

Playing with Self Esteem: The Importance of Social Skills

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Calvin (a fictional name) is 9 years old, creative and full of great ideas. He is always making up games and wants the other kids to play with him. Unfortunately, Calvin's game are so complex that only he can understand what to do and he can't understand why the others are reluctant to play with him. Sharon is 13 years old and is really excited about going on a ski trip with her school. When they arrive she is in such a rush to get on the lift that she impulsively pushes ahead of the other kids. She doesn't really understand why they are angry with her. Charlie Brown (real name) always tries his best to be optimistic and make friends but, due to his low opinion of himself and past experiences of failure, he fails. A woman you know at the office is a very nice person but she tends to always stand a little too close (both to the men and women) and makes you somewhat uncomfortable. You are speaking with someone on the phone and they only want to tell you their news, neglecting to ask about what is happening in your life. All of the above are examples of unsuccessful social interactions. But when do they become actual problems? This depends upon 2 factors. First, we must take into account where the child is developmentally. We might expect that a 3 year old child would grab a toy from another child without asking. This would not cause most people to get on the phone and start scheduling therapy appointments. However, if you have an 8 year old child who is consistently grabbing the video controller from his playmates and they are consistently getting angry and don't want to play with him, then this constitutes a problem. This then brings us to the second factor, the severity and duration of the behavior. Most children will do some things every once in a while that are not appropriate for their age. But, if this is a consistent occurrence, then it may warrant concern. If the problem is not developmentally appropriate, persists over time and is severe enough that a child is having difficulty making and keeping friends, then it is time for intervention. · What are social skills?

These are the cognitive, behavioral and communication skills necessary to have successful interpersonal interactions. They can be broken down into input, organization, output and self monitoring skills. A child needs to be able to accurately perceive the verbal and non-verbal behavior and feelings of him/herself and others (Input). *He needs to be able to "read" and attend to the cues that are given. He/she then needs to be able to organize the input that is received into something that is meaningful within the given context. Based upon this, the child then decides on what the appropriate response is to the cues that he/she has received (Output). Following the response, it is necessary to self monitor and evaluate how the interaction went.

· How important are social skills?

As the child moves from relating primarily to the immediate family in their younger years to the expanding world of peers in elementary school, social interactions take on great importance. A child's feelings about himself, his "self esteem", is mainly based upon his perceptions of how his parents react to him, his accomplishments and necessary failures in his earliest years. In the years of early childhood and elementary school, his "self esteem network" broadens to include teachers and peers as important "mirrors". If things are going well in the expanded network, the child will feel accepted and acceptable and this will buoy him in his efforts. If the child is or believes he is receiving messages that he is not accepted or acceptable, then all efforts may become struggles without a good sense of self upon which to fall back. Whether child or adult, we are dependent upon our relationships to provide us with a sense of well being and to support us in our times of need. When these relationships fail us or when our behavior or difficulties become obstacles to obtaining the gratification we need, then we are without an important lifeline necessary for emotional survival. Children who are experiencing difficulties interacting with peers and subsequent rejection may develop physical symptoms such as headaches and stomach aches, and exhibit anxiety, depression, low self esteem and school avoidance. There have been a number of studies documenting how peer rejection and early social adjustment affect later adjustment (1). Children who have significant early social difficulties have been shown to be at risk for later social and psychological maladjustment, including substance abuse and depressive disorders (2). Children with learning and attentional problems appear to be particularly at risk, although the research is equivocal (3). There is no clear cause and effect as to whether social problems are secondary to learning and attentional difficulties, whether they share similar portions of the brain or whether they are entirely separate entities. It makes logical sense that children with learning and attention problems would be more susceptible since learning disabilities and attention disorders involve difficulties in the processing and organization of verbal and/or non-verbal information. To some children, "reading" social situations is as difficult as reading books. Non-verbal types of learning problems can result in difficulty perceiving and organizing the non-verbal cues or "body language"(particularly facial expressions) inherent in social communication. Due to visual-spatial problems they can be the ones who stand a little too close to others. These children tend to have difficulties with the so-called right hemisphere functions of the brain. On the other side of the brain are the children who have language difficulties. These children may take longer to process a conversation that is going on and, by the time they are ready to respond, the other children have moved on to another topic. They may also have formulation and/or word

finding problems and are unable to come up with the "snappy comeback" the stock in trade of middle school age boys. Of course, if auditory discrimination problems are involved, a child cannot respond appropriately if he is not hearing things as they are spoken. Attentional problems can affect social competence in that children may direct their attention to irrelevant social cues. Many children in the groups that I run tend to latch on to one facet of something someone is saying and run with it, leaving the child who "had the floor" in the dust. They might also be so involved with their own interesting thoughts that they have great difficulty sustaining attention to others. Due to a tendency to boredom, they might tire quickly of a particular interaction and go onto something else. Organizational difficulties may make it difficult for others to follow the child's narrative as he finds it difficult to put his ideas into a logical sequence. Short-term memory problems can also lead to children interrupting out of fear that they will forget what they had to say. Another subgroup of children that I see in group tend to have difficulties with being overreactive and impulsive in their social interactions. These children definitely have trouble "stopping and thinking". Some become so flooded with what they are feeling and reacting to that it renders them unable to respond appropriately. They also can struggle with making transitions from one activity to another. Others, due to their impulsivity, have great difficulty taking turns in games, interrupt frequently or may be overly aggressive. Aggressive behavior has been strongly linked with social rejection (4).

