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Emotional Intelligence and Social Skills: Studying Students with Emotional-Behavioral Disability (EBD)

Bridget Wilfert
Western Kentucky University

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EMOTIONAL INTELLIGENCE AND SOCIAL SKILLS:
STUDYING STUDENTS WITH EMOTIONAL-BEHAVIORAL DISABILITY (EBD)

A Specialist Project
Presented to
The Faculty of the Department of Psychology
Western Kentucky University
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In Partial Fulfillment
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Specialist in Education

By
Bridget Ann Wilfert

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EMOTIONAL INTELLIGENCE AND SOCIAL SKILLS:
STUDYING STUDENTS WITH EMOTIONAL-BEHAVIORAL DISABILITY (EBD)

Date Recommended: May 2, 2005

Director of Thesis

Dean, Graduate Studies and Research  Date
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EMOTIONAL INTELLIGENCE AND SOCIAL SKILLS: STUDYING STUDENTS WITH EMOTIONAL-BEHAVIORAL DISABILITY (EBD)

Bridget Wilfert May 2, 2005 57 pages

Directed by: Dr. William Pfohl, Dr. Dan Roenker, and Dr. Melissa Hakman

Department of Psychology Western Kentucky University

Students diagnosed with Emotional-Behavioral Disability (EBD) have an inability to successfully interact with peers or adults. This study examined 33 students with EBD to investigate their emotional intelligence, social skills, and the relationship between these two constructs. Participants were classified as either primary (grades 1-6, \( n = 14 \)) or secondary (grades 7-12, \( n = 19 \)). Students completed a Social Skills Rating System (SSRS) Self-Report Student Form and a BarOn Emotional Quotient Inventory: Youth Edition (EQi: YV) Form, while special education teachers completed the SSRS Teacher Form on each student.

Results indicated that the emotional intelligence and social skills of these students were significantly correlated when the SSRS Self-Report Student Form was compared to the EQi: YV. When the SSRS Teacher Form results were compared with the EQi: YV, this relationship was not found. Results did support the hypothesis that the students with EBD have significantly lower Total EQ scores than the standardization sample of the EQi: YV. The EQi: YV subscale scores for Stress Management and Intrapersonal were also significantly lower than those of the standardization sample. Students with EBD had
significantly lower SSRS Total Social Skills scores than the standardization sample when rated by their teachers using the SSRS Teacher Form. The primary students had Total Social Skills significantly lower than the standardization sample, but the secondary students did not. Students with EBD did not score significantly lower than the standardization sample of the SSRS when using the SSRS Self-Report Student Form, neither whole sample nor by grade level. Finally, the Empathy subscale scores for male students with EBD were not different from the standardization sample using the Self-Report Student Form of the SSRS. Implications and suggestions for further research were discussed.
CHAPTER I

Introduction

Some students receive special education services due to their difficulties interacting with peers or adults. The diagnostic label given to such students varies depending on what labeling system is utilized. These students are labeled as Emotionally Disturbed (ED) (IDEA Practices, 2004) nationally, while they may receive alternative labels at the state-level. Kentucky designates these students as having an Emotional-Behavioral Disability (EBD) (Kentucky Department of Education, 2003a).

While we usually think of the aggressive male when we think of a student with EBD, these students can be female and can be classified based on more withdrawn behaviors (IDEA Practices, 2004). As a group, students with EBD have higher levels of aggression and disruption and lower levels of cooperation (Farmer & Hollowell, 1994). These students have fewer friends at school than the average student, and the friends they do have also demonstrate similar maladaptive behaviors (Panacek & Dunlap, 2003). Reports have shown that students with EBD are not liked by peers and adults (Heward, 2002). In addition, their inappropriate behaviors are viewed by their peers as being within their control (Safran, 1995).

Reports of the prevalence of emotional and behavioral disorders have varied among different studies (Heward, 2002). Cullinan and Epstein (1995) stated that 3% of the school-aged population required interventions supplied by special education
services due to their behavioral or emotional problems. Specific to Kentucky, students with EBD made up 5.7% of students (ages 3 to 21) receiving special education services on December 1, 2002 (Kentucky Department of Education, 2003b). Males (4,767) made up more than four times the number of EBD cases than females (1,003). When looking at individual age groups, in Kentucky the age range of 12 to 17 years old had the most students classified as EBD in special education, making up 62% (3,587) of the total. The 6 to 11 age group made up about 34% (1,971). There were only 13 students from ages 3 to 5 and 199 from ages 18 to 21, making up the last 4% of the EBD population (Kentucky Department of Education, 2003b). The majority of the students with EBD in Kentucky were Caucasian (4,191) according to the December 1, 2001 Child Count. The remaining composition of the EBD population was as follows: African-American (1,520), Hispanic (35), Asian/Pacific Islander (13), and Native American (11) (Kentucky Department of Education, 2003c).

Given the fact that the behavior of students with EBD causes them to be disliked and to not have friends, the question is why do they behave this way? Is it truly within their control, or is there something out of their control causing such difficulties? One possible explanation is that these students have deficient emotional intelligence, which leads to poor social skills and subsequent interpersonal difficulties. Emotional intelligence has been defined in different ways by different theorists. The Salovey and Mayer (1990) definition stated that emotional intelligence was “the ability to monitor one’s own and others’ feelings and emotions, to discriminate among them and to use this information to guide one’s thinking and actions” (p. 189). BarOn’s definition stated that emotional intelligence was “a multifactorial array of interrelated emotional, personal, and
social abilities that influence our overall ability to actively and effectively cope with daily demands and pressures.” (p. 385). Emotional intelligence is the “intelligence” behind emotions. It is the understanding of emotions that leads to being able to interact appropriately with others.

Because social skills training has been shown to be ineffective in helping students with EBD (Quinn et al., 1999), there exists a need for new intervention strategies. Studies have shown that social skills and emotional intelligence are related in adults (Caruso et al., 2002; Shutte et al., 2001) and with children (Herring, 2001). This relationship is likely to also be found with the population of students with Emotional-Behavioral Disability. Knowing the emotional intelligence of students with Emotional-Behavioral Disability may lead to future, more effective intervention strategies. This study was designed to determine if students with EBD are deficient in emotional intelligence and to further develop the research available on emotional intelligence and youth.
CHAPTER II

Review of Literature

Heward (2002) described students with emotional and behavioral disorders as a group that is not uniform in its composition. Accordingly, they fell into two different categories. Their behaviors were either outward, what Heward called antisocial behaviors, or their behaviors were inward, what Heward called withdrawing behaviors. Children with outward behaviors were said to be externalizing, while the children with withdrawn behaviors were said to be internalizing.

According to Heward (2002), externalizing behaviors were more common than internalizing behaviors. Rhode, Jensen, and Reavis (1998) described the most important characteristic of these externalizing students as being noncompliance. These students were described as quite aggressive (both verbally and physically), and this aggression could occur without provocation (Heward, 2002).

While Heward (2002) explained externalizing students as those with interpersonal problems because they had caused some type of conflict, he explained that internalizing students had interpersonal problems because they prevented such relationships by social withdrawal. Internalizing students were described as students who did not play with other students and, as a result, they did not develop social skills to facilitate interactions (Heward, 2002). He explained that these internalizing students would even have physical symptoms when social interaction was involved. Internalizing
students were said to be depressed or anxious, and this type of behavior was described as
being less noticeable than the externalizing type. Therefore, Heward explained that
internalizing students were identified less frequently than externalizing students. Finally,
while Heward (2002) expressed that internalizing children were less noticeable, he
explained that they were still at risk for serious problems such as self-injurious behavior
and suicide.

