A Manual for Teaching Social Skills to Children with Special Needs in a Rural Community

By

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The procedures in this training manual are meant to be sued by agency staff, as part of the broader services they provide, or under supervision of agency staff.
Abstract

The following paper addresses the growing need for social skills programs to be implemented in rural and aboriginal communities. The manual for teaching social skills is primarily directed at children with special needs including Autism Spectrum Disorder, Fetal Alcohol Syndrome, Attention Deficit Hyperactivity Disorder, and maladaptive behaviours. This manual may also be used for any child in need of social skills. The manual uses best practices for teaching children with special needs such as behavioural modeling, coaching, behavioural rehearsal, and feedback in a small group format. The manual was formed based on empirical research and meta-analysis of the different social skills programs that have been created. The manual included several chapters describing key features of running a social skills group. This resource contains information on how to run a social skills group, integration of information throughout the sessions, and considerations to review which benefit children with different needs. Some of the social skills taught include recognizing and regulating emotions, anger management, cooperation, sharing, and friendship.
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# Table of Contents

- Introduction .................................................................................................................. 1
- Literature Review .......................................................................................................... 2
- Method ............................................................................................................................ 7
- Results ............................................................................................................................. 9
- Discussion ....................................................................................................................... 10
  - Overview ....................................................................................................................... 10
- Strengths ......................................................................................................................... 10
- Limitations ..................................................................................................................... 10
- Contribution to Behavioural Psychology Field ............................................................ 11
- Multilevel Challenges ................................................................................................... 11
  - Client Level .................................................................................................................... 11
  - Program Level .............................................................................................................. 11
  - Societal Level ............................................................................................................... 11
  - Organization Level ...................................................................................................... 11
- Recommendations for Future Research ....................................................................... 12

- References .................................................................................................................... 13
- Appendix A: ‘Teaching Social Skills to Children With Special Needs in a Rural Community’ .................................................................................................................. 15
- Chapter 1 ....................................................................................................................... 18
  - Purpose of the manual ............................................................................................... 18
  - Assent ......................................................................................................................... 19
  - Confidentiality: .......................................................................................................... 19
  - Duty to report: ............................................................................................................ 19
- Chapter 2 ....................................................................................................................... 20
  - Group Operations ....................................................................................................... 20
    - Beginning a group .................................................................................................... 20
    - Essentials of Teaching Groups .............................................................................. 20
    - Transitioning through sessions ............................................................................. 21
    - Terminating a group .............................................................................................. 21
  - New Members coming into Group .......................................................................... 21
  - Interruptions to the Group ....................................................................................... 21
  - Group Rules ............................................................................................................... 22
- Chapter 3 ....................................................................................................................... 23
  - Common Disorders seen in Children ....................................................................... 23
    - Autism (ASD) .................................................................................................... 23
Fetal Alcohol Syndrome/ Spectrum Disorders (FAS/FASD) .................................................. 23
Attention Deficit/Hyperactivity Disorder (ADHD) .......................................................... 23
Maladaptive Behaviour .................................................................................................... 24
Chapter 4 .......................................................................................................................... 25
Settings ............................................................................................................................. 25
Lighting .............................................................................................................................. 25
Ideal Room ....................................................................................................................... 25
Location ............................................................................................................................. 25
Personal Possessions ......................................................................................................... 25
Chapter 5 .......................................................................................................................... 26
Target Social Skills ........................................................................................................... 26
Emotions ............................................................................................................................ 26
Anger Management ........................................................................................................ 26
Sharing ............................................................................................................................... 26
Cooperation ....................................................................................................................... 26
Making and Maintaining Friendships .............................................................................. 26
Chapter 6 .......................................................................................................................... 27
Data Collection and Measurement ............................................................................... 27
Skill Measurement ........................................................................................................... 27
Appendix A ....................................................................................................................... 30
Emotions Activities ......................................................................................................... 30
Concentration .................................................................................................................. 30
.......................................................... 30
Name the Emotion ........................................................................................................... 30
Appendix B ....................................................................................................................... 32
Anger Management Activities ....................................................................................... 32
Graveyard ......................................................................................................................... 32
Deep Breathing ............................................................................................................... 32
Hot Potato ....................................................................................................................... 33
Appendix C ....................................................................................................................... 34
Sharing Activities ............................................................................................................. 34
Play-doh Pizza ............................................................................................................... 34
Talking Sticks .................................................................................................................. 34
Appendix D ....................................................................................................................... 35
Cooperation Activities ........................................................................................................... 35
Stuck on an Island .............................................................................................................. 35
Skyscraper .......................................................................................................................... 35
Appendix E .......................................................................................................................... 36
Making and Maintaining Friendship Activities ................................................................ 36
Friendship Tool Kit ............................................................................................................. 36
Sock Puppet Role-plays (2 parts!) ..................................................................................... 37
  Part 1. Create the puppet ................................................................................................. 37
  Part 2. Role-play with the puppets ................................................................................. 37
References .......................................................................................................................... 39
**Introduction**

In rural and First Nations’ communities, great efforts have been made to implement programs to help children acquire the skills that support success in life. Many children exhibit a lack of social skills including recognizing and expressing feelings, conflict resolution, anger management, negotiation tactics, developing friendships, and appropriate touching. These lack of skills cause a decrease in their abilities to cope with normal life situations, and increases barriers to their success in school and community.

Research provides an explanation for the poor social growth of First Nations children. There are higher rates of children born with developmental disabilities within First Nations’ populations (Findlay & Janz, 2012). Furthermore, there are health concerns in First Nations’ communities that have been linked to a higher prevalence of family violence, substance abuse, suicide, trauma, socio-economic status, unemployment, and poor nutrition (MacMillan, MacMillan, Offord, & Dingle, 1996; Mitten, 2004). These conditions tend to result in poorer development and health of a fetus during pregnancy (MacMillan et al., 2008).

Markers for a developmental disability are commonly exhibited in children via delayed milestones for communication, motor skills, and cognitive functioning (Gresham, Elliott, & Kettler, 2010; Stephens, Jain, & Kim, 2010). Some of the most common disabilities diagnosed among First Nations’ children are Fetal Alcohol Spectrum Disorder (FASD), Autism Spectrum Disorder (ASD), and Attention Deficit Hyperactivity Disorder (ADHD) (Health Canada, 2009). Also, there are many children who never receive a formal diagnosis and display cognitive delays and behavioural deficits.

Social skills are the key tool to developing social relationships and managing one’s environment. Children with special needs struggle to learn social cues, and to initiate and maintain personal relationships (Sartini, Knight, & Collins, 2013; Stephens et al., 2010). Skills include recognizing and expressing feelings, conflict resolution, anger management, negotiation tactics, developing friendships, and appropriate touching (Dereli, 2009; Jurevičiene et al., 2012).

A group approach has been shown to improve several skills simultaneously, and has several beneficial outcomes (Milner & Haslam, 2013). Children interact with each other, gaining practical experience while learning the skills by working with others in the group (Milner & Haslam, 2013). Group work enhances social engagement and promotes learning of the targeted behaviour and skills. For example, the target behaviour of turn-taking in a game also encourages sharing, manners, and empathy for others.

