

Example psychology essay



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Why is it difficult for some people with learning disabilities to socially integrate in wider society? Outline and evaluate some of the ways in which learning disability services can help individuals with learning disabilities realise their dreams of developing friends and relationships with others.

Introduction

Learning disabilities refer to a group of disorders whereby individuals may display significant difficulties in listening, speaking, reading, writing, reasoning, mathematical abilities and social skills (Kavanagh & Truss, 1988). These individuals find it difficult to socially integrate in wider society (Gresham and Elliot, 1987); this issue will be referred to social functioning in this essay. Indeed, this is a problem; not only does this have consequences for social functioning, but consequences for academic achievement (LaGreca & Stone, 1990). Therefore, it is important to understand the mechanisms that explain the relationship between learning disabilities and social functioning, and the methods used to promote social functioning.

Researchers have proposed a number of possible explanations to explain the relationship between learning disabilities and a lack of social functioning.

These are social skill deficits (e. g., Bryan, 1991), communicative deficits (e. g., Storey, 2002) and anxiety (e. g., Beauchemin, Hutchins and Patterson, 2008). Individuals with social skill deficits do not have the social skills in their repertoire to interact appropriately with peers (Gresham & Elliot, 1987).

Individuals with communicative deficits have difficulty communicating with partners, such as proximity, eye contact, expecting the other individual to communicate and to respond sufficiently (Downing, 2005). Whereas social skills may include non-communicative behaviours (e. g., dressing appropriately), communicative skills are solely relational; that is, the

interaction between individuals (Downing, 2005). Furthermore, anxiety refers to the high state of arousal for individuals with learning disabilities, which, in turn impacts on social skills (e. g., Beauchemin et al., 2008). A number of interventions have been designed based on the above potential mechanisms. These are social skills training (e. g., Vaughn, 1985), communicative skills training (e. g., Downing, 2005) and mindfulness meditation (e. g., Beauchemin et al., 2008). Overall, the research suggests that social skills training, communicative skills training and mindfulness meditation offer modest results. These findings suggest these interventions provide little support for helping individuals with learning disabilities to develop friends and relationships. However, these modest effects may be limited to methodological limitations, such as how concepts are defined and measured. These interventions are viewed best as experimental interventions with theoretical structures that need rebuilding.

Social skills training

There is a consensus in the learning disability research literature that social skill deficits are a defining feature of learning disabilities (e. g., Forness & Kavale, 1996; Kavale & Mostert, 2004). Social skill deficits may occur because a set of skills has not been learned and therefore cannot be performed (Kavale & Mostert, 2004). Social skills training is based on the assumption that if social skills can be taught, learned and performed, social competence will develop. Social competence is an umbrella term, which refers to the perceived adequacy of one's social functioning (Maag, 2005). For example, as an individual acquires listening skills, they will begin to develop peer acceptance, which, in turn, infers social competence.

Social skill training is an increasingly popular intervention used to increase the social competence of individuals with learning disabilities (Kavale & Mostert, 2004). Social skills training programmes often involve developing a comprehensive set of skills, such as social problem-solving, expressing feelings, working cooperatively and learning how to listen (Kavale & Mostert, 2004). Training is delivered in a range of styles, such as direct instruction, coaching, modeling and prompting (e. g., Combs & Slaby, 1978; McIntosh, Vaughn & Bennerson, 1995). For example, McIntosh, Vaughn and Bennerson (1995) developed an interpersonal problem-solving intervention, which involves carrying out social tasks between individuals, as opposed to isolation. McIntosh, Vaughn and Bennerson (1995) argue that if social skills are considered in multiple contexts (e. g., parents and peers), it is more likely to deliver long-term benefits (McIntosh, Vaughn & Bennerson, 1995).

In order to assess whether social skills training should be included in intervention programmes it is important to assess their effectiveness. By effectiveness, this refers to whether it is possible to teach students with learning difficulties social skills so that they can cope and adapt to the larger social environment (Kavale & Mostert, 2004). A number of comprehensive reviews in the research literature of learning disability have investigated the effectiveness of social skills training (e. g., McIntosh, Vaughn & Zaragoza, 1991; Sridha & Vaughn, 2001). However, the findings of these reviews have been mixed (Kavale & Mostert, 2004), therefore offering tentative conclusions (i. e. conclusions that are not certain). This mixed support makes it possible to question the effectiveness of social skills training and whether

individuals with learning disabilities can develop friends and relationships with others.