Definitions of Emotional and Behavioral Disorders

Defining emotional and behavioral disorders is difficult, and for that reason the
two definitions that will be discussed differ somewhat. First, as explained above, EBD
(Emotional-Behavioral Disability) is actually special education terminology used in the
Commonwealth of Kentucky. Nationally, the term used is Emotional Disturbance (IDEA
Practices, 2004). The definition presented by IDEA-97 (Individuals with Disabilities
Education Act, IDEA Practices, 2004) required a student to exhibit one or more of five
different characteristics that have affected the child’s educational performance for a long
period of time. The five characteristics are as follows:

A) An inability to learn that cannot be explained by intellectual, sensory, or
health factors;
B) An inability to build or maintain satisfactory interpersonal relationships with
peers and teachers;
C) Inappropriate types of behavior or feelings under normal circumstances;
D) A general pervasive mood of unhappiness or depression;
E) A tendency to develop physical symptoms or fears associated with personal or
school problems.
In addition, while schizophrenia was named as an inclusive disorder under the title "emotional disturbance," social maladjustment was not.

According to the *Eligibility Determination Form* for Emotional-Behavioral Disability (EBD), the Kentucky Department of Education requires the fulfillment of three criteria. The first criterion is the presence of problematic social behaviors that cause difficulties with creating and maintaining relationships, deficits in academics related to such social-emotional functioning, unhappiness or depression, and physical problems and fears associated with social settings, such as school. The second criterion is the presence of an effect on the student’s educational performance. The third criterion is the presence of a lack of control over his or her behaviors. In addition, when determining EBD classification, lack of math and/or reading instruction, as well as English-language difficulties, must not be factors (Kentucky Department of Education, 2003a).

*Behavior of Students with EBD*

While students with EBD are a heterogeneous group, including both externalizing and internalizing students, several studies have attempted to provide data about the behavioral characteristics of EBD students as a whole. Farmer and Hollowell (1994) studied how students with EBD behave in school. Their study was designed to examine behaviors as well as social relationships of these students in mainstreamed classrooms. Participants included both students classified as EBD and fellow non-classified students in 16 third- to sixth-grade classrooms. Each participant with EBD spent at least 60% of his or her day in a regular education classroom and attended lunch and recess with students in regular education for at least two months prior to the beginning of the study. The researchers developed student response interviews to study classroom social
networks as well as peer-assessment of students' behavioral characteristics. Participants listed different social networks or groups and named students in each group.

The authors found no significant difference between students classified as EBD and their classmates in terms of their level of peer association. Students with EBD were members of peer groups as much as other students. Over 80% of the male participants classified as EBD were members of peer clusters, and of the two females with EBD in the sample, both were members of peer clusters. However, the authors found a significant difference between the behavioral characteristics of the students classified as EBD and the other students. Participants were asked to nominate three peers on eight different characteristics. From these data, the researchers found that the students classified as EBD were significantly higher in peer-assessed aggression and disruption. They were significantly lower in peer-assessed cooperation. The “clusters” that the students with EBD were placed in were rated as more aggressive and disruptive. These groups were rated as having lower levels of cooperation, leadership, and academic performance. Therefore, students classified as EBD did have friends, and their friends had similar characteristics as them. However, the authors found that the boys with EBD were the most aggressive and disruptive within their peer clusters (Farmer & Hollowell, 1994).

All students classified as EBD do not attend school in regular education classrooms; some are in segregated special education classrooms. Panacek and Dunlap (2003) studied the social lives of students with EBD who were in full-time segregated classrooms. The participants in this study included 14 students with EBD and 14 students chosen through matched comparison. The participants ranged from age 7 to 11 and included 24 males and 4 females. The researchers used the Social Network Assessment
Protocol (SNAP) to assess each child's degree of interaction, personal social network, and important providers of social support. For the group of students not classified as EBD (Typical Group), 100% of their school activities were socially integrated. The students with EBD had school activities that were socially integrated only 8% of the time. Two of the students with EBD reported no interactive activities at school.

The researchers also found that the students with EBD had smaller social networks at school. However, when asked about social networks at home, students with EBD reported social networks similar in size to those in the Typical Group. In addition, students with EBD stated that the peers at home were the most important providers of social support, while the Typical Group reported that the most important providers were at school. So, while home social networks were similar in size, school social networks differed significantly between students with EBD (in segregated classrooms) and their matched comparisons. Because the social lives of the students with EBD were quite restricted at school and dominated by others in special education, it seems as though it would have been difficult to have social networks at school. Given the findings of this study in comparison with Farmer and Hollowell (1994), it can be concluded that students with EBD were able to form friendships if given the opportunity to interact with peers at school. However, the friendships they did develop were with students with similarly poor social skills.

According to Heward (2002), children with emotional and behavioral disorders were not liked by the people with whom they interacted, including peers, teachers, siblings, and parents. Safran (1995) further examined how fellow students viewed the behavior of students with EBD. Safran stated that children viewed externalizing
behaviors in a negative manner. Aggressive children, along with rule breakers, were viewed as being responsible for their behavior. In addition, five types of aggression—provoked, outburst, unprovoked physical, verbal, and indirect—were negatively correlated with social status. When examining how other students viewed internalizing students, Safran found that depressed students were not liked by their peers. In conclusion, the students with EBD had behaviors that caused them to be disliked by their peers, whether their behavior was externalizing or internalizing.

If students with EBD demonstrate these behaviors that cause them to be unpopular with peers, the question is why do these students continue to behave this way? Determining the reason behind these behaviors may lead to more effective interventions. Researchers may find the answer by looking at different characteristics of students with EBD. One such area is emotional intelligence.

*Emotional Intelligence*

When examining students with EBD, the goal of school personnel is to help those students work to increase positive interactions with peers and adults and, as a result, perform better in school. A variety of psychological constructs can be examined when attempting to define a specific disorder and subsequently develop interventions. One such construct that has just recently been examined in youth but has never been an area of research with students with EBD is emotional intelligence. The idea of looking at how someone thinks and understands emotions and comparing that with his or her success has become popular with the introduction of emotional intelligence (Goleman, 1995). This construct was just recently applied to youth and their functioning (Adkins, 2004; Allen, 2000; Corso, 2001; Crick, 2002; Herring, 2001; Leohr, 2004; Mayfield, 2004).
Researchers focused on how emotional intelligence relates to social intelligence, gifted students, leadership status, AD/HD diagnoses, and home schooled children. Allen (2000) and Corso (2001) suggested that the emotional intelligence research should spread to examine students in special education. Herring (2001) stated that it would be most useful to study students that have a specific social weakness, specifically naming students with Emotional-Behavioral Disability. She believed their difficulties could be a direct result of low emotional intelligence.

On the other hand, Arsenio (2003) suggested that models of emotional intelligence did not explain certain children who developed problematic behaviors but who were “neither inaccurate nor deficient in their emotional abilities” (p. 101). He believed that distinctions needed to be made between children who had specific emotional deficits and those who had behavior problems due to other reasons—“affective biases” and “sub-optimal parenting” (p. 101). Given the two different ways of looking at a possible relationship between EQ and students with EBD, first it is important to take a look at what emotional intelligence is. Then it may be possible to make a connection between this new concept and the difficulties students with EBD face.

Emotional intelligence is a new construct, which can be used as a way of understanding an individual’s social interactions. However, as far back as 1920, Thorndike spoke of intelligence including three parts, one of which was social intelligence, defined as the “ability to understand and manage men and women, boys and girls—to act wisely in human relations” (Thorndike, 1920, p. 228). Gardner (1983) included interpersonal intelligence and intrapersonal intelligence as two of eight intelligences of his theory of multiple intelligence. He defined interpersonal intelligence
as understanding others’ emotions and intentions, while intrapersonal intelligence was the ability to understand one’s own emotions and intentions.

The actual term emotional intelligence was introduced to the general public by Daniel Goleman, in his 1995 book *Emotional Intelligence*. Speaking of EQ’s greater influence over IQ, Goleman provided a framework of looking at how supposedly smart people (high IQ) may not be as successful as one would think. He focused a good part of his 1995 book on schools, speaking of emotional literacy and how schools should change curriculum to teach EQ.