Cultural aspects of Aboriginal communities demand an approach to instilling social skills that honours and, if possible, includes cultural elements that place the skill in the context of the child’s own family and social circle. It is important, therefore, to cultivate skills by setting goals that are relevant to the environment in which the child will be operating and by recognizing that those goals should be aligned with a First Nations’ perspective.

The thesis was compiled of four main chapters reviewing the social skills manual including: literature review, method, results, and discussion. The literature review covers the main components used in teaching social skills. Developmental disabilities and trauma were also discussed as factors that affect children having learned social skills. Also, the method reviewed concrete strategies for implementing the manual, the description of potential participants, and the method of delivery. Finally, the data collected, possible future program changes, and the limitations of the manual will be reviewed in the conclusion/discussion.
Literature Review

The use of behavioural consultants and teacher aides are a common practice for working one-on-one with children, but the use of groups for teaching social skills has increased in popularity over time (Stephens et al., 2010). Groups provide a naturalistic setting for children to practice the skills they are taught, as well as relate to children who have similar difficulties (Milner & Haslam, 2013; Stephens et al., 2010). Group lessons provide educators with the opportunity to reach an optimal number of students simultaneously, during a time when the number of children needing services is increasing (Stephens et al., 2010).

There are many different opinions on what key skills should be covered in a social skills program. Stephens et al. (2010) suggested that aggressive behaviour (e.g. verbal threats, and physical violence), emotional difficulties (e.g. stress and self-esteem), and physical states (e.g. anxiety and hyperactivity) should be the focus of social skills training for children. While Stephens et al. (2010) had a broad focus on what should be targeted in social skills. Dereli (2009) focused on the behavioural aspects of social skill deficits. Dereli (2009) identified skills that fell under two broad categories: prosocial and antisocial behaviour. Prosocial behaviour describes working or playing with other children equally, being able to wait or take turns and initiating or participating in discussions. Dereli (2009) describes antisocial behaviour as self or peer aggression, and crying.

Social skills have been described as being able to communicate effectively using language and being able to pick up on social cues (Sartini et al., 2013; Dereli, 2009). Jurevičiene et al. (2012) said that having social skills is about:

- [having a] wholesome social life (Osit, 2008), which are [is] essential in pursuance of personal sovereignty, ability to adapt to social situations, to express themselves and understand others (Colombero, 2004); to communicate avoiding conflicts, to maintain good interpersonal skills (Brodeski, Hembrought, 2007); social skills are an important condition for a harmonious existence in a social group, a possibility for an individual to act effectively in a social environment, and an assumption of a successful socialization.

(p. 42)

Some studies use vague or general blanket terms for social skills such as whether there are interactions with adults or peers, quality of life, social competence, and emotion recognition/responses (Milner & Haslam, 2013; Sartini et al., 2013). Sartini, Knight, and Collins (2013) conducted a meta-analysis of the definitions and structures, such as behavioural specific components or cognitive specific components, used in defining social skills. They developed a theoretical model of social skills that would link the multidimensionality of the different concepts found in various studies.

The model included skills in interaction, communication, participation, emotion, and social cognition; each of these skills had behavioural abilities that were linked to different components. Sartini et al. (2013) found that different explanations of social skills included the trait model, molecular model, and both intra- and inter-personal abilities. Trait model states that the skills are a long lasting and constant expression of the personality. Malinauskas described the four social skills that are fundamental to trait theory are emotional expression, emotional sensitivity, social expression, and social sensitivity (as cited in Sartini et al, 2013, p. 3). Molecular model is based on behavioural theory in that an individual has competence in social skills when they act in socially acceptable responses to different situational contexts in everyday life. The situation is considered the discriminative stimulus and the particular behaviour expected is considered the skill. Intrapersonal skills are about recognizing and managing one’s
own emotions which Sartini et al. (2013) describes as being linked to interpersonal skills which are the ability to recognize and react appropriately to others emotional state in different situational contexts. The study found that most definitions of social skills applied, to some extent, different aspects of the four main theories mentioned above. Sartini et al. (2013) defined five categories for social skills (interaction, communication, participation, emotion, and social cognition) and defined smaller components that made up those skills as abilities. An example of an ability in the area of social cognition is initiating and maintaining a verbal conversation with another individual.

Despite the wide variety of definitions and theories that can be found to describe social skills there are some common techniques found to be effective for students learning these skills that are used throughout many programs. There are four techniques that have been shown to be key components in teaching social skills. Laugeson, Frankel, Gantman, Dillon, and Mogil (2012) conducted a meta-analysis to examine which elements in teaching social skills are the most effective. Previous research indicates that effective intervention strategies used for teaching social skills to adolescents with high-incidence disabilities include: behavioral modeling; coaching; behavioral rehearsal; and feedback, conducted in a small-group setting (Gresham et al. 2001).

Demonstration or modeling describes acting out the skill or step for the child to learn. The more similar the individual modelling the behaviour or skill is to the person learning the skill, the more likely the person will be able to relate and absorb the skill being taught (Jurevičiene et al., 2012). Reichow and Volkmar (2010) conducted a meta-analysis of 66 peer-reviewed studies, with a total of 513 participants, based on increasing social skills in children diagnosed with autism. Participant’s ages ranged from four to above 13. The studies were sorted in several ways that included eight categories for delivering the social skills instruction.

The first category in Reichow and Volkmar’s (2010) review was based on applied behavioral analysis (ABA) and the principles found in Baer, Wolf, and Risely’s work (as cited in Reichow & Volkmar, 2010, p. 152). Some of the interventions included in this category were schedules of reinforcement, modelling, and role-plays. The second category was named naturalistic interventions, which shared the behavioural format, but were conducted in an everyday setting with antecedents and consequences that would normally be present. The third category was based on parents delivering the intervention to their children after being taught the procedures by a/the researcher(s). Peer intervention, the fourth category, was also an intervention being taught by researchers and delivered by peers to individuals with autism. Social skills groups were considered the fifth category; the groups had to have a minimum of two participants in a similar age range and the lessons were based on specific abilities such as peer engagement or emotion recognition. The use of visual cues and prompts, such as social stories, were delegated as the sixth category. Video modelling used technology such as computers, televisions, or another type of device that had sound and video to deliver interventions to individuals with autism. The last category comprised of any intervention method that did not meet the criteria of another category and was named ‘other.’