Alternatively, meta- analyses have investigated the effectiveness of social skills training (e. g., Kavale & Forness, 1995; Forness & Kavale, 1996). A meta-analysis is a quantitative research method, which involves the collection of research studies. The conclusion of a meta-analysis is calculated by identifying the common statistical measure shared between studies, such as the effect-size (Cohen, 1988). Meta-analyses are considered the most robust research method as they are a way of achieving the highest statistical power. This means that researchers can be confident with generalising about a certain intervention (Eden, 2002).

Kavale and Mostert (2004) conducted a meta-analysis to investigate the effectiveness of social skills training. Findings showed that social skills training had small effects, meaning that social skills training had limited efficacy for developing individuals' social competence (Kavale & Mostert, 2004). Kavale and Mostert (2004) suggest that the small effects associated with social skills training may be due to a number of theoretical and design issues.

Perhaps one of the reasons social skills training has small effects is due to how social skills are conceptualised. Indeed, there is a continual debate in the literature over how social skills are defined (Gresham, 1986). For example, some researchers refer to social skills as certain actions used to respond to social tasks (e. g., McFall, 1982). In contrast, other researchers refer to social skills as behaviours that help individuals initiate and maintain

relationships and adapt to the larger social environment (e. g., Walker, Colvin & Ramsey, 1985). Therefore, if there is a lack of a universal concept surrounding social skills then research studies will evaluate the effectiveness of social skills training in different ways.

Another potential explanation as to why social skills training have small effects is related to measurement issues. Indeed, in the learning disability research literature there is a common problem of psychometric issues i. e. the design of quantitative tests (Gresham, 1986). For instance, researchers have identified that there has been a poor rationale for the inclusion of certain items in questionnaires. In addition, items often present poor reliability (i. e., items that produce inconsistent results across consistent conditions) and poor validity (i. e., items selected do not truly measure what they intend to measure). Therefore, if questionnaires do not obtain valid measures of social skills, research studies will find it difficult to show that social skills training works. To overcome these methodological issues, researchers have developed more robust instruments. These are the Social Skills Rating System (Gresham, 1986) and the Walker-McConnell Scale of Social Competence and School Adjustment (Walker & McConnell, 1988). However, in Kavale and Mosterts' (2004) meta-analysis, very few research studies utilised these instruments. A recommendation for future research would be to utilise instruments with good psychometric properties, in order to estimate the true efficacy of social skills training.

Communicative skills training

Individuals with learning disabilities show deficits in communication.

Therefore, researchers have focused on developing individuals'

communicative skills in order to promote communicative competence. Communicative skills training develop these communication skills at job sites, such as employment offices (Storey, 2002). A responsive communicator refers to one who is aware that they are required to wait sufficiently for their partner to finish, before responding with relevant information (Downing, 2005). These communication skills lack in individuals with learning disabilities. This type of intervention is based on the foundation that communication is relational. Indeed, communication is characterised by the interaction between at least two individuals, or more, where there is a sender of a message and a receiver of a message. According to Downing (2005), using communicative partners in interventions is necessary for individuals with learning disabilities to understand the social aspects of communication.

Like social skills training, communicative skills training use a variety of methods, such as modelling, role-playing, feedback and problem-solving. Furthermore, communicative skills interventions use reciprocity, facilitation and co-worker support. For example, Lamb, Bibby and Wood (1997) designed a programme, which included peer-communication activities. Participants were presented with publications of communication paradigms. The task required a speaker to describe the illustration to the listener who is then required to draw the illustration. An author supported this interaction. The author demonstrated the task first and provided regulatory strategies such as asking, answering and checking to encourage effective communication. Participants were told that if they would need to use these regulatory strategies in order to complete the tasks. This programme consisted of 12-

weekly sessions, which each lasted about an hour. Results showed that by the end of the programme, individuals engaged in these strategies more and became more effective at communicating. This suggests that communicative skills training is an effective intervention used to promote the social functioning of those with learning disabilities.

A systematic review carried out by Alwell and Cobb (2009) investigated the effectiveness of communication skills training for the social functioning of individuals with learning disabilities. Findings showed modest support for communicative skills training, suggesting that communicative skills training promote individuals' social functioning. This systematic review has a number of methodological strengths. First, this review only included studies that had robust methodology, such as high internal validity, high internal reliability, and studies that provided important statistical information, such as effect sizes. Therefore, researchers should have greater confidence that the results are reliable, at least across educational settings. Nevertheless, although it is a strength that the review only included studies that provided effect sizes, it can also be argued as a limitation. Alwell and Cobb (2009) raise the issue that excluding studies reduces the breadth and depth of the research pool, which, will reduce the quality of the systematic review. Therefore, future research should consider reporting their effect sizes so a larger pool of studies can be included in systematic reviews.

