 3 4 5
29. Is stubborn.  1 2 3 4 5
30. Acts like (s)he is better than others.  1 2 3 4 5
31. Shows feelings.  1 2 3 4 5
32. Thinks people are picking on him/her when they are not.  1 2 3 4 5
33. Thinks good things are going to happen.  1 2 3 4 5
34. Works well on a team.  1 2 3 4 5
35. Makes sounds that bother others (burping, sniffing.)  1 2 3 4 5
36. Brags too much when (s)he wins.  1 2 3 4 5
37. Takes care of others' property as if it were his/own.  1 2 3 4 5
38. Speaks too loudly.  1 2 3 4 5
39. Calls people by their names.  1 2 3 4 5
40. Asks if (s)he can be of help.  1 2 3 4 5
41. Feels good if (s)he helps others.  1 2 3 4 5
42. Defends self.  1 2 3 4 5
43. Always thinks something bad is going to happen.  1 2 3 4 5
<p>| | | | | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>44. <strong>Tries to be better than everyone.</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>45. <strong>Asks questions when talking with others.</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>46. <strong>Feels lonely.</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>47. <strong>Feels sorry when hurts others.</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>48. <strong>Gets upset when (s)he has to wait for things.</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>49. <strong>Likes to be the leader.</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>50. <strong>Joins in games with other children.</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>51. <strong>Plays by the rules of a game.</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>52. <strong>Gets into fights a lot.</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>53. <strong>Is jealous of other people.</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>54. <strong>Does nice things for others who are nice to him/her.</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>55. <strong>Tries to get others to do what (s)he wants.</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>56. <strong>Asks others how they are, what they have been doing, etc.</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>57. <strong>Stays with others too long (wears out welcome).</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>58. <strong>Explains things more than needs to.</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>59. <strong>Is friendly to new people (s)he meets.</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>60. <strong>Hurts others to get what (s)he wants.</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>61. <strong>Talks a lot about problems or worries.</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>62. <strong>Thinks that winning is everything.</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>63. <strong>Hurts others when teasing them.</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>64. <strong>Wants to get even with someone who hurts them.</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Appendix C
Dr. Johnny L. Matson

Matson Evaluation of Social Skills with Youngsters
(MESSY) (Self-Rating Form)

Chronological Age: ________  Sex: F  M  Race: ________
Type of Handicap (Circle one): Normal  Mildly Retarded  Behaviorally disordered
          Moderately Retarded  Learning Disabled  Visually Impaired
          Hearing Impaired

Date: _____________________  Child's Name: _____________________
          or Identification Number

DIRECTION
This survey is a measure of social behavior. This assessment involves rating
how often you do the behaviors or feel like it says in the survey.
Be sure to rate how often each behavior is done, not what you think a good
answer would be. No one will be told how you answer.

Age: ________
Grade level: ________
Do you live with (circle one): Both parents  Mother  Father  Other (please specify) ________
Are your parents (circle one): Married  Separated  Divorced  Never married ________

How long have you been a student at this school? ________
Have you ever repeated a grade? Yes  No  If yes, how many times? ________
Have you ever been suspended? Yes  No  If yes, how many times? ________

Have you or your family ever been in counseling (other than school)? Yes  No
Is your father currently employed? Yes  No  If yes, what does he do for a living? ________
Is your mother currently employed? Yes  No  If yes, what does she do for a living? ________

Is your father currently employed? Yes  No  If yes, full time or part time (circle one)
What is his occupation? ________
Is your mother currently employed? Yes  No  If yes, full time or part time (circle one)
What is her occupation? ________