Reichow and Volkmar (2010) found that intervention results, when synthesized, indicated that the intervention categories that had the highest rate of change over time (in follow-up) were the ABA and peer modelling based. Most of the studies were found to have taken place in school settings with individuals whose cognitive abilities were considered low to moderate (Reichow & Volkmar, 2010). Simpson, Langone, and Ayres (2004) argued that video modelling was most effective though other authors found peer modelling to be most effective (Laugeson et
Laugeson et al. (2012) suggested that the PEERS program, a social skills program for adolescents with ASD, shows modelling led by the instructor or a peer, competent in the skill, being effective when shown before the children try role-playing the skill with others. Sartini et al. (2013) also considered peer modelling to be a critical component of teaching social skills and was part of her 10 guidelines to effective teaching of social skills for students with disabilities. While Koyama (2012) found modelling important, she felt it should be paired with a visual aid such as a puppet. In this case, having another child perform the behaviour or task would be most effective. Role-playing or behavioural rehearsal gives children a chance to practice the skills being taught using a general guideline or script in a concrete format. Role-playing is having children act out a script modeled to the child in order to practice using an appropriate response in social situations. Laugeson et al. (2012) taught social skills using the PEERS program to adolescents diagnosed with ASD; this program included the use of role-play to teach verbal and nonverbal skills, including electronic forms, of communication with peers. The program included 28 adolescents between the ages of 12 to 18 years old diagnosed with ASD. According to Laugeson et al. (2012) behavioural rehearsal was a key component in this intervention because the children could come up with their own answers to whether a skill was being appropriately used or not, thereby making it more likely that the lessons would be memorized. The program showed significant results within a p< .01 after a three month period. Using role-play allows children to have a naturalistic experience of how an interaction using the new skills would be conducted (Laugeson, Frankel, Gantman, Dillon, & Mogil, 2012).

Ratto, Turner-Brown, Rupp, Mesibov, and Penn (2011) conducted a program called Contextual Assessment of Social Skills (CASS) using role-play as a tool to teach and measure interaction in a typical conversation setting versus a bored conversation setting. The study included 20 participants with a verbal IQ of at least 85, between the ages of 16 and 22, whom were diagnosed with high functioning autism or Asperger syndrome. The groups were randomly selected to be in either the control or the independent group. Ratto et al. (2011) found that several of the results such as the manipulation and inter-reliability were acceptable in the independent group and may need further examination. The rate of engagement in children in the independent group did not significantly increase in daily interactions but the rate of questions asked did increase. Anxiety was found to have decreased significantly in both control and independent group. Furthermore, end results indicated that CASS did not effectively show behavioural differences between the control and independent group in social contexts. Limitations of this study included small sample size, adaptability of the program to changes, and a control group drawn from a larger sample of the general population and not from volunteers (Ratto et al., 2010). Laugeson et al. (2012) also wrote about including feedback and discussions after the role-play being an effective way to increase a child’s understanding of social interactions.

Using a group setting allows for children to have another important feature in learning; giving many opportunities to practice skills being learnt. With multiple children in a group there are more chances that a child can use the skills being taught naturally (Stephens et al., 2010; Sartini et al., 2013; Laugeson et al., 2012).

Koyama (2012) conducted a meta-analysis on the use of social skills groups for kindergarten and elementary school aged children diagnosed with developmental disabilities, including ASD and Asperger syndrome. The criteria for the studies used in this analysis included:
a) be published in a peer-reviewed journal; b) be an empirical study with a report on the effects of social skills interventions; c) include at least 50% of the participants who are between three and five years old; d) deliver instruction to the group rather than to individual children; and e) provide explicit instruction of target social skills and provided subsequent skill practice opportunities. (p. 15)

Koyama (2012) used the meta-analysis to create a social skills group that would have high validity and show measurable outcomes of the abilities the children learnt/improved upon. The 14 participants, ages ranged from three to six, were randomly assigned to a control (regular social skills) group or an independent (enhanced social skills) group. Groups received the same allotment of time and program lessons but the independent group also received homework to complete each week. Before the beginning of group each participant filled out a Social Responsiveness Scale (SRS) to be used as a pre and post measure. Skills were taught through modelling and then the children practiced using role-plays and a naturalistic group play time. Koyama (2012) addressed individual needs of the children through analysis and creation of individual goals that were evaluated each session for progress using a five point scale (most to least). Individual goals were an addition to the group goals that were set each week.

Behavioural observation during free play, in the group and classroom, were used as another measure in this study (Koyama, 2012). During the study, three primary categories of behavioural observation were active engagement with the play environment, initiating or response to individuals through non-aggressive verbal or nonverbal cues, and whether the child was engaging in play or discussion with peers.

The study by Koyama (2012) indicated improvements or indefinite results in different areas. Individual objectives were often either no improvement or slight improvement of targeted objectives. A limitation to this interpretation of the data is the lack of baseline data to compare to the results, therefore, making the argument that the results are an ambiguous point in regards to improvement of the children’s objectives. Engagement across the intervention was stable but there was a slightly increasing trend (not statistically significant) in the social interaction and proximity categories of behavioural observation. In regards to the SRS, the teacher rated scoring showed a significant improvement for students; the ratings went from mild-moderate pre-group to normal functioning post-group. However, the parent rated SRS did not show any significant changes from pre to post group. This may be a factor of the teacher being able to naturally observe the children in the group during classroom time whereas the parents were only able to observe the children in a home setting.

When a child successfully uses a skill, the use of reinforcement to continue encouraging the child is necessary. Delivering reinforcement increases the probability that a child will learn a new behaviour (Miltenberger, 2012). Miltenberger (2012) described a reinforcer as a reward for performing a specific behaviour, or for not doing a specific behaviour, which encourages an individual to act in a similar manner in the future. The reward can be; in tangible form i.e., edible or something you can feel/pick up, such as a piece of candy, or socially reinforcing i.e., praise and attention (Miltenberger, 2012). Kalis, Vannest, and Parker (2007) stated that praise is effective across different settings and behaviours, particularly when the praise statement is behaviour specific. Kringelbach and Rolls (2003) found that individuals will repeat a behaviour if it is positively socially reinforced with a smile and will decrease a behaviour that is socially punished with a frown (as cited in Heerey, 2014, p. 332).

Heerey (2014) conducted a study in which individuals would learn a hidden contingency based on the most socially reinforcing visual action given; the hypothesis suggested that a
genuine smile would produce higher results than a fake smile even when the tangible reward was the same for both conditions and they would both be more effective than frowning. The other hypothesis made was that individuals would have higher scores on the Autism Spectrum Quotient (AQ) scale, indicating their social communicative ability was well developed, if they were faster at learning the hidden contingency. The control or dependent variable in this study was the use of neutral expressions. Participants would sit at a computer screen and select a facial expression from two neutral faces presented. Next, the facial expression of the indicated choice would then either change to a polite smile, indicating that the other face would be the correct choice the second time they picked a face, or a genuine smile, indicating that the same face would be the correct choice the second time they picked a face. During the second round both faces would start at the neutral position again and the same two faces were used in a whole block. Heerey (2014) found that both of their hypotheses were correct in that those individuals with higher rated social abilities are more motivated by social rewards and were quicker to learn the hidden contingency. A limitation of this study is the use of a small sample size may not be indicative of the results in the general population. Using a group format in social skills training provides a natural social reinforcer to the children in the form of positive attention from their peers (Sartini et al., 2013; Stephens et al., 2010).

Demonstration, role-playing, opportunities to practice, and reinforcement are the core components for creating an effective social skills group. Together they give concrete instruction and feedback, rehearsal of skills, and natural incentives that will continue throughout their lives. Running group social skills training would be beneficial for both children and the school system and can provide a greater number of children with services.

