Chapter 4
Social Development

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The process of socialization begins very early in a child's life (Martindale, Ilan, & Schaffer, 2013). It is the process by which a child acquires the language and culture of his or her family and the community into which he or she is born. Within this community, children learn the language, norms, values, behaviors, expectations and social skills that are appropriate for their "world."

Photo courtesy of Advanced Bionics

acquired through the process of natural interactions within their environment—primarily home and early education settings. They listen, observe, practice, and internalize. By the time children reach adolescence, they begin to test the values and ideas that have shaped their childhood. Friendships and peer groups gain significant importance during adolescence, and social status is related to their conformity to these groups (Ohio Welfare Training Program, 2007).

The term "children" is used throughout to refer to infants, toddlers, early and late childhood, and adolescence unless otherwise specified.

Social interactions are an important component of nearly every aspect of our lives. The development of skills necessary to form positive and lasting social interactions begins in infancy and continues to evolve as an individual grows and develops. Skills, such as trust, empathy for others, cooperation, channeling of emotions (e.g., joy, anger, sadness, frustration), develop throughout childhood. For most children, the skills needed for social interaction develop naturally. That is, they are

Children who have difficulties with such skills as attention, listening, hearing, language, and memory are vulnerable to social problems (Lawson, 2003). They may have difficulty following a conversation when a group is talking or may miss important information that causes them to react in an inappropriate manner. When social behaviors are judged by others to be inappropriate, the individual is considered to have difficulties in social competence. They have difficulty applying the social skills they have acquired or may have gaps in skill acquisition. Children who are deaf or hard of hearing (D/HH) are at

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increased risk for social problems because of the nuances of communication, volume, voice characteristics, pace of interactions, language requirements, and/or the nature of the environment in which the interactions take place (e.g., noise). In short, they risk social rejection by others—placing them at an increased risk for developing mental health problems (Antia, Jones, Kreimeyer, & Reed, 2011).

To have a friend presupposes that one has the social skills to make and keep that friend (APA, 2002). At its core, the skills we use to communicate and interact with one another form the basis of social interactions. Listening, eye contact, initiating conversation, understanding the listener, empathizing, and reading social cues are skills required for social success. Thus language is an essential component of social skill development. Children who are considered to be socially adept are able to initiate, maintain, and end a conversation. They are able to read social signals, solve problems, and resolve conflict. In short, they relate well to others and have learned to control their own emotions in order to achieve social and life success. As children acquire social skills, they become aware of how to communicate with others, the messages they send, and how they can improve communication to become more effective (Lawson, 2003; Erol & Orth, 2011).

> **There are many, many important social skills for children to learn. These skills are acquired over time as a child grows.**

Skills for Social Competence

There are many, many important social skills for children to learn. These skills are acquired over time as a child grows. Thus they are developmental in nature. Because social skills are developmental, parents and teachers must learn what to expect at different ages and stages. For example, a 10-year-old child is concerned about fitting in with their peers—a concern that grows stronger throughout the period of early adolescence. A 5-year-old, however, is not focused on "what everyone else is doing" as much as he/she is focused on forming close-knit bonds with two or three select friends. "Perceived relationship of self to others" is an important social skill that begins developing early and continues to evolve over time. As with most social skills, teachers will need to ensure students acquire the necessary core skills for successful social interactions.

VeryWell.com provides comprehensive information about the motor, cognitive, verbal, emotional, and *social skill* milestones for children ages 1 through 18. Using the "search" function on this website, type in "social development age xx," and you will be linked to information for that age child. This is a valuable resource for teachers to bookmark and reference frequently.

Because social skills encompass a broad array of skills necessary for successful interpersonal relations, it is helpful to think of these skills according to some type of skill grouping for purposes of assessing what skills a child does and does not have and for providing instruction. VeryWell.com presents social skills according to developmental milestones. Another way to think of social skills is by type or category. *Table 1* contains skill groupings by category. The skills listed are but a few examples of the types of skills that encompass each category, and the lists are not exhaustive (Canney & Byrne, 2006; Waltz, 1999).