While Goleman popularized the concept of emotional intelligence in 1995, Salovey and Mayer (1990) proposed emotional intelligence as a true psychological construct. Salovey and Mayer (1990) defined emotional intelligence as “the ability to monitor one’s own and others’ feelings and emotions, to discriminate among them and to use this information to guide one’s thinking and actions” (p. 189). Salovey and Mayer combined scientific findings about individuals’ emotional processes into a theory of the united construct of emotional intelligence. Their theory of emotional intelligence, which included clear descriptions of what was not emotional intelligence, was further explained in 1997.

According to Mayer and Salovey (1997), there was a difference between emotional intelligence and traits or behaviors. Emotional intelligence was the thought or cognition behind outwardly noticeable characteristics. Intelligence and emotion affected each other. Accordingly, people had certain attributes that described them in social interactions (outgoing, friendly, cold, dishonest); however, Mayer and Salovey labeled these as traits. Also, there was a distinction made between emotional intelligence (EQ)
and cognitive intelligence (IQ). They felt that there existed a low to moderate correlation between the two. For example, the Wechsler tests do include some forms of social reasoning on both the verbal and nonverbal tasks measuring cognitive intelligence (Wechsler, 2003). Still, these two constructs were distinct.

Mayer and Salovey (1997) listed the four branches of emotional intelligence as: emotional perception and identification, emotional facilitation of thought, emotional understanding, and emotional management. The hierarchical theory of emotional intelligence was one where each branch was increasing in complexity. The most basic of the four branches was the ability to perceive emotions, understand them, and express them (Mayer & Salovey, 1997). Individuals were able to identify emotions in others through facial expressions or through what an individual said. This branch included the ability to know when someone was expressing an emotion that was false. An individual was also able to express the appropriate emotion for how he/she was feeling.

The second branch of emotional intelligence included one's ability to have emotions affect his or her thinking. Emotions served as an "alerting system" (Mayer & Salovey, 1997, p. 12). Individuals were cued what to pay attention to by their emotions, and different activities were enhanced by emotions. Finally, this branch of emotional intelligence included being able to take multiple perspectives, looking beyond his or her own emotions.

In the third branch of emotion intelligence (emotional understanding), an individual was able to use his or her own emotional knowledge effectively, for example, understanding a continuum of emotions (angry, mad, furious). Individuals high in emotional intelligence were able to understand emotional complexities (Mayer &
Salovey, 1997). The final branch of emotional intelligence was called emotional management. This branch was the knowledge that emotions and behaviors are different things. Understanding this distinction allowed individuals to separate their emotions from their actions or being able, for example, to avoid reacting with aggression when one was angry (Mayer & Salovey, 1997). Also, individuals were able to think about emotions, going beyond mere perception of them.

Mayer and Salovey (1997) made many distinctions about what was not emotional intelligence in order to understand what emotional intelligence was. Two other concepts were considered distinct from emotional intelligence. Emotional achievement was described as “the learning a person has attained about emotion or emotion-related information” (p. 15). Emotional competence “indicates that one’s achievement meets a particular standard” (p. 15). Mayer and Salovey's definition was designed to explain emotional intelligence as an intelligence. Behavior, actions, knowledge, and other aspects sometimes referred to as emotional intelligence were classified as separate characteristics of an individual (Mayer & Salovey, 1997).

Mayer, Salovey, and Caruso (2000) again made the distinction between emotional intelligence and traits of an individual. The terms that were frequently labeled as part of emotional intelligence—motivation, emotion, cognition, and consciousness—were actually the four parts of personality. However, only one fourth of personality was actually true emotion and part of emotional intelligence. In addition, Mayer et al. felt that many theories of emotional intelligence were merely long lists of traits, and these theories seemed to change which traits they included in emotional intelligence. Therefore, these theories began to include all aspects of personality as parts of emotional intelligence.
One such theory that Mayer et al. applied this criticism to was that of BarOn, whose theory will be discussed in the next section.

According to BarOn (2000), emotional intelligence was defined as "a multifactorial array of interrelated emotional, personal, and social abilities that influence our overall ability to actively and effectively cope with daily demands and pressures." (p. 385). The BarOn model actually coincided with an assessment instrument of emotional intelligence developed by BarOn, the Emotional Quotient Inventory (EQ-i) (BarOn, 1997).

Helping to support BarOn's definition of emotional intelligence, the EQ-i's total EQ scale correlated with different measurements of ability to cope with daily stressors (BarOn, 2000). BarOn also found that scores on most of the EQ-i scaled scores actually increased with age, with individuals in their late forties to early fifties having the highest mean scores (BarOn, 1997). However, there existed no differences among different ethnic groups and no differences between adult males and females for overall emotional competence (BarOn, 2000).

With such a difference among age groups for the construct of emotional intelligence, BarOn developed the Emotional Quotient Inventory: Youth Version (EQi: YV), the first instrument published for use in measuring the EQ of children and adolescents (BarOn & Parker, 2000). The EQ-i, as well as the EQi: YV were developed based on BarOn's theory about what he constitutes the definition of emotional intelligence to be. According to BarOn, emotional intelligence in youth consists of five factors: intrapersonal, interpersonal, adaptability, stress management, and general mood.
General mood is considered a facilitator of the other factors. On the EQi: YV, all five of these core aspects of emotional intelligence are assessed along with a Total EQ score.

While Goleman (1995) made statements pointing to EQ as being more important than IQ, BarOn believed general intelligence to be the combination of both EQ and IQ. In addition, Goleman stated that emotional intelligence was developed over time; this statement was supported by research showing that EQ does increase with age (BarOn 2000). The BarOn Model of emotional intelligence stated that a person’s EQ was associated with his or her happiness and well being (BarOn & Parker, 2000).

Similar to Salovey and Mayer, BarOn believed that emotional intelligence was not performance, or in other words, was not behavior or skills. BarOn explained that what emotional intelligence did point to was a person’s ability or potential for performance (BarOn, 2000). Emotional intelligence was not a list of behaviors, but it was the cognition associated with emotion. Even with such similarities between the two main theories of emotional intelligence, there still existed disagreement on exactly how well the BarOn model matched up with the Mayer and Salovey model (Caruso, Mayer, and Salovey, 2002).

Mayer, Caruso, and Salovey (1999) also developed a measure of emotional intelligence that they believed truly measured emotional intelligence from the ability model. According to Caruso et al. (2002), the BarOn model was a mixed-model, measuring emotional intelligence as a "conglomerate of traits, dispositions, skills, competencies, and abilities" (p. 303). Self-report measures, like the EQi: YV, do not represent emotional intelligence as cognitive ability, but rather as behaviors, according to Caruso et al. (2002). However, BarOn disagreed. He explained that emotional
intelligence was in the category of intelligences. With such disagreement between the theorists, it is clear why emotional intelligence has been so difficult to define. Such definitional complexities have likely been responsible for the initial lack of an assessment tool to measure EQ in youth and the limited research in this area. Studies that have looked at the behavior of youth tended to focus on the more easily definable construct of social skills.

Social Skills

While some emotional intelligence theorists were adamant about excluding such behaviors (social skills) from their definitions, they believed that other theorists were actually looking at aspects of an individual that could be considered social skills (Mayer et al., 2000). In order to better understand emotional intelligence it is important to understand the exact definition of social skills.

According to Gresham & Elliott (1984), “social skills are socially acceptable learned behaviors that enable a person to interact effectively with others and to avoid socially unacceptable response” (p. 1). It is important to point out that this definition spoke of behaviors as opposed to thoughts or cognitions. While social skills definitely helped any individual interact with others with more positive results, it was necessary for children to be able to demonstrate behaviors that attract other children, according to Gresham & Elliot (1990). Children that failed to develop these traits may have had negative relationships with their peers, as well as with adults with whom they interact.

