

THE EFFECTS OF A SOCIAL SKILLS GROUP ON STUDENTS DIAGNOSED WITH  
ATTENTION DEFICIT HYPERACTIVITY DISORDER

By

Kathryn E. Klein

A Master's Project

Submitted in Partial Fulfillment

of the Requirements for the Degree of

Master of Science in Education

Curriculum and Instruction

Department of Education

State University of New York at Fredonia

Fredonia, New York

May 2014

State University of New York at Fredonia

Department of Curriculum and Instruction

CERTIFICATION OF PROJECT WORK

We, the undersigned, certify that this project entitled The Effects of a Social Skills Group on Student's Diagnosed with Attention Deficit Hyperactivity Disorder, by Kathryn E. Klein, Candidate for the Degree of Master of Science in Education, Curriculum and Instruction, is acceptable in form and content and demonstrates a satisfactory knowledge of the field covered by this project.



Master's Project Advisor  
EDU 691  
Dr. Robert Dahlgren  
Department of Curriculum and Instruction

April 30, 2014

Date



Department Chair: Dr. Mira Berkley, Chair  
Department of Curriculum and Instruction

May 5, 2014

Date



Dean Christine Givner  
College of Education  
At SUNY Fredonia

5-21-14

Date

## Table of Contents

<u>Chapter 1: Introduction</u>	<u>pg. 1</u>
<u>Chapter 2: Literature Review</u>	<u>pg. 5</u>
<u>Chapter 3: Methodology</u>	<u>pg. 14</u>
<u>Chapter 4: Results and Application</u>	<u>pg. 19</u>
<u>Chapter 5: Discussion and Conclusion</u>	<u>pg. 27</u>
<u>References</u>	<u>pg.32</u>

## **Abstract**

A social skills intervention program was implemented for 5 boys and 1 girl, aged 7-9, with Attention Deficit Hyperactivity Disorder. This intervention was comprised of two weekly sessions focusing on targeted skills like joining a group, solving problems, following rules and sharing. Half of the six students were on medication for ADHD and the other half were not on medication. Students were given a baseline interview and blind observation within social settings. All subjects showed improvement in social skill ratings within the classroom and within special areas. Changes were valid and teachers and students viewed the social skills interventions very positively.

## Introduction

Throughout the past decades in education there has been a severe rise in the number of children who suffer from Attention Deficit Hyperactivity Disorder (ADHD). Handen et al. noted, “ADHD affects 3%-5% of typically developing school-age children and is characterized by over activity, impulsivity, and inattention across multiple environments” (p. 2). The behaviors that ADHD children exhibit on a daily basis can effect lessons being taught and change the classroom atmosphere. Therefore, it is imperative for teachers to fully understand the behaviors ADHD children possess. According to Lauth, et al., “ADHD students engaged in more off-task behavior like day dreaming, more disruptive like interrupting others, more excessive motoric activity like fidgeting or leaving their seat, self-stimulating behaviors like signing to self, more frequent negative social behavior like aggression, as well as inappropriate attention seeking” (p. 387). With all this information, it is evident that children with ADHD have many behaviors to deal with. Children with ADHD have to compensate for the behaviors they can’t control and the try to exude the behaviors that are expected (Lauth, et al., 2006). Children with ADHD have a greater chance of having other “medical, developmental, behavioral, emotional, and academic difficulties” (Sheridan, Dee, Morgan, McCormick, & Walker, 1996, p. 57). In the study done by Handen, et al., children with ADHD were compared to their peers in a playroom situation. Researchers focused their observations on children who acted withdrawn, interactive, solo, rough and tumble, those who broke the rules, and the intensity of play. What was discovered was that children with ADHD showed greater discrepancy than their peers. They stated that, “The ADHD group was rated as being more active, engaging in higher rates of intense play, and having a greater need for teacher intervention...tend to be more disruptive, controlling, and active”

(Handen, et al., 2009, p.7-8). This is a perfect example of the social difference between children with ADHD and their equals.

Some studies, like Volpe, et al. (2005), Handen et al. (2009), Sheridan et al. (1996), and Stroh et al. (2007), show positives signs in regard to medication for children with ADHD. According to Volpe (2005), “A majority of students with ADHD may experience behavioral benefits from the use of stimulants...higher doses lead to incremental improvements in behavior” (p. 518). Medication allows students with ADHD a more equal playing field. It helps the children focus, control impulsive behaviors and handle the demands of education. Handen, et al. stated, the effectiveness of medications had positive effects globally. While studying the efficiency of methylphenidate it was found that, “significant improvement on measures of play intensity, negative behavior, and global ratings of appropriate social interactions” (p.2). Sheridan et al. found that, “Methylphenidate has been shown to be effective in decreasing aggression and changing peer ratings” (p. 58). After parents surveys about ADHD medication were reviewed by Stroh (2007) concluded that, “all parents believed that stimulant medication improved ADHD associated behaviors in the short term, including attention, classroom behavior, seatwork, test performance, grades, and adult/peer relationships” (p. 396). Although this is medication is very significant to helping a child improve in social interactions, I do not believe it is most important thing for a child with ADHD social deficits. I think they need a mixture of the medication to social skills groups.

ADHD holds a common theme when it comes to social skills, or lack thereof, from children suffering from this disorder. King et al. stated that, “50% of children with ADHD have peer relationship problems” (p. 579). This statistic makes it is clear that socializing is a real problem for children with ADHD. In one study by Solanto, et al. (2009), a teacher asked each of

the children in the class who they “liked, disliked and ignored” (p.15). Children with ADHD obtained scores that showed them socially lower than their peers. Children with ADHD tended to be more unaware of “appropriate social skills and behaviors and they are less likely to behave in socially appropriate ways when interacting with peers” (King, et al., 2008, p. 590). It is hard for children with this disorder to fit in socially. Their social awkwardness makes school more challenging and more of a burden. Dealing with their uncontrolled behaviors, because of this disorder, and being on the socials outskirts with their peers can take a toll on children. According to Sheridan (1996), “interpersonal conflicts exist between children with ADHD, family members, and peers...these children are frequently bothersome and socially awkward. They tend to be disagreeable and non-compliant and involved in negative social interactions.” (p. 57). Children with this disorder tend to be disliked by their peers and excluded in daily social activities. Peers usually view children with ADHD as “troublesome, noisy, sad, and unhappy” and withdraw themselves from that negative connotation (p. 58). If peers separate themselves from the children who exhibit these negative behaviors, they think they are safe and secure from getting in trouble and being associated with the misbehaved kid.