Table 1
Social Skill Categories

Foundation Skills

- Maintaining eye contact
- Recognize and respect personal space
- Understanding gestures and facial expressions

Interaction Skills

- Resolving conflicts
- Taking turns
- Beginning and ending conversations
- Determning appropriate topics for conversation
- Interacting with authority figures

Affective Skills

- Identifying own feelings
- Recognizing the feelings of others
- Demonstrating empathy
- Decoding body language and facial expressions
- Determining whether someone is trustworthy

Cognitive Skills

- Social perception
- Making choices
- Self-monitoring
- Understanding community norms
- Determining appropriate behavior for different social situations

In this example, foundation skills are the building blocks that support social interactions. For example, maintaining eye contact is important to successful interactions with others but in isolation does not mean much. Maintaining eye contact during a conversation with another person is very important as it demonstrates interest in and attention to the other person. Foundational skills—when exhibited in social interactions—demonstrate understanding of the social situation, including the rules, practices, and values a child learns early in life.

Interaction skills are those necessary for getting along with others. They demonstrate understanding of turn-taking, the ability to assess a situation, and following the direction of a conversation. Individuals who have strong interpersonal skills are usually more successful making friends, getting along with others, and achieving life success. For children who are D/HH, interaction skills can pose a significant challenge. Following a conversation can be difficult when there are multiple people involved. When a conversation is fast-paced and occurs in difficult listening environments, information may be missed, and the child who is D/HH may feel lost (Punch & Hyde, 2011).

Cognitive skills encompass the skills a person's brain uses every day to think, learn, remember, reason, and pay attention.

As children reach adolescence, following conversations with a small group of friends can be challenging. Children who are D/HH must learn how to ask their friends to "slow down," make sure their friends face them when talking, and use strategies for asking friends to please repeat something he or she missed. The development of effective self-advocacy skills is essential for children who are D/HH to ensure successful interactions with peers, teachers, coaches, and family members.

Skills necessary for understanding, identifying, and relating to the feelings of others are called "affective" skills. These skills address a child's feelings, emotions, motivations, values, and attitudes. Any behavior that has an emotional component requires affective skills. One of the most important affective skills necessary for relating well with others is empathy. Being able to understand when you have hurt another person's feelings, recognizing when someone is sad or angry, and determining trustworthiness are important to establishing and maintaining successful friendships. Affective skills change over time as children grow and are exposed to many different situations, types of people, and experiences. Children who are D/HH are at risk for affective skill difficulties due to the contributions of nonverbal behaviors and voice nuances that may reveal a motivation or emotion different from the words that are spoken.

Cognitive skills encompass the skills a person's brain uses every day to think, learn, remember, reason, and pay attention. Children are bombarded with information throughout their day, and they must learn to sort through it and process which information is important and necessary to succeed in many different situations. The skills of attention, memory, and thinking are essential cognitive skills (see *Table 2*).

Table 2
Essential Cognitive Skills

Attention

Required to concentrate on a task or a conversation. By the time a child reaches the age of 8, he should be able to concentrate on one thing for longer than 15 minutes while at the same time ignoring distraction.

Memory

Equips a child to retain what he has learned and experienced, providing a base upon which future knowledge will be built.

Thinking

Encompasses the ability to reason and find solutions to problems. A child must know if he is accomplishing what he set out to do and whether or not he needs to ask for help. This is the basis of self-advocacy, which is critical for children who are D/HH to master. The abilities to reason effectively, problem solve, think abstractly, reflect, and plan for the future depend on cognitive competence (APA, 2002).

Children who are successful acquiring the necessary foundational, interaction, affective, and cognitive skills will find social success. This success typically leads to a positive feeling of self-esteem. Self-esteem is considered to be the most critical skill affecting friendships and

other social interactions by the time children reach adolescence. Self-esteem is how we perceive our value to the world and how valuable we think we are to others. Self-esteem affects our trust in others, our relationships, our work—nearly every part of our lives. Positive self-esteem gives us the strength and flexibility to take charge of our lives and grow from our mistakes without the fear of rejection (UC Davis, Self-Esteem).

High self-esteem individuals are more likely to persist in the face of failure (Trzesniewski, Donnellan, Moffitt, Robins, Poulton, & Caspi, 2006); while research has revealed that low self-esteem can result in long-term poor outcomes, including depression, eating disorders, delinquency, and other adjustment problems (APA, 2002). Low self-esteem develops if there is a gap between one's self-concept and what he or she believes one "should" be like.