One such measure of the social skills of youth is the Social Skills Rating System (SSRS) (Gresham & Elliott, 1990). The SSRS has three forms: Self-Report Student Form, Parent Form, and Teacher Form. The SSRS divided social skills into specific
domains. These included cooperation, assertion, and self-control. Different versions of the SSRS also included different aspects of social skills, such as empathy (SSRS Self-Report Student Form) and responsibility (SSRS Parent Form). Understanding the definition of each of these domains helps to understand the concept of social skills. Cooperation included behaviors such as “helping others, sharing materials, and complying with rules and directions” (p. 2). Assertion included behaviors such as “initiating behaviors, such as asking others for information, introducing oneself, and responding to the actions of others” (p. 2). Responsibility included “behaviors that demonstrate the ability to communicate with adults and regard for property or work” (p. 2). Empathy included “behaviors that show concern and respect for others’ feelings and viewpoints” (p. 2). Self-Control included “behaviors that emerge in conflict situations, such as responding appropriately to teasing, and in nonconflict situations that require taking turns and compromising” (p. 2). All of these domains combined formed the “Total Social Skills” of the SSRS.

Social Skills and Students with EBD

Applying the construct of social skills to students with Emotional-Behavioral Disability is straightforward. Studies have shown that children with EBD have decreased social skills (Farmer & Hollowell, 1994; Safran, 1995). In addition, the definitions for classification of Emotional-Behavioral Disability (EBD, Kentucky’s label) and Emotional Disturbance (ED, federal label) indicated a lack of social skills as a means of identifying these students. Therefore, social skills training seems like a logical intervention to help these children better interact with peers and adults at school. A meta-analysis conducted by Quinn, Kavale, Mathur, Rutherford, and Forness (1999) examined the effects of social
skills training on students with EBD. The different social skills trainings examined in the study involved choosing specific social skills to work on, such as modeling, practicing, providing feedback, and identifying situations to use such skills. Studies included in this meta-analysis met the following requirements: 1) participants had to be labeled as emotionally disturbed by the federal definition; 2) the primary purpose of the study had to be to assess the effectiveness of social skills intervention; and 3) data had to be adaptable to find an average effect size. The researchers looked at results of 35 studies from the years of 1981 to 1994. The 35 studies included 1,123 total participants with an average age of 11.53 years and an average IQ of 94. The majority were boys (67%). In addition, the social skills interventions used in the studies were all group interventions for an average of 12 weeks at 2.5 hours of training a week. From the analysis, the researchers found a pooled mean effect size (ES). The ES is a numerical measure of the average effect of the independent variable (social skills training) on the dependent variable (change in social skills). The 35 studies yielded a small insignificant ES of 0.199. Cohen (1998) (as cited by Quinn et al., 1999) stated that this mean ES is small, and Forness, Kavale, Blum, and Lloyd (1997) (as cited by Quinn et al., 1999) stated that an ES is not "potentially significant" until around 0.40. Therefore, social skills training was found to be ineffective for students with EBD. Furthermore, 25% of the studies had ES values that were negative, indicating that social skills training was associated with poorer social skills outcomes. Further analysis indicated that the duration of the interventions, whether or not the interventions were established or experimental, and the age of the participants did not show significant effects on the effectiveness of the interventions.
Emotional Intelligence and Social Skills

Social skills interventions were shown to be ineffective in helping students with Emotional-Behavioral Disability to have more adaptive social skills. Knowing how emotional intelligence relates to social skills in children may help to identify a new construct to be singled-out in helping students with EBD succeed. Studies have shown that social skills are related to emotional intelligence in adults (Caruso et al., 2002; Shutte et al., 2001). These findings have been replicated when a sample of children was utilized (Herring, 2001). According to Herring (2001), scores on two versions of the Social Skills Rating System (SSRS), (the SSRS Self-Report Student Form and the SSRS Parent Form), were significantly correlated with EQi: YV Total Standard Score. The correlation between the Total Social Skills score on the SSRS Parent Form and the Total EQ score on the EQi: YV was $r = .59$, and the correlation between the Total Social Skills score on SSRS Self-Report Student Form and the Total EQ score was $r = .73$, demonstrating how highly correlated these two factors can be when looking at children. In a separate study, Mayfield (2004) found significant correlations between Total EQ scores on the EQi: YV and Total Social Skills scores on the SSRS Self-Report Student Form ($r = .703$) for elementary students.

Emotional Intelligence, Social Skills, and Students with EBD

Gresham (1997) indicated that social skills were the most important issue when examining children and youth with emotional and behavioral disorders. He believed that the problems associated with students with Emotional Disturbance (ED) were a lack of social skills. According to Gresham and Elliott (1990), poor social skills could lead to negative relationships with adults and children. Likewise, Gresham and Elliott stated that
poor scores on the SSRS indicated a “risk for serious interpersonal difficulties” (p. 2). Children with such scores were likely to be classified as emotionally disturbed or as having behavior disorders. Furthermore, they suggested successful identification of social skills deficits would be beneficial for educators and others to successfully treat such children.

However, a meta-analysis demonstrated that social skills training did not work with students with EBD (Quinn et al., 1999). Finding a connection between youth with EBD and emotional intelligence might aid in designing effective treatments for these youth (i.e., emotional intelligence training). Recently, Mayfield (2004) studied the emotional intelligence of another group of students receiving special education services, those students with Attention Deficit/Hyperactivity Disorder. She found that their emotional intelligence did not differ from the standardization population. While students with AD/HD do have some interpersonal difficulties like students with EBD, the interpersonal problems are the primary criterion for EBD classification. Therefore, the connection between interpersonal skills and emotional intelligence may indicate that students with EBD do have low emotional intelligence.

**Purpose of Current Study**

Students with EBD characteristically do not demonstrate the skills that the EQ theories say an individual with high EQ should demonstrate. According to Salovey and Mayer (1990), individuals with high emotional intelligence used moods and emotions to motivate adaptive behaviors. So, behaving in a way that harms social relations may be a sign of an underlying low emotional intelligence. In addition, Salovey and Mayer (1990) stated that an emotionally intelligent person “is often a pleasure to be around and leaves
others feeling better” (p. 201). Youth with EBD do not fit this description; they are quite the opposite. Finally, Salovey and Mayer (1990) described depression as possibly being caused by an individual’s inability to recognize his or her emotions and therefore his or her inability to plan a life that fulfills that person emotionally. One might view youth with EBD as incapable of being able to understand their emotions.

However, Arsenio (2003) has stated that some behavior problems may not be explained by the presence of low EQ. So what does this mean for youth with EBD? There are two possible ways of looking at emotional intelligence in these youth. Either they have low emotional intelligence that leads to poor social behaviors and interpersonal problems, or they have average to high emotional intelligence, which is not demonstrated in their behavior due to affective or other environmental issues. It is possible that they learned such appropriate interpersonal interaction skills just as well as others but choose not to behave accordingly.