· What therapies are available for social skills problems?

Individual approaches:

Children may be seen in individual therapy where the therapist helps the child to cognitively think through and problem-solve social situations that arise outside of the session. The therapist may help the child to see his part in the interactions and to strategize what to do in similar situations through modelling, role play or storytelling and other play therapy techniques (particularly for younger children). If the child tends to be overreactive or anxious, the cognitive training may be paired with relaxation training to enable him to calm down enough to be able to utilize the cognitive strategies. If low self esteem is part of the picture, individual therapy can be helpful in getting the child to look at himself differently and to feel more competent in different areas.

Social Skills Group Therapy:

Clinical/Office Based Groups:

I have found that individual therapy is a second choice to group therapy. Often children will not bring their problematic social situations into the session with the therapist. The individual sessions also tend to be more abstract and removed from the problems. Since these children are usually living more in the 'here and now', group therapy affords children the opportunity to work on social difficulties as they arise in the group. It is in the here and now when intervention can be the most relevant, powerful and helpful. Peer feedback can also be more easily 'heard' than the adult feedback that the child is so used to getting about his or her performance. Many learn to tune this grown up feedback out as they expect it to be negative and a reminder of failure. We all have a predisposition toward interpreting current social situations through the lens of past social experiences. Children who expect rejection, failure or who use aggressive solutions and expect aggression in return usually have their expectations confirmed. Through peer group therapy we work on changing those "social scripts" so that a quite different outcome can be obtained. When the children bring their customary ways of relating into the group we get the chance to show them where they are ineffective and how they can be more effective in a non-judgemental atmosphere. Children quickly develop strong bonds in the groups and group day can become a focal point of their week. By participating in this accepting atmosphere, by being with children with similar problems, and by feeling that there is something active that he can do, there is often an increase in the child's self esteem as well. One valid criticism of social skills groups has been that there is a problem generalizing the gains made in the group to the world outside. This is why it is important that parents and teachers and others involved in helping the child develop prosocial behaviors all be operating in concert with one another. In our groups we try to communicate weekly with parents so that they can reinforce what is happening in the groups and so that they can share what is happening socially "out there." When time permits, monthly parent group meetings are helpful to promote generalization. Periodic contacts with the teacher and/or counselor are also helpful in communicating in both directions what is happening. Even making sure that all are using the same language in labelling behavior and cuing the child will help increase the chances of the child becoming more self aware and applying the skills.

School Based Groups:

Of course, the closer one can get to replicating the actual circumstances that the child has to deal with, the more effective the intervention will be. This is why I am always glad to see social skills groups that are run within the

schools that the children attend. In this way staff have first hand knowledge of the situations that are problematic and can aid the child in coping with them and with the children from their community with whom they interact day-to-day. Social Skills Suggestions for the Schools: The Playground: In the school environment there is a critical and overlooked area for intervention—the playground. As most educators, parents and clinicians know, the playground is one of the places that children and particularly children with learning and attentional problems, encounter social difficulties. The playground is unstructured time and these more ambiguous circumstances can lead to greater misinterpretation and more impulsive and inappropriate responding. School personnel could capitalize upon this opportunity to intervene and help children to negotiate the "playground jungle." Children might actually prepare ahead of time (a good exercise for increasing planning skills) as to what they will play and how they might include others. They can also negotiate with each other about what the activities will be and in what order they will occur (sequencing). This may require an investment of more time and input from school staff but may also pay off bigger dividends in less playground incidents and greater self esteem.

The Classroom:

Children can gain a great deal from office based and school based social skills groups. It is often easier to help the children change their social behavior and feelings about themselves than it is to change how their peers are used to viewing them. A child may increase his self esteem and social skills only to find that he is rejected or neglected the same as always. Other children are much better at picking out and picking on the negative behaviors that they notice rather than the positive ones. It is up to the teacher to develop an atmosphere of acceptance in the classroom. Teachers can "set the tone" by highlighting and complimenting students upon their areas of strength. They can make children's talents more visible to the others who may be blind to them. As is already happening in many schools, social skills and problem solving can be incorporated into the curriculum for everyone, not just those with learning and attention problems.