Teachers work very hard to help children with this disorder overcome and accommodate their needs. Countless hours go into working with children with ADHD to help them better themselves through behavior modifications, constant reminders of the rules, acting out different social scenarios, having cues for them, using lots of visuals etc. A statistic such as this is heartbreaking to know that the student could not overcome the obstacles put in front of them. As an educator, we motivate to help students with ADHD become the best they can be and help them overcome the obstacles they have stacked against them. It is unfortunate that children have to deal with not being socially accepted, as well as all the other effects ADHD brings. School-

aged children need and thrive on social interactions with their peers to feel accepted, happy, and enthusiastic about school. It is important to use modeling for proper social interactions and use positive reinforcement.

The purpose of my case study is to investigate children who have ADHD, and their need for social skills classes to help improve their social wellbeing and likeability among peers. My work will build upon the research of Pfiffner et al. (2013) in which they stated children with ADHD benefit from a social skills group to significantly increase their social success. My research will take a look into students with ADHD and how their behaviors can be positively changed not only with the help their medication but also with the help of adults modeling and teaching appropriate social skills. This study will survey six children who suffer from ADHD. With the use of interviews, modeling social encounters, collective discussion groups, and a social skills lunch group, and I will be able to gain further understanding about how students react to different social scenes and teach them appropriate responses to daily situations. Therefore, helping them become more successful and thrive in social situations with peers and adults.

The research questions that drive this project are:

- How and why do students with ADHD react to certain social situations the way they do?
- Will teaching a social skills group benefit students who lack appropriate interactions with their peers?
- Does the combination of medication and social skills groups have the best outcome for social behaviors?

## Literature Review

Attention Deficit Hyperactivity Disorder with school age children is on the rise. According to Stroh, Frankenberger, Wood and Pahl (2007), ADHD arises in 3%-7% of school-aged children. This psychiatric disorder is the most common among children. Classrooms are an ideal setting for the identification of ADHD problems due to the special demands for “attention, learning, and self-control, as well as the ready availability of other children for developmental comparison” (Lauth, Heubeck, & Mackowiak, 2006, p.386). After reviewing the articles there were many factors that affect children with ADHD. This review will be taking a deeper look into ADHD behaviors, ADHD subtypes, medications, interventions, social skills and proper training to effectively manage children who suffer from this disorder.

Students diagnosed with ADHD have a tendency to continuously move, are more talkative and need lots of positive reinforcement to help motivate them. In the study conducted by Bennett, Zental, and French (2006), students were brought to a university with their parents. At the university, researchers focused on 49 children grades 3<sup>rd</sup> to 5<sup>th</sup> with ADHD from 11 schools in a Midwest city. Children were able to have their choice of positive feedback through visuals or through audio. Researchers used a computer to help capture ADHD students’ attention. Although students with ADHD did significantly less accurate than their peers, they still completed the work without complaint. Students with ADHD were more talkative overall and less accurate in math computations than their peers. During the testing, they moved their bodies in a continuous motion for the duration. “Students with symptoms of ADHD...moved their heads and bodies more over time from Trial 1 and 2. Indicating group differences in the ability to sustain attention, only students with symptoms of ADHD were less accurate than their peers”(p.

199). It was concluded by Bennett et. al (2006), that students with ADHD who chose to have their questions spoken and feedback visual were more successful.

ADHD students can benefit from the rise in technology. Castell and Jenson (2004), discussed how technology, video games, and media capture of students attention. The constant images flashing before children's eyes, the gratification and fun they exude when they play video games or watch TV. The authors stated that, "Conflict creates new tensions on the classroom (p. 394)." The authors discussed the ever-changing technology and how difficult it is to capture the attention of students, especially those diagnosed with ADHD. They lack imagination, social skills, and ability to hold a conversation with a peer.

It is evident that students with ADHD struggle with peer interactions and expressing their feelings the correct way. In the investigation conducted by Handen, Sagady, and McAuliffe-Bellin (2009), the authors compare students' social play based on how medication affects their social skills. In this study there were 23 students with ADHD. They were put into 22-minute play sessions during a Saturday education program. In study one, all students were put in the playroom and rated on a scale to watch their certain social behaviors without being given any medication. In study two, students were given different doses of medication or a placebo. "The use of MPH resulted in significant improvement on some of the measure some of the play deficits were noted. MPH appears to "normalize" some social and play functioning among children diagnosed with ADHD" (p. 8). What the researchers found was that appropriate social behaviors increased when the children were under medication. Although, medication helped students' with ADHD become more appropriate in a social setting, a mix of medication and taught appropriate behaviors are needed to help children socially who are diagnosed with ADHD. Handen et al. (2009) concluded that medication can help students with their impulsivity

but they also need adults to lead by example and teach them appropriate social behaviors to help them become socially successful.

One major area of trouble for ADHD children is the transitional periods, and periods when the structure and routine is non-existent. George Kapalka (2008) did his research regarding the best way to handle ADHD students out the classroom setting such as recess, the hallway and the lunchroom. Students that were involved with the study were from ages 5-9, who attended public schools in New Jersey. These children with attention problems tend to lose their control on less structured settings such as lunch and the hallway. What this study looked at was the effectiveness of Barkley's technique, "focus on increasing the use of positive reinforcement, token economies, response cost, time out and other contingency management techniques" (p.22). This technique is used with parents to help them understand and control their child diagnosed with ADHD. Barkley focuses his methods on positive reinforcement and a number of behavior management techniques. He concluded that if this method were successful for parents, it would be successful with students. Therefore, Kapalka (2008), had teachers implemented this method of social skills program to help ADHD students in areas outside the classroom made better decisions. The teachers who implemented the program with their students saw success.

There are positives and negative to medication and non-medication. The idea of medication for students with ADHD may seem it is the best for the child; however, it doesn't always have a positive effect. King, Waschbusch, Pellham, Frankland, Andrade, Jacques, & Corkum (2008), studied social deficits of 41 students with ADHD. This study was conducted during a summer training program. Examiners held up 8 different pictures that went along with a story. The children were given a placebo or different doses of medication. Researchers predicted that students on the medication would offer less aggressive answers. However,

researchers found that students' the medication offered more aggressive answer to their reactions to the social setting described in the story. The authors stated that, "Children with ADHD would show a greater hostile attribution bias when compared to typically developing children; children with ADHD would choose more aggressive, unfriendly responses compared to typically developing children" (p.585). Students who were on the medication gave less impulsive answers but more aggressive responses. Children on medication choose more aggressive, unfriendly responses when compared to their peers. It was concluded that students on the medication were less impulsive but channeled their energy to aggression in social situations.

The same ideas, of positives and negatives, hold true for students not on medication. In an interesting article by Lauth and his colleagues (2006) about how students with attention deficit hyperactivity disorder behaviors are different than those of their peers in a classroom setting. During this study, children with ADHD were not on any medication. Students that were a part of the study were 569 students aged 7-11 years old that attended eight different elementary schools. "Students were observed in their natural classrooms using the Munich Observation of Attention Inventory. Correlations between teacher reports and observation codes were computed, and systematic differences between students with ADHD problems and controls in different classroom contexts were examined" (p. 385). The teachers completed an observation checklist about the students with categories about inattentiveness, actively disrupting, and on task behavior. What was found was children with ADHD were more disruptive and inattentive than their peers. They were also found to be less on task than their peers. In conclusion, students with ADHD need assistance with this problems that correlate with this diagnoses.