Considering the high correlation between social skills and emotional intelligence in a normal population of children (Herring, 2001), it was hypothesized that this study would demonstrate the following: 1) the social skills of students with EBD would be positively correlated with their emotional intelligence; 2) students with EBD would have significantly lower Total EQ scores as compared to the standardization sample of the EQi: YV; 3) students with EBD would score significantly lower than the standardization sample of the SSRS in the area of Total Social Skills; and 4) on the Empathy subscale of the SSRS Self-Report Student Form students with EBD would score significantly lower than the standardization sample.
CHAPTER III

Method

Participants

Elementary, middle, and high school students from four south-central and western Kentucky public school districts already classified as having Emotional-Behavioral Disability (EBD) were participants for this study. A sample of 38 students with EBD participated. Five students’ data were removed from the study due to a high Inconsistency Index scores on the BarOn EQi: YV. Therefore, 33 participants (29 males, 4 females) were examined. Of the 33 participants, 28 were Caucasian (85%) and 5 were African-American (15%). Students were classified as either primary (1st through 6th grade, n = 14) or secondary (7th through 12th grade, n = 19). The criteria for selection of participants was that each student was already classified as EBD under Federal Law (IDEA-97), and each student spent at least some part of his or her school day in a special education classroom. This requirement was in place so that a special education teacher could be the person responsible to complete a social skills rating scale on each student participant. The students varied from spending 10% to 100% of their day in a resource/special education classroom, with the average amount in a special education classroom being 75.36%.
Materials

*Emotional Quotient Inventory: Youth Version.* The BarOn Emotional Quotient Inventory: Youth Version (BarOn EQi: YV) was used to assess the emotional intelligence of students with EBD (BarOn & Parker, 2000). The BarOn EQi: YV is a self-report measure used to assess the emotional intelligence in individuals ages seven to eighteen. This paper-and-pencil instrument consists of sixty items that ask students to rate statements on a four-point Likert-type scale (i.e., “Very Seldom True of Me,” “Seldom True of Me,” “Often True of Me,” and “Very Often True of Me”). Item examples include “I care what happens to other people” “I have a temper” and “I am good at understanding the way other people feel.” The EQi: YV provides a Total EQ score, as well as scores on four other factors of emotional intelligence. These factors include Intrapersonal, Interpersonal, Adaptability, and Stress Management. When these factors’ scores are combined, they form the Total EQ Score. The instrument also provides scores on a General Mood Scale, Positive Impression Scale, and an Inconsistency Index. Standard scores obtained on each of these factors have a mean of 100 and a standard deviation of 15 for the standardization sample.

The BarOn EQi: YV was standardized on a sample of 9,172 children and adolescents (4,625 males and 4,547 females). For the Total EQ, internal reliability coefficients ranged from .86 to .90 for ages 7 to 18. Internal reliability coefficients for the four subscales of Total EQ and for General Mood ranged from .65 to .90 for ages 7 to 18. With a three-week interval, there was a test-retest coefficient of .89 for Total EQ.

*Social Skills Rating System.* Social skills of participants were measured with the Social Skills Rating System (SSRS) (Gresham & Elliott, 1990). The SSRS is a behavior
rating scale with three different forms: Self-Report Student Form, Teacher Form, and Parent Form. In this study, the Self-Report Student Form and the Teacher Form were utilized. These two forms were chosen so that comparisons could be made between self-report and other-report of social skills. In addition, the Teacher Form, as opposed to the Parent Form, was chosen because of suspected higher levels of cooperation from teachers as compared to parents. In addition, because children with EBD are classified based on behaviors at school, teacher evaluations seemed more appropriate than parental evaluations of similar behaviors at home. Both Self-Report Student and Teacher forms required the individual completing the form to indicate how often the child exhibits certain social skills and indicate the importance of each skill. The Student Form has 34 behaviors to be rated, and the Teacher Form has 30 behaviors to be rated on a three-point scale indicating how often each occurs (i.e., “Never,” “Sometimes,” or “Very Often”). Examples of items include “Invites others to join in activities” “Makes friends easily” and “Responds appropriately when pushed or hit by other children.”

Also, while the SSRS Teacher Form provides information on Social Skills, Problem Behaviors, and Academic Competence, in this study only the Social Skills scores were examined. The Student Form provides a Total Social Skills standard score, as well as scores on the different subscales of Social Skills, which include Cooperation, Assertion, Empathy and Self-Control. The Teacher Form provides a Total Social Skills standard score and divides Social Skills into the three different subscales of Caring, Assertion, and Self-Control.

The SSRS was standardized on 4,170 children in grades Kindergarten through 12. The internal reliability coefficients ranged from .51 to .83 for the Self-Report Student
Form. For the Teacher Form, the internal reliability coefficients range from .86 to .94 for the Total Social Skills Standard Score and subscale scores. The SSRS standard score for the overall Social Skills domain has a mean of 100 and a standard deviation of 15 for the standardization sample (Gresham & Elliott, 1990).

Procedure

Once approval was obtained from the Human Subjects Review Board, school officials were approached in order to obtain written consent to work within their school districts. The Director of Special Education or the Superintendent for each school district was contacted in order to obtain permission to approach the individual school building principal. Once permission was obtained from either the Special Education Director or Superintendent, he/she provided the researcher with a list of school principals that could be contacted. Then individual special education teachers were approached, and teacher consent was obtained (Appendix A). Informed consent documents were sent home with those students who met the criteria for this study. After a parental permission form (Appendix B) was returned for each student, a time was arranged with the special education teacher for the researcher to visit the school and have the students complete two measures: the EQi: YV and the SSRS Self-Report Student Form. The students completed the two scales in small groups if multiple permission slips were returned from a single classroom. Before the students completed either the BarOn EQi: YV or the SSRS, the researcher instructed them to give honest answers about how they truly felt and behaved, and the researcher informed them that there were no right or wrong answers. In addition, it was explained that their answers would not be shared, and they could decide whether or not they wished to participate. After this explanation, each student signed a
Child Assent Form (Appendix C) indicating the student’s understanding of the project.
Each student completed the BarOn EQi: YV form first and the SSRS Student Self-Report Form second. The forms were completed in this order because of the fact that the EQi: YV was much longer, and students were more cooperative if the second form did not appeared to be as much work. The BarOn EQi: YV took approximately 20 to 25 minutes to complete, while the SSRS took approximately 10 minutes.

Copies of the Teacher Form of the SSRS were left with the special education teacher after the researcher was finished with each student/group of students. The teachers were asked to complete the “Social Skills” section of the SSRS form within a week. The researcher either returned to collect the forms or left addressed envelopes with the teachers to mail the forms once completed (for districts further away). Teacher SSRS forms were returned for each of the 33 participants.
Results

Hypothesis 1. The first hypothesis stated that emotional intelligence, as measured by the BarOn EQi: YV, would be positively correlated with social skills, as measured by the Social Skills Rating System, for students with Emotional-Behavioral Disability (EBD). A Pearson Product Moment Correlation (Pearson $r$) was conducted to examine this hypothesis.

Hypothesis 1 was supported or not supported depending on which form of the SSRS was examined. The hypothesis was supported when comparing the BarOn EQi: YV to the SSRS Self-Report Student Form. Because the Social Skills Rating System (SSRS) does not have a self-report form for students younger than third grade, only 28 participants completed these forms (as compared to the total sample of 33). The correlation between the Total EQ and the student report of Total Social Skills was $r = .673$ ($p < .05$). The first hypothesis was not supported when Total EQ scores were compared to teacher report of the students' Total Social Skills. An SSRS Teacher Form was completed (for all 33 participants). The teacher ratings of Total Social Skills were not significantly correlated with the Total EQ scores, with a correlation of $r = .099$ ($p > .05$).

In addition, the teacher ratings of the students' social skills were not correlated to
the student ratings of their own social skills. This correlation was \( r = -0.133 \) \((p > 0.05)\).

Table 1 shows the Pearson \( r \) correlations between the Total EQ scores from the EQi: YV, and the Total Social Skills scores on the SSRS Teacher Form and the SSRS Self-Report Student Form.