The social skill manual has been developed to overcome a number of barriers that have prevented schools and other organizations from teaching adaptive behaviours to youth. Some of the barriers are: high turnover of professionals, disregard of culture, duplicating programs, and conflicting values and social norms. In an isolated community there is a high turnover of professionals, often they will leave after a short period of working in a remote area to move closer to family, amenities, or familiar culture. A high turnover often creates disorganization, inconsistent data, and loss of credibility to programs. Also, visiting organizations sent from the provincial government will not have knowledge or disregard the community culture, introducing different programs and methods which are ineffective. Furthermore, several agencies will compete amongst each other repeating similar programs, which would interfere with data collection. Additionally, there seems to be a competition amongst different organizations to teach their values and social norms in the community, which often leads to contradictory messages for the youth. These barriers are only a few examples which indicate the need for a manual to create consistent programs to teach social skills that take into account cultural aspects of the community.

The manual will address group settings, reinforcements, demonstrations, and role play to create uniformity amongst the educational institutions and social agencies in regards to facilitating social skills groups. Developing this manual will assist with creating effective and valid programs which will be organized and facilitated among all professional bodies. The manual will structure programs that aim to reinforce productive and healthy behaviour among all the youth in the community, acting as a preventative to maladaptive behaviours that is often observed in the adult population.
Method

This manual is designed as a support tool for facilitators who desire to run a group to teach social skills to children with special needs from kindergarten to grade six. The manual will be available for public service agencies, mental health agencies, and school agencies in this region. Information included in the manual is derived from empirically supported interventions and practices. The manual will be organized into seven chapters with various sub-headings and a table of contents.

The criteria for being included in the social skills groups are: any form of cognitive or developmental delay, a diagnosis of a cognitive or developmental disorder, behavioural deficits, or recommendation from faculty or associates of the school. The recommended number of participants per group is six. Parents will be required to sign a consent form to participate for each child in the group. The first session will include documenting assent to participate in group from the children. Children will be referred to the social skills group by the group facilitator, faculty of the school, or an associate from an external agency. Sessions will be conducted at the agency or in the counselling room at the school.

General procedures will be explained in the first chapter in the manual. This includes ethical responsibilities; for example, the limits of confidentiality, assent of participation, and duty to report are the responsibility of the facilitator and agency for any group that is formed. The second chapter of the manual will cover group operations such as: best practices on how to start and finish a social skills group program, and how to make smooth transitions between teaching a new skill while incorporating the previous skill(s) taught in group. The third chapter will include information about and the diagnostic criteria for a diagnosis of The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM–5; American Psychiatric Association, 2013), on developmental delays such as FASD, ASD, Asperger’s disorder, maladaptive behaviour and cognitive disorders. The fourth chapter will include specific details on the setting of the group such as suggestions on lighting, mood, and room size. Target social skills and activities that can be incorporated for active learning will be covered in the fifth chapter. An example of an activity that is popular for use in anger management is deep breathing; this activity teaches the child to take deep slow breathes in order to calm down and think about a situation before taking action. Measurements and data collection will be the sixth chapter. This chapter is included in the event that an agency using the manual wants to take pre-and post-measures and evaluate data gathered from children in the group showing the efficacy of the practices. The last chapter has been dedicated towards identifying children that need further support. The chapter will include resources for children who may present with a mood disorder, such as where they can be referred to for diagnosis and treatment.

The suggested time frame for sessions is one hour. The number of sessions will depend on the number of skills targeted and the context of the situation. For example, if a social skills group is being facilitated in a school by the counsellor, the group may continue until the end of the school year, working on different skills both individually and as a group. Facilitators from outside agencies conducting the groups are recommended to focus on two to three skills due to lack of time and resources. Each skill should have a minimum of two sessions dedicated to learning and developing the skill. Previously learned skills should be revisited in subsequent sessions to provide multiple opportunities for practice. Facilitators are advised to write a case note for each student participating in group. This will describe the procedures used, operationally define the skill being focused on during the session, and note any special attributes or behaviours the facilitator observes.
Contained in this manual will be a list of skills that researchers have identified as important for children to acquire. The manual will also discuss best practices for teaching and facilitating skills groups. This will include the type of teaching to practice; in this case concrete concepts have been chosen to be the most widely understood, and how to phrase information and questions in this format. Definitions and prevalence rates about some of the common diagnoses for children in rural and First Nations’ communities such as ASD and FASD will be made available in an information section. Other sections in the manual will address maladaptive behaviours and trauma.

In order to evaluate the utility of this manual, various members of the agency will review the manual in order to continue to improve the knowledge and best practices. Some members of the school, such as educational assistants, teachers, and special needs assistants, will also be asked to give their input on the practises and components in the manual for revisions.
Results

This manual was created as a resource and guide to facilitating social skills groups and compiled from various research papers in order suggest best practices for teaching. Each section of the manual covers an important aspect in facilitating groups. The basics of procedures for starting a group are covered in the first chapter. Operations cover different phases of running a group. Information on different common disorders and maladaptive behaviours can be found in the third chapter while suggestions on optimal settings are covered in the next chapter. Gathered from the above research, the next chapter focuses on defining a few of the social skills most often targeted for children. The last two chapters are for gathering information on the manual in order to make improvements and for drawing attention to secondary supports that may be needed for some of the children. Some activities included in the manual, such a Graveyard and the Friendship Tool Kit, were added from the resources of Kingston Facilitation Services with full permissions to use and redistribute.

Feedback was only received by one of the professionals contacted. This may have been due to the limited time open for feedback to be incorporated. The reader noted that the manual was “thoughtful and thorough” and believed it would be effective in its desired outcome.
Discussion

Overview

In rural communities there is a great need for social skills groups for children. This is a particular issue, as seen in statistics from Health Canada (2009), in aboriginal reserves as the prevalence of disabilities such as FASD is significantly higher than in metropolitan areas. These children often have experienced delays with developmental milestones. As a consequence, it impacts their social skills and ability to adapt to the social aspects of school.

This manual is intended as a resource and guide for facilitating social skills groups for children with special needs. These needs include developmental disabilities such as ASD, FASD, cognitive and developmental delays and maladaptive behaviour. By providing a guide that practitioners can use, the hope is that the groups can be standardized and data can be collected on the effectiveness of the material being taught. Surveys are provided in the manual to collect data on the improvement of the children’s skills and to gather information on the manual’s effectiveness and how to improve future versions.

Strengths

As a resource manual this guidebook is practical and applicable. The manual uses child friendly language, which makes it easy for both the facilitator(s) of groups and the participants to understand the materials being taught. Examples are all based on concrete language instead of abstract language, which can be more difficult for children within this population to understand. This resource guide provides activities that are relevant and fun for children to practice skills they are learning. Created to be culturally sensitive for aboriginal communities, the activities are easy for relevant values of each child to be included. There are not many resources in the literature that incorporate ideals of aboriginal culture and makes this manual unique. The group operations are based on best practices for facilitating groups and the ethics involved in teaching social skills are addressed as well.