The responsibility of guiding the children to become liable and accountable for their work falls onto the classroom teacher, to show them strategies that will help them be successful.

Schlozman and Schlozman (2000) highlighted the main problems children with ADHD face within the classroom. They discussed classroom setting for children with ADHD and how a chaotic classroom can lead to incomplete assignments, making students and teachers miserable. The authors reported that in order for children with ADHD in the classroom to be successful they need many things from the teacher. These include, discussing strategies with students outside the classroom, giving clear expectations, breaking down assignments, and chunking lessons into less overwhelming parts. Schlozman and Schlozman stated that, “teach students with ADHD to break down assignments into smaller, less overwhelming components (p. 32).” In conclusion, they found that children with ADHD could be successful with the right classroom environment, strategies, and structure.

ADHD students benefit from being taught and modeled appropriate social skills. The next investigation by Sheridan et al. (1996) was on a social intervention program that took place at a university for students with ADHD and their parents. There were five children who were studied in the article. There were two 10-week training groups. One group was a social skills group for the children and the other was a skill-based group for the parents. For the children there was a lot of role-play and modeling appropriate social behaviors. This article found that once social skills were taught, all students with ADHD significantly increased socially. “All subjects demonstrated mean increase in each target behavior from baseline to treatment conditions” (p.11) However, researchers were unsure if this had a long-term effect. They figured that if the parents remained consistent, modeling appropriate behaviors and the students could retain the information they learned, and then the students would continue to be socially successful.

There are different subtypes of ADHD and it is imperative that professionals are aware of it, so they can properly help students within the classroom. Solanto, Pope-Boyd, Tryon, and Stepak, (2009) conducted research focused on ADHD and its subtypes. It focused in on children ages 7-12 years old with Combined (CB) ADHD and Predominantly Inattentive (PI). The characteristics of children with CB ADHD are that they are always on the go and act as if driven by a motor. The second group they focused on was Predominantly Inattentive (PI). Parents and teachers were involved in rating the child off medication compared to their peers. The evidence was clear that students with ADHD, either subtype were significantly lacking social skills. “Children with PI are less likely to be appropriately assertive, which is consistent with pervious report that they are more drowsy, sluggish, and daydreamy as well as more socially passive and withdrawn then children with CB. Children with CB by contrast are aggressive, are lacking in self-control and have greater total behavior problems. Both groups are deficient in cooperation” (p.33) however, they lack different things. CB students were missing the self-control aspect when interacting with peers, while the PI students were lacking assertiveness and reading social cues. However, there are different subtypes of it and students within subtypes lack certain aspects to their social skills. It explains a lot about why certain children act the way they do socially.

One way to help students become successful in schools is to keep open communication with the parents so they understand how to help their child. Stroh, et al. (2007) looked into parents of children with ADHD and parents with children who don't have ADHD. The parents were given a 4-page questionnaire survey to fill out about medication, social aspects, and general knowledge of ADHD. It was interesting to see parents' differing perspectives on the same subject matter. The GP (general population) group rated items like, “behavior plans can help

ADHD children improve their attention in school,” as true, where the ADHD parents did not rate this as high or significant. “The need for parents to be knowledgeable and aware of the treatment options for ADHD symptoms. Ultimately, parents make the final decision for the assessment and treatment of ADHD for their children. Therefore, it is crucial for parents to receive accurate and current knowledge related to the assessment of ADHD and all treatment options” (pg. 396).

Many parents were filled with inaccurate information pertaining to ADHD medication. What was concluded of the study was that parents (with a child with ADHD) were unaware of stimulant medication and its effects on children’s growth rate.

Students with ADHD need consistency and routine, as do adults dealing with students with ADHD. Volpe, Heick, Guerasko-Moore, (2005) believe that schools need an integrated program that can be carried through for years along with monitoring the child’s medication. In this study they focused on one child. He was given different doses of medication with the teacher being blind to the amount. With the use of medication, the child was able to surpass his goals at school. The article talks about having one consistent way to monitor children on medication to see if medication will work and to make sure they have the correct amount. “Although effects for time and order of conditions are controlled for in an alternating treatments design, there remains the possibility that effects from one condition can carry over to the next. For example, if a child responds well to one or more dose conditions and meets with success in school, this may increase the likelihood that the next day will be successful (both in actual terms and in with regard to informant ratings) whether the child is taking medication or not” (p. 520-521). There are many times where parents are in denial, rating scales do not make it to school, students grow out of their allotted doses, or the child moves onto the next grade before anything is decided. In

conclusion, if there were a consistent way to monitor this from year to year it would ensure success of students.

The information and facts about ADHD is continually changing. It is important as professionals to be up to date on information, techniques and strategies to help our students be successful within the classroom. The study by Zentall, and Javorsky (2007) discusses the positive effects that professional development can have when working with students with attention needs. This article talked about an in-service education that was to provide teachers with the knowledge and skills needed to manage children with severe classroom behaviors. The university provided teachers with data collection, consultation with professionals, and the in-service program. The goal was to provide teachers with the skills on how to effectively manage and improve academic, social and emotional student behaviors. What was found was that teachers who attended the training and implemented the skills and knowledge learned had 50% fewer classroom removals in one week. “Other important gains associated with completing the UT in-service education program were: (a) increased empathy for students with ADHD, (b) wiliness to accommodate, and (c) improved ratings of their students’ social skills” (p. 91). The teachers were two times more likely to use negative consequences for misbehaviors. “In-service, regardless of type, was associated with improvements in educators’ self-reports and willingness to learn about ADHD and confidence to teach students with ADHD and to include students with behavior and learning problems in the classroom” (p. 90). After being taught appropriate strategies to deal with behavior problems, teachers were able to successfully teach students with varying degrees of social and emotional problems.

In conclusion, by researching many databases, numerous studies were found regarding ADHD and its effects on children. Through all the studies review it is apparent the children

dealing with this disorder are going through many challenging situations. They are faced with reprimands from teachers for not behaving properly within the classroom, being excluded by their peers, fighting their impulsivity and trying to focus so they can achieve success in school. Overall, teachers and parents need to have thorough knowledge of ADHD to fully help their students and children cope and accommodate for their difference. There is no answer for medication whether it is the best option or not. More research would need to be done to prove if medication is the best intervention procedure. One study suggested parents and teacher, “to combine the use of stimulant medication with the teaching of appropriate interactive play skills if deficits in this area are to be adequately addressed” (Handen et al., 2009, p.9). ADHD affects many children and it affects each one differently. It is important to look at each case differently and understand the effects it has each individual child. Once teachers and parents take into consideration the specific effects ADHD has upon the child intervention plan and results will be extraordinary.