Table 1

*Pearson r Correlations Between Total EQ, Social Skills-Teacher Report, and Social Skills-Student Report*

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total EQ</td>
<td>-----</td>
<td>.099</td>
<td>.673*</td>
</tr>
<tr>
<td>2. SSRS Teacher Rating</td>
<td>-----</td>
<td>-----</td>
<td>-.133</td>
</tr>
<tr>
<td>3. SSRS Student Self Rating</td>
<td>-----</td>
<td>-----</td>
<td></td>
</tr>
</tbody>
</table>

*Note. *\( p < .05 \)*

**Hypothesis 2.** The second hypothesis stated that students with Emotional-Behavioral Disability would have significantly lower emotional intelligence scores than the standardization sample of the BarOn Emotional Inventory: Youth Version (EQi: YV). The Total EQ mean of the study sample was analyzed in comparison with the Total EQ mean and standard deviation of the standardization sample of the EQi: YV. In addition, for the different subtests of the EQi: YV, the mean of the whole sample was compared to the standardization sample to determine if students with EBD differ in factors of emotional intelligence. Finally, analyses were conducted within each level (primary students and secondary students) to examine how these different levels compared to the standardization population in terms of Total EQ.

Significant differences were found between students with EBD and the
standardization sample for Total EQ and the subdomains of Interpersonal and Stress Management. Students with Emotional-Behavioral Disability had lower mean scores compared to the standardization sample with the factors of Total EQ, \( z = -2.69, p < .05 \), Interpersonal, \( z = -1.93, p < .05 \), and Stress Management scores, \( z = -6.71, p < .05 \). Intrapersonal, \( z = -1.49 \), Adaptability, \( z = .49 \), and Mood, \( z = .22 \) were not significantly different from the standardization sample.

When analyzing the primary level students’ emotional intelligence (\( n = 14 \)), it was found that this group of students had lower emotional intelligence scores than the standardization population, \( z = -1.98, p < .05 \). The same was found for secondary students with EBD (\( n = 19 \)), \( z = -1.85, p < .05 \). Table 2 shows the means and standard deviations for Total EQ for the whole sample and by level, as well as the different domains of emotional intelligence for the whole sample.
Table 2

Means and Standard Deviations for Total EQ and EQ Subdomains and z-score Significance

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>z-score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total EQ</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Subjects</td>
<td>33</td>
<td>92.97</td>
<td>17.40</td>
<td>-2.69*</td>
</tr>
<tr>
<td>Primary Level</td>
<td>14</td>
<td>92.07</td>
<td>17.47</td>
<td>-1.98*</td>
</tr>
<tr>
<td>Secondary Level</td>
<td>19</td>
<td>93.63</td>
<td>17.80</td>
<td>-1.85*</td>
</tr>
<tr>
<td>Intrapersonal</td>
<td>33</td>
<td>96.12</td>
<td>18.34</td>
<td>-1.49</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>33</td>
<td>94.97</td>
<td>16.37</td>
<td>-1.93*</td>
</tr>
<tr>
<td>Adaptability</td>
<td>33</td>
<td>101.27</td>
<td>16.47</td>
<td>0.49</td>
</tr>
<tr>
<td>Stress Management</td>
<td>33</td>
<td>82.48</td>
<td>15.25</td>
<td>-6.71*</td>
</tr>
</tbody>
</table>

Note. Standardization Sample Mean = 100, Standard Deviation = 15.

*p < .05, one-tailed.

*Hypothesis 3.* The third hypothesis stated that students with Emotional-Behavioral Disability would have significantly lower social skills as compared to the standardization sample of the Social Skills Rating System (SSRS). The hypothesis was tested using both the Teacher Form (n = 33) and Self-Report Student Form (n = 28) of the SSRS. These scores were compared to the mean and standard deviation of the SSRS standardization sample (M = 100, SD = 15). In addition, the sample was divided into primary and secondary students (within each form) to determine if both levels significantly differed from the mean of the standardization population.
Because the SSRS does not have a Student Form for first and second grade students, only 28 of the sample of 33 participants completed an SSRS Self-Report Student Form. When the student participants rated themselves using the SSRS Self-Report Student Form, the mean score for the 28 students was not significantly lower than that of the standardization sample, $z = .39$, $p > .05$. In addition, the self-ratings were not significant for either primary students, $z = 0.27$, $p > .05$, or secondary students, $z = 0.29$, $p > .05$, when the whole sample was examined by grade level.

An SSRS Teacher Form was completed on all 33 participants. When rated by their teachers, students with Emotional-Behavioral Disability had significantly lower social skills as compared to the standardization sample, $z = -3.15$, $p < .05$. The mean Total Social Skills score for the Teacher Form was a full standard deviation below the mean of the standardization sample. Once the teacher ratings were examined by level, only the students in primary grades ($n = 14$) were found to have significantly lower social skills by their teacher’s ratings, $z = -3.78$, $p < .05$. The teacher ratings for the secondary level students ($n = 19$) were not significantly lower, $z = -.90$, $p > .05$. 
Table 3

Means and Standard Deviations for Social Skills Rating System and z-score Significance

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>z-score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Teacher Ratings</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Participants</td>
<td>33</td>
<td>91.79</td>
<td>14.70</td>
<td>-3.15*</td>
</tr>
<tr>
<td>Primary Level</td>
<td>14</td>
<td>84.86</td>
<td>11.90</td>
<td>-3.78*</td>
</tr>
<tr>
<td>Secondary Level</td>
<td>19</td>
<td>96.89</td>
<td>14.74</td>
<td>-0.90</td>
</tr>
<tr>
<td><strong>Student Self Ratings</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Participants</td>
<td>28</td>
<td>101.11</td>
<td>20.90</td>
<td>0.39</td>
</tr>
<tr>
<td>Primary Level</td>
<td>9</td>
<td>101.33</td>
<td>21.48</td>
<td>0.27</td>
</tr>
<tr>
<td>Secondary Level</td>
<td>19</td>
<td>101.00</td>
<td>21.21</td>
<td>0.29</td>
</tr>
</tbody>
</table>

*Note. Standardization Sample Mean = 100, Standard Deviation = 15.*

*p < .05, one-tailed.

Hypothesis 4. The fourth hypothesis stated that students with Emotional-Behavioral Disability would have significantly lower Empathy scores than the standardization sample on the Social Skills Rating System (SSRS). This hypothesis was tested utilizing the SSRS Self-Report Student Form only, because the SSRS Teacher Form does not provide an Empathy score. On this analysis, only male students (n = 31) were examined, and only level comparisons were done. This procedure was followed because the norm tables for individual subtests of the SSRS are separated by sex and grade level. In addition, raw scores, not standard scores, were examined based on the fact that Empathy scores are listed this way in the SSRS manual. A pooled mean for each
level (primary and secondary) of the standardization population was calculated. The
SSRS manual reports standard deviations for each grade, not for the whole level. For
statistical analysis the largest standard deviation out of the set of grades for each level
was chosen given that it would provide the most conservative test. These two
calculations were done for the two levels and then compared to the sample raw score
mean and raw score standard deviation for each level. The standardization sample
primary level raw score pooled mean was calculated to be 14.8, with the largest standard
deviation for the set being 3.4. For the secondary level, the raw score pooled mean of the
standardization population was calculated to be 13.4, with the largest standard deviation
of the set being 3.2.

Male students in the 3rd through 6th grade (primary level) did not have
significantly lower Empathy raw scores than the standardization population,
z = 1.11, p > .05. Male students in the 7th through the 12th grade (secondary level) did not
have significantly lower Empathy raw scores than the standardization population,
z = 1.14, p > .05.