Limitations

This manual has a number of ways it could be improved upon. One of the largest limitations is that no data about the usefulness of the manual was able to be collected during this time. There was limited feedback from professionals, which allowed for limited revisions. A suggestion which may address this limitation would be to make the surveys for feedback more comprehensive by asking more specific questions about features of the manual and what made them useful or not useful. The surveys in the group are provided to help address this and in future re-examinations of this manual data may therefore be available. Another way to collect this data would be to have a larger time frame for feedback to be gathered from professionals. Using an online resource, such as survey monkey, may increase feedback received while reducing the response effort. Though the activities are chosen to target and increase specific skills, there is no evidence that this manual will be effective when used for groups. Other target social skills and more activities would also have been beneficial, as it would give additional options when used for facilitating social skills groups.
Contribution to Behavioural Psychology Field

This body of literature adds to the research base of teaching social skills to children with special needs. With more research into best practices for children learning social skills, teaching these skills will generalize better in their social environments in school, community and home. With effective strategies for learning, more children are able to access learning opportunities that will positively benefit their future. It is also important to increase awareness of the higher prevalence of disabilities that occurs in northern communities in order to get funding for more resources to address this issue.

Multilevel Challenges

Client Level.

Synthesizing the information that was available about social skills and running effective groups in empirical journals was a large undertaking. Comparing the information in order to come up with the best practices with regards to both learning abilities of the children and staying culturally sensitive for an aboriginal was additionally difficult. There were no articles that were specific to aboriginal communities. Information from government websites had to be considered in the making of the manual. Another difficulty may be getting access to the manual to facilitators and potential participants as there are so many different agencies and politics involved in school programming. The participants are unable to learn the social skills if they are unable to have access to the information contained in the manual.

Program Level.

Data was unable to be collected during the short time span the social skills groups ran for. This affected the program because there was no evidence to support the utility of the manual. Since the manual is a new resource it may also be difficult to get into facilitators hands. There are also revisions that need to be worked out for any difficulties that are found in using the manual.

Societal Level.

The lack of time to learn and practice the social skills will affect the community over all. The community is always building towards healing their culture and people, and if programs, such as social skills groups, are only given short periods of time to master, youth will not grow up with the intended skills, which will make them less adaptable in adulthood. Another issue would be access to resources. The youth that need access to this information are often the ones who skip a lot of school. In regards to missing school, this stems from students not desiring to go, a lack of interest from parents on school attendance, and the lack of public transportation other than the one bus to school in the morning in the communities.

Organization Level.

If organizations do not put forth the time and effort needed for the clients to learn these skills, the agencies will have lost valuable time and money. Clients will not learn the skills that the organizations intended on teaching, which decreases chances of essential learning occurring. Organization is an essential part of successfully running programs and can be the make or break of them whether they are beneficial or not.
**Recommendations for Future Research**

In future research more integration of aboriginal activities and cultural aspects into teaching social skills to children, which will contribute to them functioning in an integrated society, would be beneficial. It is important to have resources relevant to the aboriginal culture and to include more aspects such as language and beliefs into learning. A more comprehensive feedback form should be created to address the limitations that this survey had for revisions. The program could also be done with clinical data taken to show the efficacy of the social skills program in different rural and aboriginal communities. Research into the effects of residential schools on aboriginal communities through the generations and how to improve the values of education within the families is another important topic that should be looked into.
References


Appendix A: ‘Teaching Social Skills to Children With Special Needs in a Rural Community’

Teaching Social Skills to Children With Special Needs in a Rural Community

By: Samantha Viberg
Table of Contents

Introduction .......................................................................................................................... 1
Literature Review................................................................................................................. 2
Method................................................................................................................................. 7
Results.................................................................................................................................. 9
Discussion.......................................................................................................................... 10

Overview ............................................................................................................................ 10
Strengths ............................................................................................................................ 10
Limitations ......................................................................................................................... 10

Contribution to Behavioural Psychology Field................................................................. 11

Multilevel Challenges ........................................................................................................ 11

Client Level....................................................................................................................... 11
Program Level................................................................................................................... 11
Societal Level...................................................................................................................... 11
Organization Level........................................................................................................... 11

Recommendations for Future Research ............................................................................ 12

References .......................................................................................................................... 13

Appendix A: ‘Teaching Social Skills to Children............................................................... 15
With Special Needs in a Rural Community’ ...................................................................... 15
Chapter 1 ........................................................................................................................... 18

General Procedures.......................................................................................................... 18

Purpose of the manual ....................................................................................................... 18
Consent: ............................................................................................................................ 19
Assent: .............................................................................................................................. 19
Confidentiality: .................................................................................................................. 19
Duty to report: .................................................................................................................... 19

Chapter 2 ............................................................................................................................ 20

Group Operations.............................................................................................................. 20

Beginning a group ............................................................................................................. 20
Essentials of Teaching Groups .......................................................................................... 20
Transitioning through sessions ....................................................................................... 21
Terminating a group.......................................................................................................... 21

New Members coming into Group .................................................................................. 21

Interruptions to the Group .............................................................................................. 21

Group Rules ..................................................................................................................... 22

Chapter 3............................................................................................................................ 23

Common Disorders seen in Children .............................................................................. 23
Autism (ASD) ................................................................................................................. 23
Fetal Alcohol Syndrome/ Spectrum Disorders (FAS/FASD) ......................................... 23
Attention Deficit/Hyperactivity Disorder (ADHD) ...................................................... 23
Maladaptive Behaviour ................................................................................................. 24
Chapter 4 .......................................................................................................................... 25
Settings .............................................................................................................................. 25
Lighting .............................................................................................................................. 25
Ideal Room ......................................................................................................................... 25
Location ............................................................................................................................. 25
Personal Possessions ....................................................................................................... 25
Chapter 5 .......................................................................................................................... 26
Target Social Skills .......................................................................................................... 26
Emotions ............................................................................................................................ 26
Anger Management .......................................................................................................... 26
Sharing ............................................................................................................................... 26
Cooperation ....................................................................................................................... 26
Making and Maintaining Friendships ............................................................................. 26
Chapter 6 .......................................................................................................................... 27
Data Collection and Measurement .................................................................................. 27
Skill Measurement ........................................................................................................... 27
Chapter 7 .......................................................................................................................... 29
Signs of a Child Needing Other Supports ..................................................................... 29
Appendix A ....................................................................................................................... 30
Emotions Activities ......................................................................................................... 30
Concentration .................................................................................................................. 30

Name the Emotion .......................................................................................................... 30
Appendix B ....................................................................................................................... 32
Anger Management Activities ......................................................................................... 32
Graveyard ......................................................................................................................... 32
Deep Breathing ............................................................................................................... 32
Hot Potato ....................................................................................................................... 33
Appendix C ....................................................................................................................... 34
Sharing Activities ............................................................................................................ 34
Play-doh Pizza ............................................................................................................... 34
Talking Sticks .................................................................................................................. 34
Chapter 1

General Procedures

Purpose of the manual:
To provide a standard manual that facilitators can use to create effective social skills groups for children either diagnosed with disabilities or referred for an undiagnosed condition.

Consent:

It is expected that all participations consent to the group. A consent form should be signed by the legal guardian(s) of the child(ren) that will be participating. This form needs to be filled out and signed before the group is started. A consent form should be available through the agency that is facilitating the program.