The purpose of this present study is to examine and interview students with ADHD on medication and if their behaviors can improve with the help of a social skills group. Students will be attending a social skills group twice a week for three weeks. The primary research questions are: (a) how and why do student with ADHD react to certain social situations the way they, (b) will teaching a social skills group benefit students who lack appropriate interactions with their peers, and (c) does the combination of medication and a social skills group have the best outcome for social behaviors? In the following chapter, I will describe in detail the methodology of my project.

## **Methodology**

### **Subjects and Settings**

The study was conducted in a large-sized (i.e., 650 students), suburban elementary school in Western New York. It took place during a 3<sup>rd</sup> and 4<sup>th</sup> grade lunch period. The students involved were children diagnosed with Attention Deficit Hyperactivity Disorder. The group was comprised of six students (1F, 5M). All six students were Caucasian. Students ranged in age from 7-9 and all of the students in this study had IEP's or 504 plans for their ADHD. As classroom teacher and primary investigator, I was noticing that children within my integrated co-taught class, who suffered from ADHD, were having problems in social situations. Of the six children, three of the children are on medication for the ADHD and the other three are not taking any medication. It was noted that all of the students struggled to act appropriately in social situations and situations that triggered their anger. Due to this consistent challenge for children socially, I knew that there was a need for a social skills group. The social skills group was conducted in our classroom during a 30 minute lunch period, twice a week for three weeks. Teacher, pupil, and parent consent was obtained according to the University Institutional Review Board policies and procedures.

### **Research Framework**

Attention Deficit Hyperactivity Disorder holds a common theme when it comes to social skills, or lack thereof, from children suffering from this disorder. It is said that, "50% of children with ADHD have peer relationship problems" (King et al., 2008, p.579). This statistic makes it is clear that socializing is a real problem for children with ADHD. In one study by Solanto et al. (2009), a teacher asked each of the children in the class who they "liked, disliked and ignored" (p.15). Children with ADHD obtain scores that showed them socially lower than their peers. Children with ADHD tend to be more unaware of

“appropriate social skills and behaviors and they are less likely to behave in socially appropriate ways when interacting with peers” (p.590). It is hard for children with this disorder to fit in socially. Their social awkwardness makes school more challenging and more of a burden. Dealing with their uncontrolled behaviors, because of this disorder, and being on the socials outskirts with their peers can take a toll on children. It is our goal to intervene and guide children how to get along with their peers and to help them become socially accepted.

I will be using qualitative research to explore and investigate students with ADHD and how they retain information from a social skills group. I will investigate whether they understand appropriate behaviors, model and teach the appropriate behaviors, and observe them in different settings to see if they follow through with what was presented.

### **Dependent Variables**

The primary dependent variables in the study are (a) how children will react to the social skills group, and (b) how they will implement what they learned in certain situations throughout their everyday lives. After the data is collected the dependent variable will be how a child takes the social skills learned and applies them to daily life. Primary investigator will continue the field notes in social situations outside the classroom to observe if the skills are being used.

### **Independent Variable**

The independent variable was the social skills intervention group. If a student was absent for the group session, investigator would make up the missed lesson with this child. The study involved interviewing 4-6 students who are classified with Attention Hyperactivity Deficit Disorder. I used meaningful interviews, field notes, and social skill lessons to entice the students to participate. The criteria for this study were:

1. Subjects are classified and diagnosed with Attention Hyperactivity Deficit Disorder.

2. Subjects include male and female participants
3. Subjects learn through a skills group different methods to interact with their peers.
4. Students have prior issues with interacting with peers appropriately.

### **Data Collection**

To collect my data, I gave each student an interview that focused on frustrating situations that arise throughout a school day. I recorded the information through notes and also recorded participants' answers to transcribe information that I may have missed. Then, I observed them throughout the situational times to see how they actually responded to the situations we discussed. I kept a detailed journal to log all the information. Once my pre-assessment was complete, we began our social skills group twice a week for thirty minutes. After six sessions, I gave them the same situational questions to see if their answers changed or remained the same. Then, I observed them and track their actions. After all the data is collected, I compared notes from the beginning of the research and from the end to see if the participants made improvements, remained the same or regressed socially.

To ensure that data were being collected accurately and consistently, the investigator/classroom special education teacher *independently* scored pupils' answers to the interview questions. Also, observed children within the same settings outside classroom limits. Investigator also made sure to present the information in a child-friendly manner to make sure the students' comprehended the social skills being taught.

### **Experimental Design and Procedures**

My proposed study is based on students that are diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and are currently taking medication. My study investigated whether a social skills group positively affects children with ADHD along with their medication. According to Volpe (2005), "A

majority of students with ADHD may experience behavioral benefits from the use of stimulants...higher doses lead to incremental improvements in behavior” (p.518). After thorough research, I have concluded that medication may not be the final answer to solve all the ADHD problems. Along with medication, children need to be taught appropriate social skills. Student participants with ADHD will have the opportunity to participate in a social skills group within the regular school day. The main objective was to build an understanding of what is socially appropriate, and how to maintain their skills in difficult and frustrating situations. My research focused on several children with ADHD who severely lack communication, socially appropriate, and de-escalation skills. Those who choose to participate in the project were given a pre-assessment interview on how they handle common peer situations within the school day. Then, I took field notes on their actions in social settings (lunch, and the playground). Once the pre-assessment data was collected, I began modeling, communicating, and teaching students’ proper skills to use throughout the day. I took the student participants during lunch twice a week for the social skills group. The skills that I taught varied including, how to make a friend, personal space, interpreting body language, sharing, and cooperating. At the end of the research, students were given the same assessment that they took at the prior to the social skills group, and I took more field notes to see if their social abilities have changes.

### **Data Analysis**

The purpose of my case study is to investigate children who have Attention Deficient Hyperactivity Disorder, and if a social skills class will have a significant effect on their social wellbeing and likeability among peers. The research will be based on the idea that students with ADHD who are on medication also need s supplement aide to help them act and behave properly within daily settings. Children with ADHD showed greater discrepancy than their peers. As Handen et al. (2009) state, “The ADHD group was rated as being more active, engaging in higher rates of intense play, and having a greater need for teacher intervention...tend to be more

disruptive, controlling, and active”. This is a perfect example of the social difference between children with ADHD and their equals. My work built upon the research of Sheridan et al. , where they stated children with ADHD need to be in a social skills group as well as, on medication to significantly increase their social success. My research took a look into students with ADHD and how their behaviors and peer relationships are prior to a social skills group and after a social skills group. This study surveyed children who suffer from ADHD. With the use of interviews, modeling social encounters, collective discussion groups, and a social skills lunch group, I was able to gain further understanding about how students react to different social scenes and teach them appropriate responses to daily situations. Therefore, helping them become more successful and thrive in social situations with peers and adults. Medication allows students with ADHD a more equal playing field by helping the children focus, control impulsive behaviors and handle the demands of education.