Father's education (circle one): Did not graduate high school  Graduated high school.
Graduated college.
Mother's education (circle one): Did not graduate high school  Graduated high school.
Graduated college.
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Not at all</th>
<th>A little</th>
<th>Some</th>
<th>Much of the time</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I make other people laugh (tell jokes, funny stories, etc.)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>I threaten people or act like a bully</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>I become angry easily</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>I am bossy (tell people what to do instead of asking)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>I gripe or complain often</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>I speak (break in) when when someone else is speaking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7</td>
<td>I take or use things that are not mine without permission</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8</td>
<td>I brag about myself</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9</td>
<td>I look at people when I talk to them</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10</td>
<td>I have many friends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11</td>
<td>I slap or hit when I am angry</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12</td>
<td>I help a friend who is sad</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13</td>
<td>I cheer up a friend who is hurt</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14</td>
<td>I give other children dirty looks</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15</td>
<td>I feel angry or jealous when someone else does well</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16</td>
<td>I feel happy when someone else does well</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>17</td>
<td>I pick out other children's faults/mistakes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>18</td>
<td>I always want to be first</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>19</td>
<td>I break promises</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td></td>
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<tr>
<td>20. I tell people they look nice.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>21. I lie to get something I want.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>22. I pick on people to make them angry.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>23. I walk up to people and start a conversation.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>24. I say &quot;thank you&quot; and am happy when someone does something for me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>25. I like to be alone.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>26. I am afraid to speak to people.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>27. I keep secrets well.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>28. I know how to make friends.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>29. I hurt others' feelings on purpose (I try to make people sad).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>30. I make fun of others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>31. I stick up for my friends.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>32. I look at people when they are speaking.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>33. I think I know it all.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>34. I share what I have with others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>35. I am stubborn.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>36. I act like I am better than other people.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>37. I show my feelings.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>38. I think people are picking on me when they are not.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tr>
<tr>
<td>39. I make sounds that bother others (burping, sniffing).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>40. I take care of others' property as if it were my own.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>
41. I speak too loudly
42. I call people by their names.
43. I ask if I can be of help.
44. I feel good if I help someone.
45. I try to be better than everyone.
46. I ask questions when talking with others.
47. I see my friends often.
48. I play alone.
49. I feel lonely.
50. I feel sorry when I hurt someone.
51. I like to be the leader.
52. I join in games with other children.
53. I get into fights a lot.
54. I am jealous of other people.
55. I do nice things for people who are nice to me.
56. I ask others how they are, what they have been doing, etc.
57. I stay with others too long (wear out my welcome).
58. I explain things more than I need to.
59. I laugh at other people.
60. I think that winning is everything.
61. I hurt others when teasing them.
62. I want to get even with someone who hurts me.
Appendix D

Self-Rating MESSY

Scale 1: Appropriate Social Skills

- Item No. 9. Look at people talking to them.
- Item No. 10. Many friends.
- Item No. 12. Help friend who is sad.
- Item No. 13. Cheer up friends who are hurt.
- Item No. 16. Happy when another does well.
- Item No. 20. Tell people they look nice.
- Item No. 23. Start conversations.
- Item No. 24. Say "thank you".
- Item No. 28. Make friends.
- Item No. 31. Stick up for friends.
- Item No. 32. Look at people who are speaking.
- Item No. 34. Share with others.
- Item No. 37. Show feelings.
- Item No. 40. Take care of others' property.
- Item No. 42. Call people by their names.
- Item No. 43. Volunteer help.
- Item No. 44. Feel good helping someone.
- Item No. 46. Ask questions when talking with others.
- Item No. 50. I feel sorry when I hurt someone.
- Item No. 52. Play with other children.
- Item No. 55. Reciprocate nice things.
- Item No. 56. Inquire about others.

Scale 2. Inappropriate Assertiveness

- Item No. 2. Act like bully.
- Item No. 7. Take things.
- Item No. 11. Slap or hit others.
- Item No. 17. Pick out other children's faults.
- Item No. 21. Lie.
- Item No. 22. Pick on others and make them angry.
- Item No. 29. Try to make other people feel sad.
- Item No. 30. Make fun of others.
- Item No. 39. Make sounds that bother others.
- Item No. 41. Speak too loudly.
- Item No. 53. Get into fights.
- Item No. 60. Think that winning is everything.
- Item No. 61. Hurt others when teasing them.
- Item No. 62. Seek revenge.