Assent:

Assent is obtained when the purpose of the group is verbally explained, using language the child understands, to the participants of the group. The child will then verbally acknowledge their agreement to be part of the group. It is also important to let each child know that if they do not wish to participate in group or would like to drop out of the group at any time/for any reason they are able to do so without negative consequences (other than not learning the skills being taught).

Confidentiality:

Confidentiality is agreeing to not disclose information and protect it from outside access unless legal legislation requires it. This creates a safe space for your clients to talk without worry about another person finding out the information.

The ethical duty of confidentiality refers to the obligation of an individual or organization to safeguard entrusted information. The ethical duty of confidentiality includes obligations to protect information from unauthorized access, use, disclosure, modification, loss or theft. Fulfilling the ethical duty of confidentiality is essential to the trust relationship between researcher and participant, and to the integrity of the research project. (This is government website and I looked at the Oath of Confidentiality at Peek.)

In a group setting the participants should have confidentiality explained to them. For example in my own groups the children all say “what happens in group stays in group” each session to remind them not to talk about things in group to other people. However, there is no guarantee that the children will keep confidentiality of the group and this should always be kept in mind.

Duty to report:

There are times when you feel like a fly caught in the web of confidentiality. Well, there is a loophole and it’s called duty to report. Duty to report is the obligation to inform a third party such as a parent or legal authority (i.e. the police) about a child if they are: threatening their own life, threatening another person’s life, or being abused/in an abusive situation (physically or mentally).
Chapter 2
Group Operations

Beginning a group

Gather and sign necessary documents such as the consent form before the beginning of the group. The first thing that should be conducted in a group is explaining confidentiality, the purpose of the group and gaining assent from the children.

The use of an icebreaker to form group rapport and allow children to get to know each other is recommended. Icebreakers often take between 10 and 20 minutes depending on the choice of activity, number of children in the group and the average cognitive level of the group. For children nine years of age and under the first activity may be a simple craft such as making name tags. For older populations an activity such as Two Truths and a Lie (an activity where each person says two things that are true and one thing that is false about themselves) may be more engaging.

Essentials of Teaching Groups

When teaching a group in which children may have learning or developmental disorders it is best to use concrete language (specific to the task) rather than abstract concepts. An example of this would be telling a child “Do not touch other students” (concrete) rather than “Do not bug other students” (abstract).

Demonstration, role-playing, opportunities to practice, and reinforcement are the core components for creating an effective social skills group.

Demonstrating, or role modeling, gives a visual idea of the concept you are trying to teach. This makes it easier for children to understand what you are asking them to do/learn. The most effective models are peers because they are able to relate to another student their age, although puppets have been used effectively for role modelling as well. Together they give concrete instruction and feedback, rehearsal of skills, and natural incentives that will continue throughout their lives.

Role-playing gives children the opportunity to practice what they have been taught with other students. When a participant practices they become comfortable with the behaviour and are more likely to use it in their daily lives. When engaging in role-play, students may feel more comfortable with using a prop, such as puppet.

Giving opportunities to practice describes setting up the chance to use the skills being taught as often as possible throughout the sessions. Practice can also come from giving the participants goals to use their skills throughout the week in different settings such as the classroom, schoolyard, and home.

Reinforcement can come in many forms but is the most effective way to increase the chance that a participant will repeat their behaviour. Praise is often the most naturalistic form of reinforcement and should be used often during the sessions. Always try to find something positive to say to each of the students (e.g., “Well done!” or “You demonstrated the task very well”). Having peers reinforce behaviour in students is also shown to be very effective; this is one of the reasons using groups to teach social skills can be more effective than individual teaching. Another form of reinforcement could be
non-verbal actions such as smiling, clapping (after role-plays) and giving a high-five or thumbs-up. Giving a treat/food can also be reinforcing but is more effective if it is an item they receive intermittently or in other environments.

A good strategy for getting children involved in the learning and creating rapport is getting the children to discuss cultural activities they enjoy and synthesizing them into an activity. One such activity within the Bigstone Cree Nation at the culture centre that has been used is a game in which each child takes a turn running across the field and giving a continuous yell until they were out of breath; at which time they would sit down. In this game, the child who was able to run the farthest won. This activity could be incorporated into an anger management technique for relieving pent up emotions. Children can also be encouraged to think of words in their language that can relate to the current lesson in order to engage the participants.

**Transitioning through sessions**

Start each new session with greeting each participant and asking how their day went and how they found their goals over the past week. A discussion about the topic of the day should then be introduced. The use of activities during the session reinforces the concept and makes the group fun and engaging. Each session should end with a goal that participants can work on over the next week. A goal that could be used while teaching sharing is “share three things each day with another person.” Reviewing content from past sessions at the beginning of new sessions help to solidify and reinforce memory of previously learned content.

**Terminating a group**

When terminating the group a review of group material should be provided. This includes definitions of skills and techniques that children have been practicing for coping and negotiating through their social settings.

**New Members coming into Group**

If a new member joins the group partway through the series of sessions then it is recommended that an extra session or icebreaker in order to orient/catch up the new member to the functioning level of the group before moving forward to tackle the next social skill.

**Interruptions to the Group**

*Critical incidences may also result in the need for an extended period of adjustment/extra session(s) or activity.* Critical incidences can include personal events such as trauma, group events such as an internal issue of bullying within the group, or community wide events such as loss of a member of the community.
Group Rules

Establish group rules with contributions from the participants during the first session. It may be beneficial to write them on a Bristol board or flip chart and pin them up during sessions. When someone violates a rule gently remind them of the rules. If it is a repeated issue then a private discussion may be needed.
Chapter 3
Common Disorders seen in Children

Autism (ASD) (According to the DSM-V, Asperger’s Syndrome is now categorized under Autism Spectrum Disorder)

The American Psychiatric Association (APA) (2013) states that individuals diagnosed with autism often have difficulties with social communication and interaction with peers. This includes social-emotional reciprocity and conversations with others. These individuals may have not only a difficult time with verbal language but also with non-verbal communication.

Structured schedules make daily functioning easier for individuals with ASD as they often exhibit repetitive patterns of behaviour. There is often a high reactivity rate to different sensory input from the environment. These can include temperature, sounds, lighting, textures, colours, and movement within the environment. As you can imagine, this leads to an individual being very easily distracted.

Fetal Alcohol Syndrome/ Spectrum Disorders (FAS/FASD)

The American Psychiatric Association (2013) states that fetal alcohol syndrome and FASD is caused by alcohol exposure to a fetus while in the womb. This disorder can often be missed because it often has either more subtle physical characteristics or no physical characteristics. Furthermore, the impact on the brain from alcohol exposure can cause significant damage on how the brain functions and on the sensory systems (sight, hearing, sensitivity to light, gross and fine motor skills).

Children with FASD often experience developmental delays, learning disabilities, and intellectual disabilities. This disorder is often co-morbid with attention deficit hyperactivity disorder which can contribute to a lack of attention span.

Some physical facial features that may indicate FASD in children are flattened and long upper lip and nose, think upper lip, elongated mid-face, flattened facial bone structure, and short eye slits.