**Baseline:** In the present study, student social performance was first examined through teacher observations and a baseline interview. During these initial baseline sessions, social scenarios were observed outside and within the class by the special education teacher. Notes were recorded for all students about their reactions to peers and how they handled themselves in certain situations. During baseline, there were no explicit consequences (neither positive nor negative) for social performance. Notes were compiled to form the lessons needed for the social skills group.

**Intervention:** After initial baseline interview sessions were completed, students participated in a brief (i.e. 20 minute) training session led by the special education teacher. The teacher explained why we are completing a social skills group and how the groups will be run.

A typical intervention session worked as follows: First, the special education teacher would introduce the lesson and skill that the group would be working on. There would be a brief (5 min) discussion on the children’s background knowledge about the topic. Next, the teacher would introduce the

lesson on topics such as: introducing yourself, tone of voice, personal space, joining a group, sharing, following rules, and dealing with anger. Each lesson was presented in a fun and motivating way to get students involved and excited. At the end of each lesson, there will be another brief discussion about what these skills would look like at school. Then, the special education teacher/investigator would observe children in social situations to see if they are implementing what they have learned.

***Withdrawal:*** After the intervention data was collected, the social skills group intervention was removed. Students were informed they would need to apply these skills learned to their daily lives.

In the next chapter, I will be discussing my findings on implementation and effects of a social skills group with students diagnosed with ADHD.

## **Results and Application**

Children who suffer from Attention Deficit Hyperactivity Disorder (ADHD), lack a variety of social skills. For my research, I started with a pre-observation of the skills that many children with ADHD lack such as, making eye contact, knowing how to join a group, asking questions, sharing, cooperating, following rules, and seeking help. I made a checklist of the skills that I would be teaching and observed the children in the lunchroom and the playground to see if they had any of these skills that we would further discuss. The themes that I noticed while observing children within social settings were students unable to be socially accepted with their peers, students becoming angry and frustrated with their peers, and students unable to communicate their feelings during a troublesome situation.

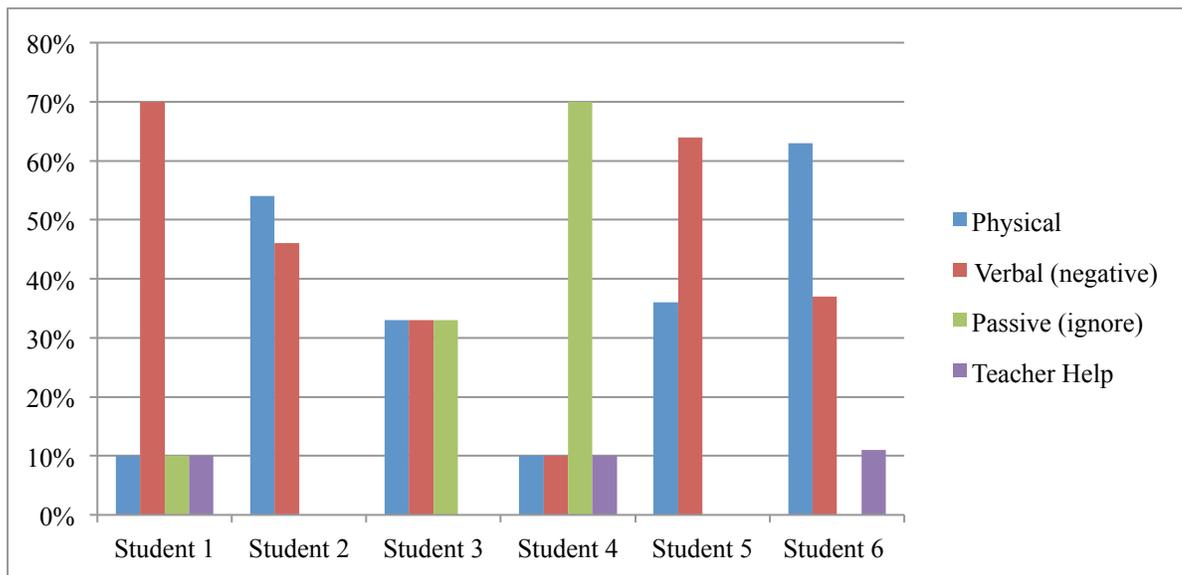
As seen in Table 1: many of the children lacked the basic social skills that many children their age exhibit and do naturally. After observing the students, it was evident that there were



Prior to the start of the social skills group, I interviewed each student individually to see their thoughts and ideas on how to handle certain social situations. Students were asked questions that required an answer to “what would be the best way to handle the situation and what would be the worst way to handle the situation?” After interviewing all the children, it was evident that they understand what they need to do and how to handle themselves. Looking at their responses it was clear that they had four ways to handle a situation, physically, verbally (positively and negatively), by being passive (ignoring), or by getting the teacher involved. If you look at Table 2 and Graph 2, five out of the six children agreed that being physical and verbally abusive is the wrong way to handle all situations. However, I noted that in the heat of anger or conflict, they forget the correct way to act.

**Table 2: Pre-Interview- The Worst Way to Handle a Situation**

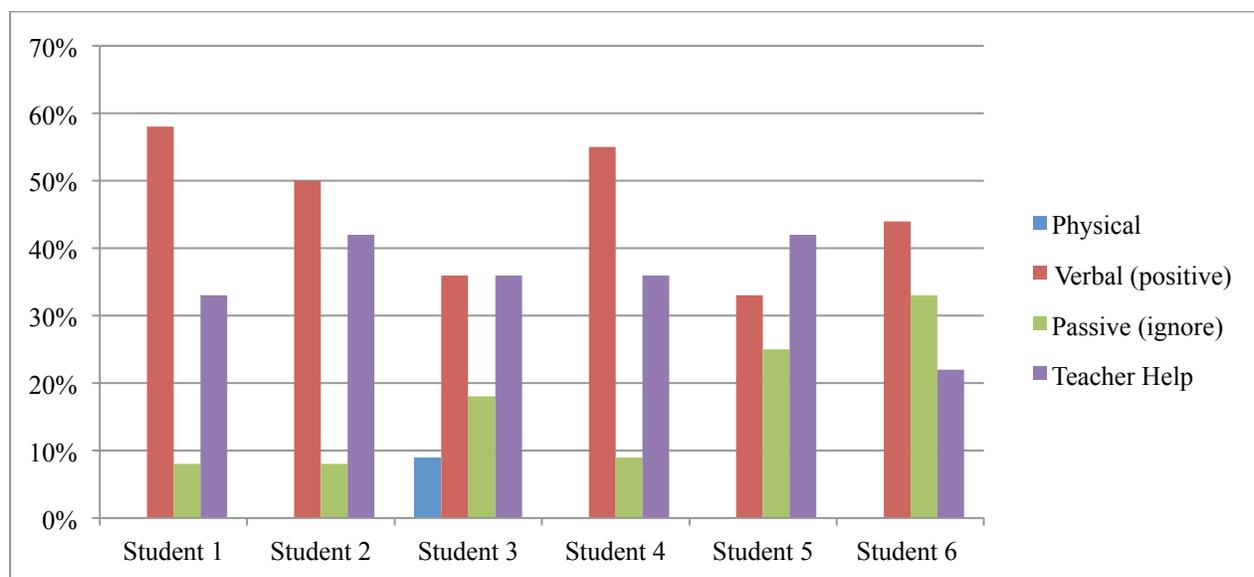
	Physical	Verbal (negative)	Passive (ignore)	Teacher Help
Student 1	10%	70%	10%	10%
Student 2	54%	46%	0%	0%
Student 3	33%	33%	33%	0%
Student 4	10%	10%	70%	10%
Student 5	36%	64%	0%	0%
Student 6	63%	37%	0%	11%