Mindfulness Meditation

Mindfulness meditation is an alternative approach to other interventions that can also be used to target the social functioning of individuals with learning disabilities (Beauchemin et al., 2008). Mindfulness refers to paying attention

to one's emotions, thoughts and sensations, in the present moment and in a non-judgmental way (Kabat Zinn, 1994). Mindfulness was originally identified as a method for improving mental health and reducing psychological distress (Bishop et al., 2004). However, it is recently becoming recognised as a technique that can be applied to a range of issues.

A study conducted by Beauchemin et al. (2008) investigated whether mindfulness-based meditation intervention promoted social skills. The intervention included meditation sessions to be carried out every day, over a period of five weeks. Specifically, students were instructed to focus on their breath as they inhaled the breath and exhaled the breath, in an attempt to achieve a sense of calmness. After students had achieved a sense of calmness, students were instructed to mentally note the thoughts and feelings they experienced during the exercise. Students were instructed that if they felt over-involved in their thoughts and emotions that they should identify and acknowledge these experiences in a non-judgmental way.

Findings showed that mindfulness meditation had modest results for promoting individuals' social skills (Beauchemin et al., 2008). This suggests that mindfulness meditation may be a method disability services can use to increase the social functioning of individuals with learning disabilities. This relationship between mindfulness and the improvement of social skills can be partly explained by the cognitive-inference model of disability. The cognitive-inference model of disability suggests that mindfulness meditation reduces anxiety and the self-focus of attention, which, in turn improves social skills (Wine, 1971; 1982). For example, if an individual with learning disabilities is thinking about their competence and negative thoughts, they

are likely to experience higher anxiety, which, in turn, will impact on their social functioning. Indeed, mindfulness meditation was significantly associated with a reduction in anxiety, providing support for the cognitive-inference model (Beauchemin et al., 2008).

The study conducted by Beauchemin et al. (2008) has a number of strengths. First, the Social Skills Rating System (SSRS) developed by Gresham and Elliot (1990) was utilised. This instrument is a self-report instrument, which assesses student, teacher and parent ratings of the individuals' social skills. The SSRS is a robust instrument, which has demonstrated acceptable internal validity and reliability (Harper, Webb & Reynor, 2013). By using instruments that have good psychometric properties, researchers can be more confident about the efficacy that mindfulness meditation has for promoting social competence. However, the generalisability of this study is subject to a number of limitations. First, the study did not utilise a control group (i. e. a group that does not receive the intervention). In experimental studies, control groups often serve as a comparison group, to evaluate interventions. In this instance, a control group was not used, producing threats to internal validity because the researchers cannot be sure that the behavioural changes observed are due to the intervention. Therefore, future research should consider randomly allocating participants to intervention and control conditions to ensure that changes in behaviour can be attributed to the intervention (Harper, Webb & Reynor, 2013). There is a robust set of research showing that mindfulness meditation reduces anxiety (e. g., Maags, 2005). However, there is a lack of research demonstrating the long-term effects of mindfulness meditation for promoting

social skills (Beauchemin et al., 2008). Longitudinal studies are required in order to determine a causal relationship. Future research should consider conducting longitudinal studies in order to investigate the long-term impact mindfulness meditation has for promoting social skills.

Conclusion

This essay has provided potential explanations to explain the why individuals with learning disabilities find it difficult to socially integrate in wider society. These are social skill deficits (e. g., Bryan, 1991), communicative deficits (e. g., Storey, 2002) and anxiety (e. g., Beauchemin et al., 2008). This essay has also outlined the different ways learning disability services can promote social functioning. These are social skills training (e. g., Vaughn, 1985), communicative skills training (e. g., Downing, 2005) and mindfulness meditation (Beauchemin et al., 2008). This essay also evaluated these interventions based on meta-analyses, systematic reviews and research studies. Overall, the research suggests that social skills training, communicative skills training and mindfulness meditation offer modest results. These findings suggest that these interventions provide little support in promoting the social functioning of individuals with learning disabilities. In light of the importance social functioning has for developing friends and relationships, these results are somewhat disappointing. However, these modest findings are limited to a number of methodological limitations. Some of these include the lack of agreed concepts (e. g., Gresham, 1986), the lack of robust instruments (e. g., Gresham, 1986) and the lack of control groups (e. g., Beauchemin, 2009). Because of these methodological issues, the theoretical structures of these interventions remain incomplete, limiting the

efficacy interventions have for social functioning. These interventions are viewed best as experimental interventions, and future research should consider rebuilding them.

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