Another factor that has been found to contribute to self-esteem is socio-economic status (SES). Children from low SES environments seem to be more vulnerable to developing low self-esteem. There are many contributing factors influencing this potential outcome—lack of a stable environment, insufficient adult supervision and guidance, lack of positive role models, and inadequate social models, to name a few. The good news is, with instruction, children can learn, develop, and use positive social skills and thus increase their self-esteem. It is critical for teachers to be on the lookout for evidence of low self-esteem among students and to immediately develop a plan to address it.

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Figure 1
Interrelated Construct of Social Skills

Karen Anderson (n.d.) presents an interrelated construct of social skills (see *Figure 1*) that places importance on self-concept as a critical component of social competence. In this model, self-concept and theory of mind provide the essential foundation upon which social relationships are built.
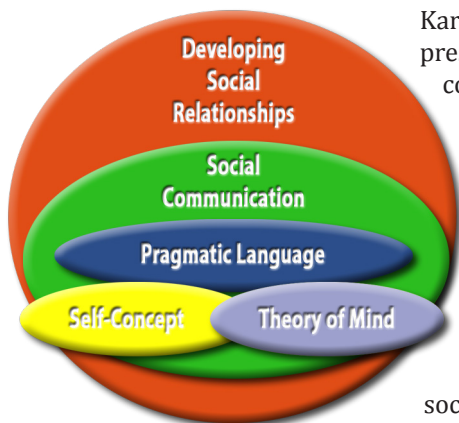
Self-concept—also referred to as self-identity—is the collection of beliefs one has about him or herself. Self-concept is cognitive and descriptive and reflects our perceptions of our behaviors, abilities, and unique characteristics. It answers the question, "Who am I?" (APA, 2002). Early on, this view of one's "self" is concrete and descriptive of what the child believes about herself.

"I am a girl."
"I have blond hair."
"I am a fast runner."
"I am a good friend."

Over time, self-concept changes as children make new discoveries about who they are and what is important to them. Children must first understand who they are before they can begin to understand others. Over time, their interactions with others will impact them positively and/or negatively, shaping their self-esteem as they grow.

Theory of Mind (ToM) is the understanding that other people do not share the same thoughts and feelings as one's self. Early skills forming the basis of ToM begin developing in infancy and early childhood. By age 5, most children have learned:

- That different people want different things.
- That people have different beliefs—both true and untrue.
- That if someone hasn't seen something, they might need more information to understand.
- That people may not "show" their true feelings about something.

Later, children learn to predict what someone thinks or feels, and they begin to understand complex language that relies on ToM, such as lies, sarcasm, and figurative language. Experience over time enhances ToM development.

Pragmatic language is the social language we use in our daily actions with others. This not only includes **what** is said but **how** it is said. These include conversational skills, turn-taking, eye contact, and asking for clarification. For children who are D/HH, the **how** can be challenging. They may need intensive and repetitive training to "hear" the subtleties of intonation and expression. They may need practice following a fast-

This is our goal for all children— to become socially accepted and participating members of the communities in which they live and learn.

Self-concept, ToM, and pragmatic language are essential components of social communication. Social communication skills are needed to engage in conversations with others. Children must be able to start and end conversations, focus on a specific topic, maintain attention to the topic, and take turns. Social conversations provide information, seek answers to questions, opportunities to negotiate, offer suggestions, and seek clarification. Nonverbal skills are critical to aid in the understanding of social conversations, including understanding implied meanings.

When self-concept, ToM, pragmatic language, and social communication come together, social relationships are successfully formed. This is our goal for all children—to become socially accepted and participating members of the communities in which they live and learn.

Through her website, *Supporting Success for Children with Hearing Loss*, (http://successforkidswithhearingloss. com/), Dr. Anderson provides a wealth of resources related to building social success for children who are D/HH. Professionals can use these resources to plan and prepare for social skills instruction, and they can be shared with parents to assist them as they guide and support their children to become socially competent.