**Graph 2: Pre-Interview- The Worst Way to Handle a Situation**

Accordingly, students know the most positive way to handle situations as well. If one looks at Table 3 and Graph 3, one will notice that five out of six children agreed that polite and positively talking the situation out was the best way to solve a problem. One child thought the best way would be to get the teacher involved. Again, it is evident that in an interview, separated from the intensity and feeling in a conflict setting, they are able to correctly decide the best way to control the situation.

**Table 3: Pre-Interview- The Best Way to Handle a Situation**

	Physical	Verbal (positive)	Passive (ignore)	Teacher Help
Student 1	0%	58%	8%	33%
Student 2	0%	50%	8%	42%
Student 3	9%	36%	18%	36%
Student 4	0%	55%	9%	36%
Student 5	0%	33%	25%	42%
Student 6	0%	44%	33%	22%

**Graph 3: Pre-Interview- The Best Way to Handle a Situation**

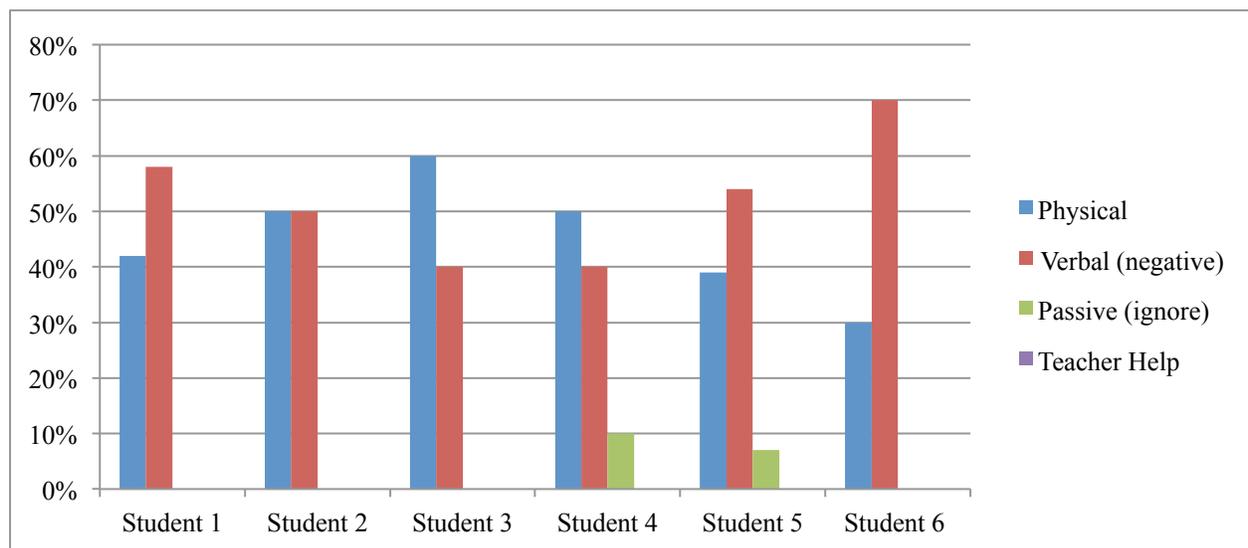
The social skills group was conducted in our classroom during a 30 minute lunch period, twice a week for three weeks. For three weeks, we worked on skills including, eye contact, joining a group, asking questions, sharing, cooperation, following rules, seeking help, and

controlling anger, which I previous observed them doing and not doing. Students were very eager and excited to come to the group and enjoyed their time modeling, learning, and discussing their thoughts and opinions.

After the social skills group was completed, I re-interviewed the students to hear if their responses had changed from the previous interview or stayed relatively the same. After listening to the children again, many of the children answered about the same but added in more information they had just learned. In Table 4 you can see that all the students agreed that being physical and verbally abuse is the wrong way to handle any situation.

**Table 4: Post-Interview- The Worst Way to Handle a Situation**

	Physical	Verbal (negative)	Passive (ignore)	Teacher Help
Student 1	42%	58%	0%	0%
Student 2	50%	50%	0%	0%
Student 3	60%	40%	0%	0%
Student 4	50%	40%	10%	0%
Student 5	39%	54%	7%	0%
Student 6	30%	70%	0%	0%

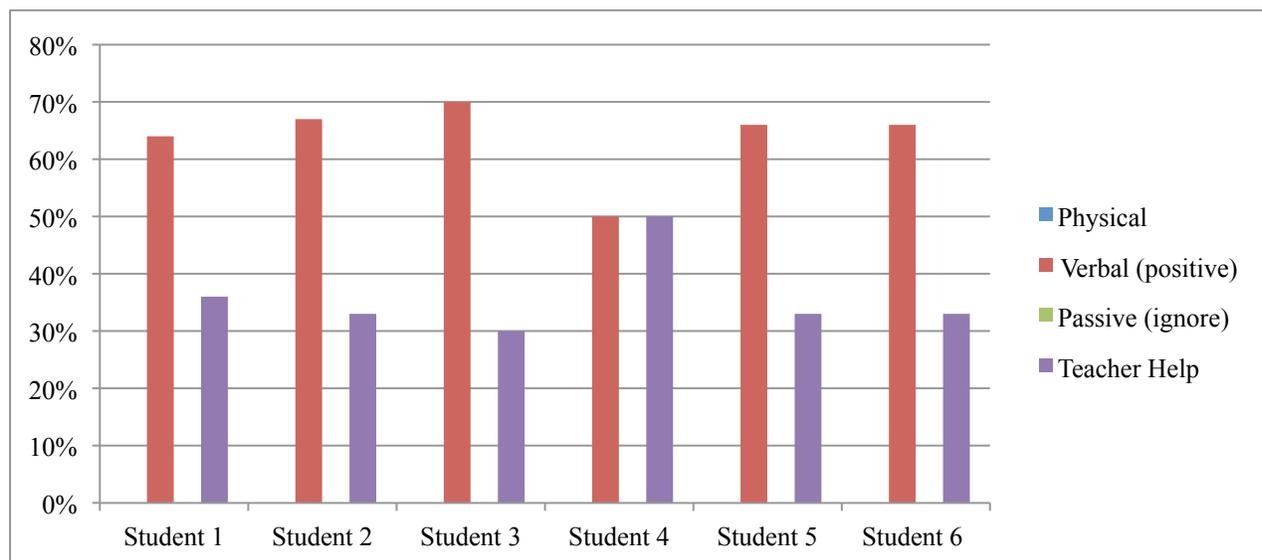
**Graph 4: Post-Interview- The Worst Way to Handle a Situation**