Scale 3. Impulsive

- Item No. 3. Angry.
- Item No. 4. Bossy.
- Item No. 5. Gripe and complain.
Item No. 6. Interrupt others.
Item No. 35. Stubborn.

Scale 4. Overconfident

Item No. 8. Brag.
Item No. 33. Know-it-all.
Item No. 36. Superior attitude.
Item No. 57. Wear out welcome.
Item No. 58. Explain things too much.

Scale 5. Jealous

Item No. 15. Angry when someone does well.
Item No. 38. Think others pick on me.
Item No. 49. Feel lonely.
Item No. 54. Jealous.

Miscellaneous Items

Item No. 1. Make others laugh.
Item No. 18. Always want to be first.
Item No. 25. Like to be alone.
Item No. 26. Afraid to speak to people.
Item No. 27. Keep secrets well.
Item No. 45. Try to be better than everyone.
Item No. 47. See friends often.
Item No. 48. Play alone.
Item No. 51. Like to be leader.

Note: Item 59 is an experimental item. In Version 1.0 of the MESSY scoring software, this item automatically is scored as a 3 regardless of input data. The scientific editor of IDS estimates that this may lead to small, fractional errors of about one-third of a point in the scoring of MESSY data. This error is much too small relative to the standard deviation of the total score to be of any practical concern.

Teacher Rating MESSY

Scale 1. Appropriate Social Skills

Item No. 1. Makes other people laugh.
Item No. 10. Helps a friend who is hurt.
Item No. 18. Starts conversations.
Item No. 19. Expresses appreciation.
Item No. 25. Sticks up for friends.
Item No. 26. Looks at people when they are speaking.
Item No. 28. Smiles.
Item No. 33. Thinks good things are going to happen.
Item No. 34. Works well on a team.
Item No. 37. Takes care of others' property.
Item No. 39. Calls people by their names.
Item No. 40. Volunteers help.
Item No. 41. Feels good if he/she helps others.
Item No. 45. Asks questions when talking with others.
Item No. 47. Feels sorry when he/she hurts others.
Item No. 50. Plays with other children.
Item No. 51. Plays by the rules of a game.
Item No. 54. Reciprocates nice things.
Item No. 56. Inquires about others.
Item No. 59. Friendly to new people.

Scale 2. Inappropriate Social Skills

Item No. 2. Acts like bully.
Item No. 3. Angry.
Item No. 4. Bossy.
Item No. 5. Gripes or complains.
Item No. 6. Speaks when someone else is speaking.
Item No. 7. Takes things belonging to others.
Item No. 8. Brags.
Item No. 9. Slaps or hits others.
Item No. 11. Gives other children dirty looks.
Item No. 12. Feels angry or jealous.
Item No. 13. Picks out other children's faults.
Item No. 14. Always wants to be first.
Item No. 15. Breaks promises.
Item No. 16. Lies.
Item No. 17. Picks on other people.
Item No. 21. Tries to make people feel sad.
Item No. 22. Sore loser.
Item No. 23. Makes fun of others.
Item No. 24. Blames others for own problems.
Item No. 27. Know-it-all.
Item No. 29. Stubborn.
Item No. 31. Shows feelings.
Item No. 32. Thinks others pick on him/her.
Item No. 35. Makes sounds that bother others.
Item No. 36. Brags when he/she wins.
Item No. 38. Speaks too loudly.
Item No. 42. Defends self.
Item No. 43. Expects bad things to happen.
Item No. 44. Tries to be better than everyone.
Item No. 48. Impatient.
Item No. 49. Likes to be the leader.
Item No. 52. Gets into fights.
Item No. 53. Jealous.
Item No. 55. Tries to get others to do what he/she wants.
Item No. 57. Wears out welcome.
Item No. 58. Explains things too much.
Item No. 60. Hurts others to get own way.
Item No. 61. Talks a lot about worries.
Appendix E

Parent's version

Name________________________

Date________________________

Interaction Behavior Questionnaire

You are the child's ______ mother ______ father (check one)

You are filling this questionnaire out regarding your
____ son____ daughter (check one) who is ____ years old.