Social Skills and Children Who Are D/HH

As a result of early diagnosis of hearing loss, advances in hearing technologies, and increased parental choice for listening and spoken language, more children and youth who are D/HH are attending school alongside their hearing peers than ever before. Many of these students receive

paced conversation and listening in noise. Learning how to track commands and rapidly processing information are essential skills leading to academic and social success— skills that may require significant practice for children with hearing loss to acquire.

little or no special education services. They participate in extracurricular activities, sports, and social events with their hearing peers, and to the average onlooker, they are indistinguishable from their hearing peers.

According to research on children who are D/HH (Antia, Jones, Kreimeyer, Reed, & Luckner, 2011; Martindale, Ilan, & Schaffer, 2013), variables contributing to social outcomes for them include:

1	Functional hearing
2	Functional communication
3	Speech intelligibility
4	Spoken language reception/expression skills
5	Maturation
6	Quality of hearing technology and use of hearing
7	Age of diagnosis
8	Age of audiological and educational interventions
9	Home languages other than English
10	Communication participation
11	Preferred mode of communication
12	Participation in school and community activities
13	Parental participation in the student's education
14	Teacher-parent communication

Note that 11 of these 14 variables relate to the child's loss of hearing and language acquisition—emphasizing the crucial importance of language to the development of social competence.

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Language development for children who are D/HH receives priority attention from the time a child is diagnosed with a hearing loss with the goal to have their language skills comparable to their hearing peers by the time they begin kindergarten. The success of children who are D/HH is typically measured in terms of language and academic achievement comparable to hearing peers. It is imperative that social achievement also be included in our overall measurement of "success." Social competence is critical to school and life success and becomes increasingly important as children enter upper-elementary grades and adolescence.

Some students will depend on teachers to be attentive to their social and emotional needs. As students reach adolescence, their desire to "fit in" may mean they want to hide or deny their hearing loss. They may decide not to wear or use their hearing technology. This is also a time when many children realize their hearing loss is permanent and will not be going away. They may go through a period of grieving—requiring understanding, support, and honesty from professionals and family.

Many students may exhibit competent, confident, and effective social skills in one-to-one interactions. However, these same students may encounter difficulties in group and multiple participant contexts (Punch & Hyde, 2011). They will need much practice to overcome these challenges.

Lawson (2003) writes . . .

"While school can be a positive social experience for many children, for others it can be a nightmare . . . failing a social test can be more painful to a child than failing a reading or science test. For some children, social skills can be the hardest subject to pass in school. Social skills play a very important role in a child's emotional health and well-being. Without friendships, school can be a very unhappy, lonely place that a child might want to avoid."

Social development is the one "subject" for which children receive a grade each and every day.

Social Skill Assessment

Assessment of student skill acquisition and application tells the teacher whether or not students have learned and are using the skills they have been taught. Assessment of social skills will answer the questions:

- Does this child have the necessary language for appropriate social interactions?

- Does this child have the necessary underlying social skills upon which they can achieve higher-order skills?

A variety of assessment tools are available, including many that are available at no cost online. The majority of these assessments are qualitative rating scales in the form of:

- Teacher observation
- Parent observation
- Student self-assessment

Rating scales typically measure attitudes and opinions. For example, parents may be asked to "judge" whether or not their child exhibits or displays specific behaviors or characteristics. They may be asked to respond "yes" or "no," or they may be provided several response options, such as:

	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
Your child exhibits/ displays specific behaviors/ characteristics.	O	O	O	O	O

Or . . .

	Never	Almost never	Some-times	Often	Always
Your child exhibits/ displays specific behaviors/ characteristics.	O	O	O	O	O

Teacher and student assessments may also use these types of response options. The results are specific to an individual child and are very useful for planning

instruction and practice. Be on the lookout for assessment results that do not match. A parent may see their child as very socially competent, but you, as the teacher, may not. Or a child may view herself as socially competent, but her parent does not. Inconsistent assessment results for a single child will require you to dig deeper to find out the true level of social skill and the reason for the disconnect.

An excellent resource for social skill assessment is the George Lucas Educational Foundation Edutopia, Social and Emotional Learning, Tools to Assess Social and Emotional Learning in Schools (https://www.edutopia. org/blog/tools-assess-sel-in-schools-susanne-a-denham). The assessments offered here require purchase but are worth considering.

As previously mentioned, many free assessments are available on the Internet, such as the example provided in *Figure 2* (from *Supporting Success for Children with Hearing Loss*, http://successforkidswithhearingloss. com/).