Table 4

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>z-score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student Self Ratings</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Level</td>
<td>8</td>
<td>16.13</td>
<td>3.60</td>
<td>1.11</td>
</tr>
<tr>
<td>Secondary Level</td>
<td>17</td>
<td>14.29</td>
<td>4.96</td>
<td>1.14</td>
</tr>
</tbody>
</table>

*Note. Only male participants' Empathy scores were examined.*
Discussion

Hypothesis 1 stated that students with EBD would have Total EQ scores, as measured by the BarOn EQi: YV, that were positively correlated with their Total Social Skills scores, as measured by the SSRS forms. This hypothesis was supported when the SSRS Self-Report Student Form was compared with the EQi: YV, but not when the SSRS Teacher Form was compared to the EQi: YV. When the students rated their own social skills and their own emotional intelligence, a strong positive correlation was found between the Total Social Skills and the Total EQ scores. However, when the teachers rated the students' social skills, and these ratings were compared to how the students rated their own emotional intelligence, no correlation was found. Herring (2001) reported a somewhat similar finding when examining the social skills and emotional intelligence of an average population of youth, using the Self-Report Student Form and the Parent Form of the SSRS. While Herring found that the correlations between the Total EQ score and the Total Social Skills score on both SSRS forms (Student and Parent) were strong, the correlation when using the SSRS Self-Report Student Form \( r = .73 \) was higher than when using the SSRS Parent Form \( r = .59 \). In addition, Mayfield (2004) found that there were no "significant" correlations between the EQi: YV and the SSRS Parent Form and SSRS Teacher Form. However, the correlation between the EQi: YV and the SSRS Self-Report Student Form was a positive one. It appears that social skills and EQ are not as related as the students' understanding of their social skills and their understanding of their emotional intelligence, possibly due in part to the assessment tools utilized. The items the students are responding to on both forms may be very similar, therefore tapping
similar constructs. The teachers (and parents) see social skills from a different perspective, which does not correlate with the self-reported emotional intelligence. In this study, the students and teachers had very different understandings of the students' social skills. These findings were similar to those shown in previous research with a general population and an AD/HD population.

Hypothesis 2 stated that the emotional intelligence of the students with Emotional-Behavioral Disability would be significantly lower than that of the standardization sample of the BarOn EQi: YV. This hypothesis was supported. The students with EBD had significantly lower Total EQ scores and significantly lower scores on two of the factors of the BarOn EQi: YV—Interpersonal and Stress Management. These findings fit when eligibility criteria for EBD is examined. These students are classified based primarily on poor interpersonal skills. In addition, we know that more students with EBD are externalizing than are internalizing (Heward, 2002). Much of the externalizing behaviors demonstrated by these students, aggression and disruption, could be a result of an inability to deal with the stressors in everyday school life. Items that load into the Stress Management factor include: “I fight with people,” “I get upset easily,” and “I have a temper.” These are items that a student with EBD would likely rate high. In terms of General Mood, Intrapersonal, and Adaptability, the students with EBD did not have statistically lower scores as compared to the standardization sample. While “a general pervasive mood of unhappiness or depression” can help to classify a student with EBD, these internalizing students are in the minority (Kentucky Department of Education, 2003a; Heward, 2002). When examining a heterogeneous sample of students with EBD, rather than a purely internalizing sample, it would not be expected that the
sample's General Mood mean would be lower than the standardization sample of the EQi: YV. The finding that students with EBD do not have lower Intrapersonal skills is surprising, given that logically one would think that understanding others' emotions would be associated with understanding one's own emotions. At first, it also is surprising that the Adaptability scores were not lower, given that Adaptability sounds similar to Stress Management (or handling new/stressful situations). However, when examining items that load into this index—"I am good at solving problems," "I can understand hard questions," and "I try to stick to a problem until I solve it"—it appears that Adaptability has more to do with cognitive intelligence than with emotions.

When emotional intelligence was examined by level, both the primary students and the secondary student had significantly lower Total EQ scores as compared to the standardization population. With emotional intelligence being perceived as developmental and increasing with age, it may be expected that the secondary students would have higher raw scores on the EQi: YV (Mayer et al., 1999). Because the EQi: YV has age norms that correct for such increase in raw scores with age, one would expect the two groups to have relatively equal standard score means if the secondary group had better developed emotional intelligence, as suggested by BarOn. This was true. There was only a slight difference between the mean Total EQ scores of these two levels, with the secondary students having a mean Total EQ score of 93.63, and the primary students having a mean Total EQ score of 92.07.

The findings of Hypothesis 2, in conjunction with findings from previous studies, are extremely important in viewing students with EBD. Crick (2003) found that leaders have higher emotional intelligence than do joiners and non-joiners, and Corso (2001)
found that gifted students have higher emotional intelligence than the standardization sample. These two populations of students, gifted students and leaders, have something that students with EBD do not—success in school. Even more importantly, especially with leaders, these students have success in working with others in positive ways. Students with emotional and behavioral disorders are not liked by their peers, teachers, siblings, and even parents (Heward, 2002). The findings of this study along with other studies of youth and EQ may suggest that emotional intelligence may have something to do with these interpersonal difficulties.

The fact that students with EBD have lower EQ helps to add a new piece of information in the puzzle of figuring out why these students behave the way they do and how to best help these students become more successful in school. One of the requirements of the Kentucky Emotional-Behavioral Disability eligibility is that the student lacks control over his or her behaviors (Kentucky Department of Education, 2003a). Much as a student with a low IQ does not have control over his or her inability to understand certain academic material, a student with low EQ may not have control over his or her inability to understand emotions effectively to facilitate proper interaction. Knowing that this population has lower than typical emotional intelligence would support teaching of these skills to students with EBD. Goleman (1995) suggested that EQ can be taught when he spoke of “emotional literacy” needing to be added to the curriculum in schools. This curriculum may be just what the student with EBD needs to overcome his or her disability.

Hypothesis 3 stated that the students with EBD would have significantly lower social skills than the standardization sample of the Social Skills Rating System. When
the SSRS Self-Report Student Form was used, this hypothesis was not supported for the whole sample, nor was it supported for either of the two levels (primary and secondary students). The students with EBD obtained mean Total Social Skills scores that were almost identical to the standardization sample of the SSRS. The fact that these students rated their social skills as average could be a result of the fact that they do not see such behaviors as inappropriate, or they are just not aware of how they are behaving. Farmer and Hollowell (1994) found that students with EBD have social clusters with friends that behave the same way as they do. It may be difficult for such students to recognize their own inappropriate social behaviors if these behaviors are the normal way of interacting within their group of peers.

For the SSRS Teacher Form, the students with EBD had significantly lower Total Social Skills scores for the whole sample. The same was true for the primary students; however, the secondary students were not rated as being significantly lower than the standardization sample. According to teachers, it appears that students with EBD have increased social skills as they get older. Several explanations could shed some light on why this occurred. First, while we do not know how long each student in this study had been classified as EBD or what kinds of interventions he/she had been receiving during his or her schooling, it is possible that once classified, these student received interventions (besides social skills training) as part of their individual education plan that helped. Quinn et al. (1999) stated that social skills trainings are ineffective with students with EBD, but these students could have had some other type of interventions that were effective (i.e., classroom setting change or behavior management plans). Another possible explanation is that as these students aged and matured, they learned better coping
strategies to deal with their feelings (i.e., anger, frustrations), thus helping them to interact with peers and adults in more appropriate ways.

While it was not a surprise that the teachers rated the students as having poor social skills (based on the eligibility requirements), the question is what should be done with this information? Gresham (1997) stated that social skills are the most important factor when looking at students with emotional and behavioral disorders. However, Quinn et al. (1999) found that social skills trainings do not help students with EBD. Maybe the answer is that a closer look is needed; possibly an emotional intelligence deficit hinders success in such social skills trainings. The training may need to start and spend more time at a more basic level, understanding emotions (understanding your own emotions and those of others). Only after this skill is mastered should the programs work up to actual social skills trainings that work on social behaviors such as solving conflict without fighting or being able to control certain disruptive behavior in the classroom.

Hypothesis 4 stated that students with Emotional-Behavioral Disability would have significantly lower Empathy scores, as measured by the SSRS Self-Report Student Form. This hypothesis was not supported. For both primary and secondary male student with EBD, their Empathy scores did not significantly differ from the standardization population. Empathy includes “behaviors that show concern and respect for others’ feelings and viewpoints” (Gresham & Elliott, 1990, p. 2). There is a good chance that the student participants may have provided some socially desirable responses on items tapping this construct. Given that this study did not use a teacher form including an empathy score (which may have provided more accurate assessments of empathy), it may be impossible with the present data to accurately say whether or not students with EBD
actually are deficient in empathy.