Attention Deficit/Hyperactivity Disorder (ADHD)

Attention deficit/Hyperactivity Disorder (ADHD), according to the APA (2013), is a neurodevelopmental disorder that may either be presented as inattentive, hyperactive-impulsive, or a combination of the two. Some of the main difficulties for children with this disorder are organizing/structuring/remembering their daily lives and expected tasks/responsibilities (executive functions) and remaining on-task and attentive to instructions. Another difficulty they have is cooperation and sharing social skills such as taking turns, impulsive and constant speech, and sharing with others. The hyperactivity part of this disorder often presents in that children have difficulty staying in their seat or still and will try to be constantly moving in some way (i.e., fidgeting or moving around in the classroom).
Maladaptive Behaviour

Maladaptive behaviour includes any observable behaviour that is being performed by an individual in which it detracts or does not contribute to a healthy life. Some behaviours commonly seen in school settings are off-task behaviour, inappropriate hand raising, inappropriate touching, poor hygiene, speaking out of turn, and lack of participation.
Chapter 4
Settings

Lighting
For children with special needs, such as autism, using full spectrum lighting causes the least irritation.

Ideal Room
An organized room with a calm atmosphere is best. It is important that there are few distractions such as toys lying around the room. The use of social stories or visual aids posted around the room can help children learn the steps of what to do in different situations. Some examples you could have visual aids for are: washing hands, routine for entering the room (take off shoes, sit down in chair, say “hi” to group members, etc.)

Location
If in a school, it is recommended that the room used for group be located in a quieter area of the school. Staff and personal should be aware that while in session there should be no interruptions or other use of the room except in the case of an emergency.

Personal Possessions
Establish a safe place in the room for personal items to be left at during the session. This can be a designated box provided by the facilitator or a specific space in the room.
Chapter 5
Target Social Skills

Emotions
Definition: feelings are our emotions. We experience many different feelings every day. Some feelings we might have could be: happiness, sadness, anger, scared, hurt, surprise, and many more.

Why is it important that other people understand how you are feeling? If other people know how you are feeling then you and they can work together to find a solution on how to deal with these emotions.

Anger Management
Definition: anger is powerful emotion. It has energy that needs to be listened to and released. It can hurt or it can be used to hurt others. It can also be bottled up and turned into sadness. It can even cause physical and emotional problems when you are angry for a long time.

Talking to someone when you are angry is important so that you can feel better and resolve any problems. There are many ways to practice stopping to think about the actions you take before acting on your anger and then coming up with good solutions.

Sharing
Definition: using or enjoying something together with other children. This can include thoughts, feelings, toys, and tools. For example, sharing is when you have two toys and you let your friend play with the second toy.

Sharing is an essential skill for a functioning lifestyle. It is important to share in order to acquire friendships and complete activities in classroom and later in life when working.

Cooperation
Definition: Working together to create something or to complete an activity.

Why is it important to learn to cooperate with others? When you do something together often it turns out better when done alone. You need to cooperate with others in many situations throughout your life in order to get things done.

Making and Maintaining Friendships
Definition: friendship is spending time together, sharing, having fun, respecting each other’s differences, loyalty, and sticking up for each other.

Why is it important to talk about how to make friends? We need to talk about getting along with people our own age because as we’re growing up there’s a lot to deal with. For example, things you might have to deal with are not getting along with your friends, peer pressure, and knowing when to get help for or from a friend.
Chapter 6

Data Collection and Measurement

Skill:

________________________________________________________________________________

Before teaching the skill:

How often is the skill performed?

1

Never

2

Sometimes; when prompted

3

Sometimes without prompts

4

Most of the time without prompts

5

Always

After teaching the skill:

How often is the skill performed?

1

Never

2

Sometimes; when prompted

3

Sometimes without prompts

4

Most of the time without prompts

5

Always
A MANUAL FOR TEACHING SOCIAL SKILLS

Satisfaction Survey

Was this manual helpful to facilitating social skills groups?

Yes  No  Somewhat  N/A

How satisfied are you with information this resource provides?

Not Satisfied  Somewhat satisfied  Mostly satisfied  Very satisfied

What did you like about this resource?

______________________________________________________________________________

______________________________________________________________________________

What improvements could be made in order for this resource to be improved?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
Chapter 7
Signs of a Child Needing Other Supports

If working in a school setting, there may be times when you suspect a child meets criteria for a mental health assessment/diagnosis. When this occurs, it is best to refer the family to a physician, psychologist, or the school psychologist. Diagnosing a child can make a huge difference in a child’s life because they can be coded (a assigned number that relates the child’s diagnosis to the school system) which may be used to apply for more funding for the child to receive extra supports in school such as a teacher’s aide or special tools such as a tablet in order for their learning to be improved.

If you notice that a child may be emotionally distressed in some way or overly distracted it may be best to recommend them to see a counsellor (at the school or in the community) because disorders are often co-morbid with mood disorders such as anxiety and depression.

When noticing something that concerns you then it is best to contact the guardian of the child and bring what you see to their attention before taking any other action. If you are unsure you can always consult with another professional in your field.

Other reasons a child may need additional or other supports:
- If the child does not wish to participate or do not participate in group
- Having a hard time interacting with the activities in group (may need to see a specialist about reading/vision) or anything that indicates a potential medical issue (i.e. Sleep disorder, nutrition etc.) should be evaluated by a professional.
- Extreme behaviour (i.e., violence) may result in a child being temporarily or permanently removed until the behaviour is resolved.
- Some children may need a referral to an extra personal support system such as mentorship or individual counselling related to their specific need/issue; this can include a family referral as well.
Appendix A
Emotions Activities

Concentration
Designed to help children recognize different emotions in a fun way.
Materials:
- 12 blank cards (can use paper stock)
- Makes pairs of emotions on cards (i.e., you could use these 6 emotions: happy, sad, angry, shy, loved, and scared). 6 emotions is plenty for a small group but you can use as many as you like.

1) Shuffle the cards and lay them face down.
2) First person flips 2 of the cards over. If they match then they have to show you the emotion (facial expression) and they get to keep the pair (1 point). If they do not match then the cards both get flipped back face-down.
3) Next person flips 2 cards over; repeat step 2.
4) The person with the most pairs at the end of the game wins.

Name the Emotion
Designed to help children recognize different emotions.
Materials:
- Paper stock cards
- Pen
- Write an emotion on each card (you can use the cards from the Concentration game if you have already made them).

1) Fan out the cards in your hand face-down.
2) First person picks a card and you hold it up so all the participants can see.
3) The person names the emotion (you can say it if they have difficulty).
4) The person has to show you what the emotion looks like (act it out or facial expression).
5) Ask the person how they know when someone is ________ (the emotion)?
   Ask how you know when you are ___________ (the emotion).
You can create a discussion about what to do or how people feel when they see others feel a certain emotion or just leave it at the simple questions above.
6) Next person picks a card and repeats steps 3-5.
Appendix B
Anger Management Activities

Graveyard
Designed to have kids focus on relaxing and being ‘within’ themselves; this is also a fun game for introducing deep breathing.