Social skill assessments should become a routine component of instructional planning, instruction, and measurement of skill acquisition. Links to additional assessment resources can be found at the end of this chapter.

Teaching Social Skills

In an ideal world, parents are the primary teachers of social skills during the early months and years of a child's life. They model behaviors, teach nonverbal communication through facial expressions and body language, label emotions, and teach the language necessary for interpersonal interactions. In short, parents lay the foundation for future social success.

However, sometimes—and for a variety of reasons—children do not acquire the social "instruction" necessary for social success. Professionals should not assume that students who exhibit poor social skills or frequent problem behaviors will change without intervention (Antia et al., 2011). Professionals can and must teach social skills to the children with whom they work. A variety of strategies may be used to help students learn, practice, and apply social skills (see *Table 3*).

Summary

Children with hearing loss are at risk for experiencing difficulties in social situations—despite having excellent language, excellent access to sound, and positive role models. Social skill difficulties can be even more discouraging to children than academic failure. Additionally, social "evaluation" occurs every single day, so the impact can be devastating.

The good news is—with attention to the social challenges faced by children who are D/HH—by teaching of social skills that may be lacking and providing students with strategies for addressing socially challenging situations, they can experience social success.

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Figure 2
Example of a Social Skill Assessment

SOCIAL COMMUNICATION SKILLS – THE PRAGMATICS CHECKLIST				
Child's Name_____Date_____ Completed by_____ Parent: These social communication skills develop over time. Read the behaviors below and place an X in the appropriate column that describes how your child uses words/language, no words (gestures – preverbal) or does not yet show a behavior. **Pragmatic Objective**	**Not Present**	**Uses NO Words** (Gestures - Preverbal)	**Uses 1-3 Words**	**Uses Complex Language**
INSTRUMENTAL – *States needs (I want….)*				
1. Makes polite requests				
2. Makes choices				
3. Gives description of an object wanted				
4. Expresses a specific personal need				
5. Requests help				
REGULATORY - *Gives commands (Do as I tell you…)*				
6. Gives directions to play a game				
7. Gives directions to make something				
8. Changes the style of commands or requests depending on who the child is speaking to and what the child wants				
PERSONAL – *Expresses feelings*				
9. Identifies feelings (I'm happy.)				
10. Explains feelings (I'm happy because it's my birthday)				
11. Provides excuses or reasons				
12. Offers an opinion with support				
13. Complains				
14. Blames others				
15. Provides pertinent information on request (2 or 3 of the following: name, address, phone, birthdate)				
INTERACTIONAL - *Me and You…*				
16. Interacts with others in a polite manner				
17. Uses appropriate social rules such as greetings, farewells, thank you, getting attention				
18. Attends to the speaker				
19. Revises/repairs an incomplete message				
20. Initiates a topic of conversation (doesn't just start talking in the middle of a topic)				
21. Maintains a conversation (able to keep it going)				
22. Ends a conversation (doesn't just walk away)				
23. Interjects appropriately into an already established conversation with others				
24. Makes apologies or gives explanations of behavior				
25. Requests clarification				
26. States a problem				
27. Criticizes others				
28. Disagrees with others				
29. Compliments others				
30. Makes promises				
WANTS EXPLANATIONS - *Tell me Why…*				
31. Asks questions to get more information				
32. Asks questions to systematically gather information as in "Twenty Questions"				
33. Asks questions because of curiosity				
34. Asks questions to problem solve (What should I do? How do I know?)				
35. Asks questions to make predictions (What will happen if…?)				
SHARES KNOWLEDGE & IMAGINATIONS - *I've got something to tell you…*				
36. Role plays as/with different characters				
37. Role plays with props (e.g., banana as phone)				
38. Provides a description of a situation which describes the main events				
39. Correctly re-tells a story which has been told to them				
40. Relates the content of a 4-6 frame picture story using correct events for each frame				
41. Creates an original story with a beginning, several logical events, and an end				
42. Explains the relationship between two objects, actions or situations				
43. Compares and contrasts qualities of two objects, actions or situations				
44. Tells a lie				
45. Expresses humor/sarcasm				
TOTAL FOR EACH COLUMN				

AUTHOR OF CHECKLIST: Goberis, D. (1999) Pragmatics Checklist (adapted from Simon, C.S., 1984).