After our post interview all the children agreed that using polite words with a peer can help any situation. Many of them agreed that, if they were unable to use kind words to solve the problem, they would get a teacher involved to help them. Therefore, many of their scores are split between the two.

**Table 5: Post-Interview- The Best Way to Handle a Situation**

	Physical	Verbal (positive)	Passive (ignore)	Teacher Help
Student 1	0%	64%	0%	36%
Student 2	0%	67%	0%	33%
Student 3	0%	70%	0%	30%
Student 4	0%	50%	0%	50%
Student 5	0%	66%	0%	33%
Student 6	0%	66%	0%	33%

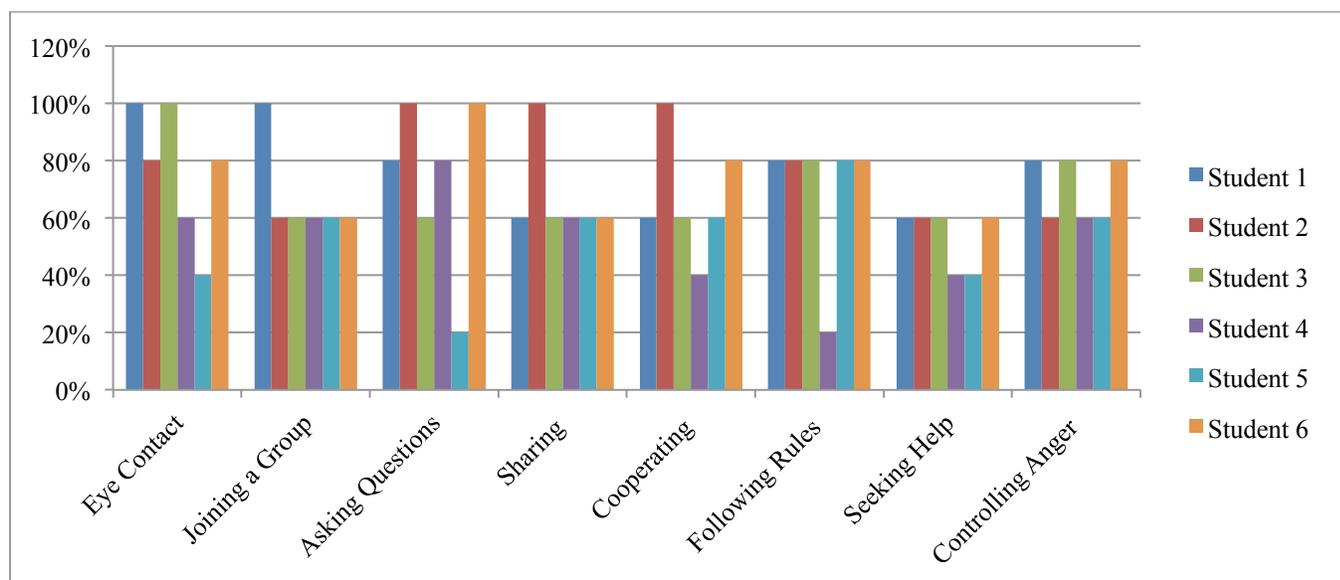
**Graph 5: Post-Interview- The Best Way to Handle a Situation**



To complete my research, the final step was to observe the students once again in social situations. I observed them in lunch and in recess to see if their skills improved. Looking at Graph 6, it is evident that their scores did improve all around. If one looks at Table 6, there is not one student who scored a 0% on a skill during this observation. If one compares the scores from Table 1 and Table 6 all of the students' scores grew in all skills and concept areas. Many of the scores in Graph 6 show students at 60-80% mastery. All the social skills were not mastered, due to the amount of time given, but the students made small gains in their skills.

**Table 6: Post-Teacher Observation in Social Settings**

	Student 1	Student 2	Student 3	Student 4	Student 5	Student 6
Eye Contact	100%	80%	100%	60%	40%	80%
Joining a Group	100%	60%	60%	60%	60%	60%
Asking Questions	80%	100%	60%	80%	20%	100%
Sharing	60%	100%	60%	60%	60%	60%
Cooperating	60%	100%	60%	40%	60%	80%
Following Rules	80%	80%	80%	20%	80%	80%
Seeking Help	60%	60%	60%	40%	40%	60%
Controlling Anger	80%	60%	80%	60%	60%	80%

**Graph 6: Post-Teacher Observation in Social Settings**

In the next section, I will be discussion the significance of my results and how they affect students with ADHD in social settings.

### **Discussion and Conclusion**

The present findings show that implementation of a social skills group for children with Attention Deficit Hyperactivity Disorder (ADHD) were significantly effective. Before the social

skills group was implemented, students had a difficult time relating, communicating, and playing with their peers. After the social group was implemented, the children's scores greatly improved. During their final interview, all students documented that the worst way to handle situations was to be physical and use negative words. Furthermore, all the students decided that the best and most appropriate way to handle social situations was to verbally communicate in a positive way, and get the teacher involved if you can't fixed the problem independently. Another pleasant result was observing students in social situations. Each student improved significantly; however, the most impressive was Student 6 who improved their score by 49%. Overall, all the students improved their scores in the blind social observation by 34%. These results are consistent with the work of Sheridan, et. al (1996) in which they stated children with ADHD benefit from a social skills group to significantly increase their social success. According to Sheridan, et. al., "the social behaviors of children with ADHD are problematic...these children are frequently bothersome and socially awkward. Children with ADHD tend to be aggressive, placing them at-risk for being disliked and exclude...typically inappropriate in social situations" (p.2). Hence, the need for a social skills group. Current findings extend the validity of the social skills group to new students, populations, and geographic locations.