Social Skills Suggestions for the Home:

- Arrange for successful social encounters:

Choose a child with whom your child has had some positive experiences. Try to choose a neutral territory for their meeting. In this way you may avoid either child feeling he has to protect his "turf". Limit the amount of time of their first playdate to 1 hour or 1 ½ hours maximum, even if it is going well. The goal for the first time is for them to both go away feeling good about their time together. After the other child has left, the parent can comment on the things the child did well and those that might need some more work. Then, continue to build upon this. The next time might involve some structured activity at home. As things progress, supervision may be gradually withdrawn.

- Set up successful play experiences at home with a parent:

Arrange for "special time" together doing an activity that both parent and child enjoy. When the parent "catches" the child doing something socially "good" give him generous praise. Make the praise quite specific, i.e, "I really liked it when you were able to wait your turn just then".

- Model positive self-talk:

The parents can demonstrate for the child some inner dialogue that may not come naturally for many children with learning and attention difficulties. This requires the parent to "think out loud", for example, "Gee, it's hard for me to wait, but if I can, people won't get mad and I'll have a better time".

- Use dinner time to work on conversation skills:

Parents can work on talking about feelings, eye contact, voice modulation, listening and taking turns. Feedback can be given "in the moment" as long as it is offered constructively and in a non-critical manner. If the child reports some positive experiences with peers, offer genuine praise. If the child reports some negative experiences, question what happened (again in a non-judgemental manner. These kids are having to answer for their actions all the time!) and offer possible explanations and/or do some problem solving about how to handle the situation next time.

- Watching T.V:

Besides being an opportunity to just be together, watching T.V. with your child affords parents the opportunity to see how their child is interpreting what is happening on their favorite shows. Sitcoms particularly tend to be fairly predictable and sequential and lend themselves to questions like "What do you think is going on", "What is she feeling right now?", "What do you think is going to happen next?". Children with difficulty processing language or non-verbal cues may misinterpret what they are hearing and seeing.

Problems with social skills can lead to rejection by peers, self esteem problems and can make academic struggles even harder. The good news is that there are many things that can be done to assist children so that they get a chance to have more satisfying social relationships and feel better about themselves.

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References:

(1) Parker, J.G. & Asher, S.R. (1987) Peer relations and later social adjustment: Are low accepted children at risk? *Psychological Bulletin*, 102, 357-389.
Roff, M. Sells, S.B., Golden, M.M. (1972) *Social Adjustment and personality development in children*. Minneapolis: Univ. of Minn. Press.
Cowen, E.L., Pederson, A., Babilian, H., Izzo, L.D., Trost, M.A. (1973) Long-term follow-up of early detected vulnerable children. *Journal of Consulting and Clinical Psychology*, 41, 438-466.
Janes, C., Hesselbrock, V., Myers, D., Penniman, J. (1979) Problem boys in young adulthood: Teacher's ratings and twelve year follow-up. *Journal of Youth and Adolescence*, 8, 453-472.

(2) Madan-Swain, A. and Zentall, S. (1990) Behavioral Comparisons of Liked and Disliked Hyperactive Children in Play Contexts and the Behavioral Accommodations by their Classmates. *Journal of Consulting and Clinical Psychology*. Vol. 58, No. 2, 197-209.

(3) Little, S. (1993) Non-verbal learning disabilities and Socioemotional Functioning: A Review of Recent Literature. *Journal of Learning Disabilities*, Vol. 26, Number 10, 653-665.

Rourke, B.P. (1988) Socioemotional Disturbances of Learning Disabled Children. *Journal of Clinical and Consulting Psychology*. Vol. 56, Number 6, 801-810.

(4) Dodge, K.A. (1983) Behavioral Antecedents of peer social status. *Child Development*, 54, 1386-1399.

Dodge, Coie & Brakke (1982) Behavior patterns of socially rejected and neglected preadolescents: The roles of social approach and aggression. *Journal of Abnormal Child Psychology*, 10, 389-409.

Rubin, K.H., Daniels-Beirness, T. & Hayvren, M. (1982) Correlates of peer acceptance and rejection in early childhood. *Canadian Journal of Behavioural Sciences*, 14, 338-349.

Selected Bibliography:

King, C.A. & Kirschenbaum, D.S. *Helping Young Children Develop Social Skills*. (1992) Brooks/Cole Publishing. Pacific Grove, CA.

McGinnis, E & Goldstein, A.P., *Skillstreaming the Elementary School Child*. (1984) Research Press. Champaign, IL.

Nowicki, S., & Duke, M. *Helping the Child who Doesn't Fit In*. (1992) Peachtree Publishers, Atlanta.

Pincus, D. & Stetson, H. *Interactions: More Effective Communications Among Parents, Students and Teachers*. (1988) Good Apple, Inc. Carthage, IL.

Sameroff, A.J., & Emde, R. *Relationship Disturbances in Early Childhood*. (1989) Bantam Books. New York.

Webster-Doyle, T. *Why Is Everybody Always picking On Me?: A Guide To Handling Bullies*. (1991) Atrium Society Publications. Middlebury, VT.

Weiss, G & Hechtman, L. *Hyperactive Children Grown Up*, 2nd Edition. (1993) Guilford Press, New York