Goberis, Beams, Dalpes, Abrisch, Baca, Yoshinaga-Itano (2012). The missing link in language development of deaf and hard of hearing children: Pragmatic Language Development. Semin Speech Lang, 33(04), 297-309 https://www.thieme-connect.de/ejournals/pdf/10.1055/s-0032-1326916.pdf

The format of this information was designed by Karen L. Anderson, PhD, 2013, Supporting Success for Children with Hearing Loss https://successforkidswithhearingloss.com

Table 3
Strategies to Help Students Learn, Practice, & Apply Social Skills

Direct Instruction		
The process of acquiring social skills may not be effortless, and direct instruction of social skills may be necessary (Canney & Byrne, 2006). As mentioned earlier, some students will not possess basic foundational social skills or will have gaps in their skill acquisition requiring	direct instruction of individual skills. Direct instruction consists of teacher-directed activities to teach a specific skill. Just as with the teaching of academic skills, professionals: • Must establish learning goals and objectives.	• Make sure students know what these are. • Purposefully organize and sequence lessons. • Clearly explain expectations. • Ask questions of the student to be certain they understand what they are expected to do.

Role-Play		
A very useful strategy for teaching social skills is role-play. Role-play allows students to practice social behaviors in a structured and safe environment. To "set up" role-play practice, teachers ask students to tell about social situations that are uncomfortable or difficult for them. Let the student play the part of the "other person," and the teacher can	play the part of the student. As the role-play unfolds, the teacher can model appropriate behaviors and responses that might work in this situation. Then switch roles and let the student practice the new behavior or response. In a group setting, two students can do the role-play, and the other	students can give them feedback about what went well and what did not. Ground rules should be established beforehand, so the students understand the purpose of feedback is to be respectful, provide constructive criticism, and to help one another. Exaggerated voice tones and gestures may be used to emphasize behaviors and responses.

Auditory Practice		
Often children with hearing loss will have good social skills. However, because they have difficulty in a group or noisy situations, they may "appear" to be socially challenged, because they missed important information or misunderstood what was said. It is important for students to	learn "how" to manage fast-paced conversations and listening in noise. How? Practice, practice, and more practice! Set up situations where the students must rapidly process and respond to situations. Activities can be formatted as games, role-play, and real-world practice sessions. Many ideas for auditory practice	are available on the Internet. One site that has many suggestions for activities is *Our Journey Westward* (https://ourjourneywestward.com/brain-training-activities-auditory-attention/). Another place for activity ideas is Pinterest (https://www.pinterest.com/explore/auditory-processing-activities/).

Opportunities for Interaction with Peers Who Are D/HH		
Another valuable experience for many students who are D/HH is to have ongoing opportunities to interact with other individuals who are D/HH to encourage a sense of shared experience and positive role models (Visual Language and	Visual Learning Science of Learning Center, 2016). Participation in camps, clubs, arts, and sports organizations specifically designed for students who are D/HH or in programs such as the Leadership Opportunities for Teens (LOFT)	offered by the AG Bell Association and the Youth Leadership Camp offered by the National Association of the Deaf provide this connection for students who may be in educational environments with students who have typical hearing.

Resources

Social Skill Developmental Milestones

Centers for Disease Control and Prevention, *Milestones in Action,* https://www.cdc.gov/ncbddd/actearly/milestones/milestones-in-action.html

Kennedy-Moore, 2011, https://www.psychologytoday.com/blog/growing-friendships/201108/what-are-social-skills

Assessment

Teacher and Student Surveys in Appendices, http://www.childtrends.org/wp-content/uploads/2014/08/2014-37CombinedMeasuresApproachandTablepdf1.pdf

Margaret Alic, *Theory of Mind*, 2009, http://successforkidswithhearingloss.com/wp-content/uploads/2014/02/Theory-of-Mind-article.pdf

Pragmatic Language, http://therabee.com/images-pdf/pragmatics-jul08.pdf

Teaching Social Skills

Three Domains of Learning—Cognitive, Affective, Psychomotor, http://thesecondprinciple.com/instructional-design/threedomainsoflearning/

How to Teach Affective Skills, http://www.taolearn.com/articles/article114.pdf

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