1) Pick one participant to be the gravedigger.
2) The other participant should lay on the floor; if possible spread out enough that they cannot touch each other.
3) The participants should be instructed to lay as still as they can except for breathing (deep breath in and out); this includes no talking.
4) If the gravedigger sees them move for any reason (except breathing) they can go touch and that person is out until the end of the game.
5) The people who are out can point to a person from the sideline, without talking, to try to alert the gravedigger of someone moving (this means no moving around and encourage the children to continue to be silent and breathe deeply).
6) The last person left on the ground becomes the new gravedigger for the next round.

Deep Breathing
This activity is useful as a calming down technique when upset, angry, or anxious. Deep breathing slows the heart rate, thoughts, and helps to disengage the sympathetic nervous system (fight or flight response). Once taught this skill, encourage children/participants to practice this throughout the day when they are feeling really emotional.

1) Take in a deep breath through your mouth. Feel the breath fill your lungs and your stomach fully.
2) Hold your breath for 3 seconds.
3) Slowly let out your breath through your nose. Feel the muscles in your body (hands, shoulders etc.) relax.
4) Repeat 3 times.

**Hot Potato**

Designed to allow children to discuss different things related to anger and to generate ideas of what you can do when angry.

**Materials:** Can use bean bag, gel toy or a small beach ball

1) Start with a bean bag and underhand toss it to each other.
2) One of the facilitators will turn their back to the group and randomly shout “Hot Potato”
3) The student holding the bean bag will be asked one of the following questions:
   a. What makes you angry?
   b. What do you do when you get angry?
   c. Do you get angry often?
   d. Do you talk to someone about being angry?

1) Once that child has answered, they sit down and the game continues until time runs out or if it is a small group they can continue to stand and the questions can be cycled through the group continuously.
Appendix C
Sharing Activities

**Play-doh Pizza**
Designed to encourage participants to share materials.

Materials:
- Play-doh

1) Give each participant a single colour of play-doh.
2) Instruct the children they are to make a pizza and if they would like to use another colour of play-doh they must ask another participant to use some of their play-doh.
3) Let each participant at the end show their pizza and explain what is on it (turn taking).
4) At the end the participants must separate the different colours of play-doh and return them to their rightful containers.

**Talking Sticks**
Designed to encourage participants to give everyone a turn at talking during discussions. Whoever is holding the talking stick is allowed to speak. This is useful as a focus tool and for teaching participants’ patience and listening skills.

Each child will have the opportunity to make their own talking stick to bring home and will contribute to a talking stick that will be used during group.

Materials:
- Small rolls of cardboard (enough for each participant to have one and an extra for the general group)
- Craft materials for decorating (i.e., Crayons, markers, sparkles, ribbons, stickers, etc.)

1) Give each participant a roll of cardboard.
2) Allow participants to decorate their talking sticks and have everyone contribute to the group stick.
3) Use group stick to direct flow of discussions during sessions.
Appendix D
Cooperation Activities

Stuck on an Island
Designed as a team building activity in which participants must work together in order to survive on an imaginary island.

1) Separate participants into even groups of no more than four.
2) Tell each group they can pick one thing that they have brought to an island with them.
3) Each group must figure out how they will survive and how the item they brought will contribute to their survival and what it means to them. Have participants discuss what is on their island (i.e. Palm trees, caves, waterfalls, animals).
4) Tell the participants to imagine and discuss how they can combine their items to create useful things on their island.
5) At the end of the activity (allow about 15 minutes for participants to brainstorm and come up with their plans) the different groups present their ideas.

Skyscraper
Designed as a team building activity in which participants must work in groups to build the tallest structure they can.

Materials:
- Marshmallows (mini ones are better but large ones can work too)
- Spaghetti noodles

1) Separate participants into small groups
2) Give each team 10 mini marshmallows (or 4 large marshmallows) and an equal number of spaghetti noodles
3) Each team has 10 minutes to use the marshmallows and noodles to build the tallest free-standing structure they are able to.
4) At the end the group with the tallest free-standing structure wins.
Friendship Tool Kit

This craft is designed to help participants remember what being a good friend is and what friends do. These can include things that you say to a friend each day such as “Hi”, stones that you paint good messages on such as “calm” or “happy,” notes that you can give to a friend, and compliments that people have said to you. Anything you can think of that you would make a good friend can be added to the Friendship Tool Kit.

Materials:
- Envelopes or a small shoe box for each participant
- Paper (lined or/and coloured)
- Markers
- Small flat stones (can use paint with stones)
- Craft materials

1) Each participant should put their name on their tool kit.
2) Use paper and pens/makers to write good notes (to friends or from friends) and add to the tool kit.
3) Paint something positive on a flat rock that you think a friend should be or how you can be a good friend.
4) Come up with different things as a group to add to the tool kit and discuss why the items should be in the tool kit.
5) Re-visit the tool kit when needed or have the child take the kit home to help remind them how to be a good friend.
Sock Puppet Role-plays (2 parts!)

This activity is both a craft and a way to act out appropriate responses to difficult situations that may encounter at school or at home; one such situation could be bullying.

Part 1. Create the puppet

Materials:

- Enough socks for each participant to have one (this can be exchanged for a paper plate and Popsicle stick or any other thing that can have a face drawn on it and be manipulable for participants)
- Craft Materials to create faces (I.e. Glue, scissors, buttons, markers, string, fabric)

1. Create faces uses craft materials on the socks.

Part 2. Role-play with the puppets

Create a small skit with the participants (they can do this in small groups or as a large group) that addresses a positive way to handle an upsetting situation. The following are short skit examples:

**Bullying** (2 person skit)
Puppet 1: *pretends to pick on Puppet 2* “Sally you are so silly. Your face looks funny.”
Puppet 2: “Stop it. I don’t like it when you say that to me, it hurts my feelings.”
Puppet 1: “I’m sorry. I didn’t know it hurt your feelings, I was joking. I won’t do it again.”

**Upset Friend** (2 person skit)
Puppet 1: *Crying to themselves, making upset noises*
Puppet 2: “Hey Puppet 1, are you ok?”
Puppet 1: “No. I am sad.”
Puppet 2: “Why are you sad?”
Puppet 1: “I fell and hurt my knee”
Puppet 2: “I am sorry you hurt your knee. Maybe we should go tell a teacher and they can look at your knee and you will feel better.”
Puppet 1: “That’s a good idea. Thank you Puppet 1, you are a good friend.”

**Including Everyone in Playing** (3 person skit)
Puppet 1: “Hey Puppet 2, can I play with you?”
Puppet 2: “No, I am playing with Puppet 3 right now and there are only two dolls.”
Puppet 1: “Well that’s not fair, I want to play too. Leaving me out makes me sad.”
Puppet 3 “Why don’t we all play a different game together?”
Puppet 2 “But I want to play dolls!”
Puppet 3: “We can play a game with Puppet 1 now and then later we can take turns playing with the dolls together.”
Puppet 2: “I guess that’s a good idea. Would that be ok with you Puppet 1?”
Puppet 1: “It sure would. Thank you for playing with me; this makes me feel better.”
References


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