Think back over the last two weeks at home. The statements below have to
do with you and your child. Read the statement, and then decide if you be­
lieve that the statement is true. If it is true, then circle true, and
if you believe the statement is not true, circle false. You must circle
either true or false, but never both for the same item. Please answer all
items. Answer for yourself, without talking it over with your spouse.
Your answers will not be shown to your child.

True False 1. My child is easy to get along with.
True False 2. My child is well behaved in our discussions.
True False 3. My child is receptive to criticism.
True False 4. For the most part, my child likes to talk to me.
True False 5. We almost never seem to agree.
True False 6. My child usually listens to what I tell him/her.
True False 7. At least three times a week, we get angry at each other.
True False 9. My child says that I have no consideration of his/her feelings.
True False 9. My child and I compromise during arguments.
True False 10. My child often doesn't do what I ask.
True False 11. The talks we have are frustrating.
True False 12. My child often seems angry at me.
True False 14. In general, I don't think we get along very well.
True False 15. My child almost never understands my side of an argument.
True False 16. My child and I have big arguments about little things.
True False 17. My child is defensive when I talk to him.
True False 18. My child thinks my opinions don't count.
True False 19. We argue a lot about rules.
True False 20. My child tells me he/she thinks I am unfair.
Appendix F

ADOLESCENT'S VERSION
REGARDING MOTHER

NAME:
DATE:

INTERACTION BEHAVIOR QUESTIONNAIRE

Think back over the last two weeks at home. The statements below have to
do with you and your mother. Read the statement, and then decide if you
believe that the statement is true. If it is true, then circle true, and
if you believe the statement is not true, circle false. You must circle
either true or false, but never both for the same item. Please answer all
items. Your answers will not be shown to your parents.

True False 1. My mom doesn't understand me.
True False 2. My mom and I sometimes end our arguments calmly.
True False 3. We almost never seem to agree.
True False 4. I enjoy the talks we have.
True False 5. When I state my own opinion, she gets upset.
True False 6. At least three times a week, we get angry at each other.
True False 7. My mother listens when I need someone to talk to.
True False 8. My mom is a good friend to me.
True False 9. She says I have no consideration for her.
True False 10. At least once a day we get angry at each other.
True False 11. My mother is bossy when we talk.
True False 12. My mom understands me.
True False 13. The talks we have are frustrating.
True False 14. My mom understands my point of view, even when she doesn't
agree with me.
True False 15. My mom seems to be always complaining about me.
True False 16. In general, I don't think we get along very well.
True False 17. My mom screams a lot.
True False 18. My mom puts me down.
True False 19. If I run into problems, my mom helps me out.
True False 20. I enjoy spending time with my mother.

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Vita

Teresa J. Scardino obtained her Bachelor of Science degree in psychology from Texas A & M University in 1983, her Master of Arts degree in clinical psychology from Louisiana State University in 1985, and her Doctor of Philosophy degree in clinical psychology from Louisiana State University in 1990.

She currently is a tenure-track assistant professor at Marshall University in Huntington, West Virginia. Her duties include teaching in the undergraduate and graduate clinical psychology programs and conducting a program of research. She has continued research in the area of adolescent social competence among disordered children and adolescents. Other research interests of Teresa's include parenting and childhood sexual abuse.
Candidate: Teresa Jo Scardino

Major Field: Psychology

Title of Dissertation: Assessment of Social Competence in Populations of Learning Disabled, Behaviorally Disordered and Normal Adolescents

Approved:

[Signatures]

Major Professor and Chairman

Dean of the Graduate School

EXAMINING COMMITTEE:

Mary Kelley
Quackenbush
David A. Spaniel

Date of Examination:

November 14, 1990