Current findings also indicated that the relationship between students with ADHD and a social skills group was a successful one. Looking at the data, Students 2, 3, 5 were on medication before, during and after the implementation of the social skills group. Looking at their success rate they improved in the blind observation by 30%. During the interview questions they tended to say that handling a situation physically and with negative words was the worst way to handle situation. According to Handen, Sagady, and McAuliffe-Bellin (2009), "MPH appears to "normalize" some social and play functioning among children diagnosed with ADHD" (p. 8). It

was interesting to see that the students knew how to handle themselves in situations; however, in the heat of the moment, they had a habit of losing sight and reacting impulsively. I found it interesting that students on medication for ADHD made such significant gains in social skills. It proves that medication can help students to some extent but that they still need reinforcement and teaching of skills that are a struggle to them. Looking at the data for Students 1, 4, 6, who were not on medication, their blind observation scores increased by 38.75%. I can assume that their scores increased more do to the teaching and guidance of the skills they had deficits in. They were not on medication to help their impulsiveness, aggressiveness, and hyperactivity. Therefore, the group was something that allowed them to really learn and understand how to conduct themselves in a positive way to socially fit in with their peers.

The social skills group was easy to implement; however, there was some preparation work and time that was required. The lessons took some time to prepare but the outcome was very powerful and successful. The group was easy to hold during lunch and the students enjoyed coming to the sessions. It was evident that the students loved the more one on one attention they were receiving within the group sessions. They were able to talk, communicate, and role play in a small group session where they felt comfortable sharing stories. The social skills group was easy-to- use, effective and motivating for the students. These findings are consistent with previous research of Sheridan, et. al (1996) and the implementation of a social skills group. I felt that the social skills group was a great way for students to open up about personal situations, reflect and understand how to properly handle themselves. Students found it motivating that they were able to play games throughout the groups and kept them excited to learn new social techniques.

Although the present study showed positive and encouraging findings, there are some study limitations to consider while interpreting the data. First, the study was conducted with only one small group of students (N=6), in one geographical location. Generalizations to other grade levels, geographic settings, or medication types are not necessary at this time. Secondly, the study was conducted for a reasonably short period (3 weeks, 2 days each week) and no generalization and maintenance data were collected. It may seem fitting to assume, that the same effects would be obtained over a longer period of time, however, that cannot be concluded. Also, it would be nice to see the effects of this study spread to other areas of the children's life (eg., at home, in the community). Future research should include a longer duration of a social skills group, explicit generalization measures, and an at-home social component.

The present results are limited because the investigator served as primary data collector and evaluator. Although procedures were used to monitor fidelity of implementation (i.e., fidelity assessments and observations), one cannot rule out potential experimenter bias effects at this time. Future researchers should use independently-trained data collectors to the maximum extent possible.

Teachers work very hard to help children with this disorder overcome and accommodate their needs. Countless hours go into working with children with ADHD to help them better themselves through behavior modifications, constant reminders of the rules, acting out different social scenarios, having cues for them, using lots of visuals, etc. A statistic such as that is heartbreaking to know that the student could not overcome the obstacles put in front of them. As an educator, it lights the fire to help students with ADHD become the best they can be and help them overcome the obstacles they have stacked against them. It is unfortunate that children have to deal with not being socially accepted, as well as all the other effects that ADHD brings.

School-age children need and thrive on social interactions with their peers to feel accepted, happy, and enthusiastic about school. It is important to use modeling for proper social interactions and use positive reinforcement.

In summary, this study examined the effects of a social skills group on students with ADHD, in a rural school district in Western New York. Current findings indicated that the social skills group produced substantial increases in students' social behaviors. In addition, students' seemed to get along better with their peers within the classroom and special areas. These improvements allowed students to handle themselves better in frustrating situations, and in situations that were difficult for them prior to the study. There needs to be more research done regarding this study. First, there needs to be additional replications. Can this group be used across grade levels? What are the long term effects of a social skills group? Will student continue to be socially successful once the group is gone? Will the students tire of coming to the group? Will the students eventually plateau socially? These questions and many others challenge future practitioners and researchers. Educators need classroom interventions that are influential to progress students who struggle socially, yet have an easy plan to implement.

## References

- Bennett, E., Zentall, S. & French, B. (2006). The effects of computer-administered choice on students with and without characteristics of Attention-Deficit/ Hyperactivity Disorder. *Behavior Disorders, 31* (2), 189-203.
- Castell, S. & Jenson, J. (2004). Paying attention to attention: new economies for learning. *Educational Theory, 54*, 381-397.
- Handen, B., Sagady, A. & McAuliffe-Bellin, S. (2009). Methylphenidate and play skills in children with intellectual and disability and ADHD. *Journal of Mental Health Research in Intellectual Disabilities, 2*(1), 1-10.
- Kapalka, G. (2008). Managing students with ADHD in out-of-class settings. *Emotional and Behavioral Difficulties, 13*(1), 21-30.
- King, S., Waschbusch, D., Pellham Jr., W., Frankland, B., Andrade, B., Jacques, S. & Corkum, P. (2008). Social information processing in elementary-school aged children with ADHD: Medication and effects and comparisons with typical children. *Journal of Abnormal Child Psychology, 37*(1), 579-589.
- Lauth, G., Heubeck, B. & Mackowiak, K. (2006). Observation of children with Attention-Deficit Hyperactivity (ADHD) problems in three natural classroom contexts. *British Journal of Educational Psychology, 76*(1), 385-404.
- Pfiffner, L., Villodas, M., Kaiser, N., Rooney, M., & McBurnett, K. (2013). Educational outcomes of a collaborative school-home behavioral intervention for ADHD. *School Psychology Quarterly, 28* (1), 25-36.

- Schlozman, S. C., & Schlozman, V. R. (2000). Chaos in the classroom: Looking at ADHD. *Educational Leadership, 58*, 28-33.
- Sheridan, S., Dee, C., Morgan, J., McCormick, M. & Walker, D. (1996). A multimethod intervention for social skills deficits in children with ADHD and their parents. *School Psychology Review, 25*(1), 57-76.
- Solanto, M., Pope-Boyd, S., Tryon, W. & Stepak, B. (2009). Social functioning in predominantly inattentive children and combined subtypes of children with ADHD. *Journal of Attention Disorders, 13*(1), 27-35.
- Stroh, J., Frankenberger, W., Cornell-Swanson, L., Wood, C. & Pahl, S. (2007). The use of stimulant medication and behavioral interventions of the treatment of Attention Deficit Hyperactivity Disorder: A survey of parents' knowledge, attitudes, and experiences. *J Children and Family Study, 17*(1), 385-401.
- Volpe, R., Heick, P. & Guerasko-Moore, D. (2005). An agile behavioral model for monitoring the effects of stimulant medication in school settings. *Psychology in the Schools, 4*(5), 509-523.
- Zentall, S. & Javorsky, J. (2007). Professional development for teachers of students with ADHD and characteristics of ADHD. *Behavioral Disorders, 32*(2), 78-93.