There are some limitations to the current study. First, in terms of overall generalizability, the sample of this study came from a specific population, four Kentucky public school districts. It may not be possible to generalize the findings to all students with emotional and behavioral disabilities. Even further, this sample’s male to female ratio was not congruent to that of the EBD population in Kentucky. In this study, there was a 7.25 male to female ratio as compared to the 4.75 male to female ratio of the Kentucky EBD population. While there were not enough females to do comparisons between the sexes, it is possible that more females could have changed some results. Secondly, while social skills are specific behaviors that can be reported upon, emotional intelligence is a cognitive construct that may not be measured in the most accurate manner by self-report measures. Caruso, Mayer, and Salovey (2002) stated that the BarOn model of EQ was a “conglomerate of traits, dispositions, skills, competencies, and abilities,” and self-report measures do not represent true EQ (p. 303). Possibly an emotional intelligence measure similar to general intelligence measures like the Wechsler scales would better tap into an individual’s ability to understand emotions. Along the same line, self-report measures in general lend themselves to obtaining socially desirable responses. As seen with the SSRS Self-Report Student Form, clearly the students were not fully aware of their behaviors.
CHAPTER V

Summary

With the introduction of a test that can measure emotional intelligence in children and adolescents, it is now possible to obtain a better understanding of specific populations of young people. For those professionals who work with students with Emotional-Behavioral Disability (EBD), finding a new piece of the puzzle may help tremendously in getting these students the skills they need to succeed. Utilizing the BarOn Emotional Quotient Inventory: Youth Version along with the Social Skills Rating System—Self-Report Student Form and Teacher Form—this study was able to take a closer look at students with EBD.

By assessing 33, 1st through 12th grade students with EBD from south-central and western Kentucky, their emotional intelligence, social skills, and the relationship between these two constructs were investigated. Student participants were classified as either primary or secondary. Each student was asked to complete a BarOn EQi: YV, as well as the Social Skills Rating System (SSRS) Self-Report Student Form. The special education teacher responsible for each student was also asked to complete an SSRS Teacher Form.

Three of the four hypotheses were supported depending on which SSRS form was analyzed. The emotional intelligence and self-reported social skills of students with EBD were significantly correlated. However, their emotional intelligence Total EQ score was not correlated with teacher-reported social skills. In addition, the self-reported social
skills were not correlated with the teacher-reported social skills. The emotional intelligence of students with EBD was significantly lower than that of the standardization population of the EQi: YV for the whole sample, and when the sample was divided into primary students and secondary students. On both the Interpersonal and Stress Management domains of the EQi: YV, students with EBD had significantly lower scores than the EQi: YV standardization sample. In terms of social skills, students with EBD rated themselves no different from the SSRS standardization population. However, when rated by teachers, these students had significantly lower social skills than the SSRS standardization sample. The teachers rated the primary students as having lower social skills, but not the secondary students. Finally, the ratings of the male students with EBD for the SSRS Self-Report Form Empathy subscale did not show a difference from the standardization population.

Future Research

The current study examined the emotional intelligence and social skills of students with Emotional-Behavioral Disability adding to the growing body of research of youth and EQ. Given the fact that students with EBD are not a homogeneous group, it would be interesting to know whether or not internalizing students differ from externalizing students in terms of their emotional intelligence. While this study did not obtain ratings for the “Problem Behaviors” section of the SSRS Teacher Form, this form does provide a score for externalizing and internalizing problems. Future research could utilize this information to determine how the two types of EBD differ. Theorists have stated that emotional intelligence is associated with happiness and well being, and depression may be a result of not being able to recognize emotions, leading to an inability
to plan a life that fulfills a person emotionally (BarOn & Parker, 2000). Therefore, it would be expected that depressed and anxious internalizing students have lower EQ. In addition, emotional intelligence is supposed to lead to positive and adaptive behaviors that foster social relationships, which may lead to the idea that externalizing students have low EQ (Salovey and Mayer, 1990). However, this needs to be investigated through further research.

Another area that may need to be researched is how the number of years in special education affects these students. This study found that the secondary students had better teacher-reported social skills than the primary students. Did this increase in social skills occur because the older students are more emotionally intelligent? Does this occur because of maturation? Or is it a result of the services these students are receiving through their individual education plans? While social skills trainings have been shown to be ineffective with students with EBD (Quinn et al., 1999), these students could be receiving other effective services through their program. A longitudinal study that took a closer look at length of time in special education, type of services, and possibly initial EQ would help to better understand why older students with EBD have better social skills.

A third possible area to examine in future research would be the amount of time each student spends in a special education classroom during the day and how this time is related to his or her emotional intelligence. The students in this study varied from spending 10% to 100% of their day in a resource/special education classroom, with the average amount in a special education classroom being 75.36%. We know that the social behaviors of students with EBD can differ based on where they spend the majority of their day at school and their level of interaction (Farmer & Hollowell, 1994; Panacek &
Dunlap, 2003). Therefore, social interaction may have an impact on the development of emotional intelligence, especially if these students are isolated with other students who have low emotional intelligence.

Test developers should look more closely for the most appropriate way to measure emotional intelligence. If EQ is not comprised of behaviors or traits, then behavior ratings scales like the EQi: YV may not be the best measures of the “intelligence” of emotional intelligence. An individually administered test (like the Wechsler intelligence scales), or a multiple-choice test requiring respondents to choose how they would respond/feel in a certain situation, may better tap into whether or not individuals understand emotions. The EQi: YV has the respondents tell how well they do in terms of emotional intelligence, but does not actually test them on this ability. Another possible alternative to self-reporting emotional intelligence measures would be to measure a student’s EQ using a teacher or parent report. This study demonstrated that the emotional intelligence self-rating had a high correlation with self-reported social skills ($r = .637$), indicating that these constructs may be more alike than not. However, teacher-reported social skills were not correlated with the self-reported emotional intelligence. As stated before, a self-report of emotional intelligence may not be the best tool to measure EQ. Future research needs to look at whether or not social skills and emotional intelligence are really that different. Without a measurement tool to effectively tap into the construct of emotional intelligence, it seems difficult to actually differentiate between the two constructs.
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Appendixes
Appendix A

Informed Consent for Teachers
Dear Teacher,

You are being invited to participate in a project conducted through Western Kentucky University. This project is part of a graduate student’s thesis and will be conducted under the supervision of a university faculty member. You may contact Bridget Wilfert (graduate student) at 270-745-4420 or Dr. Bill Pfohl (university supervisor) at 270-745-2695, if you have any questions or concerns. You may also contact Dr. Phillip Myers (Human Protections Administrator of the Human Subjects Review Board of Western Kentucky University) at 270-745-4652.

The purpose of the study is to understand how students with Emotional-Behavior Disability (EBD) understand and manage emotions and how this relates to the type of social skills they demonstrate. Student participants will be identified based on their current classification of EBD; they must also be in a special education classroom for at least 60% of their school day. The research procedure will involve students completing the BarOn Emotional Quotient Inventory: Youth Version and the Social Skills Rating System: Student Form. Your participation will include completing a Social Skills Rating System: Teacher Form for each child in your class that is participating in the study. Each form should take no longer than ten to fifteen minutes per student.

Because the students’ part will take up to 40 minutes, each student will miss a portion of class. However, we will work with you to find times it is best to remove students from instruction.

We believe that the findings of this study will lead to a greater understanding of difficulties that EBD children face and how to better serve them. We hope you will be willing to assist us in our research.

Your answers, as well as the students’ answers, will be kept confidential. All data will be labeled using an identification number, not the child’s name. Once the forms have been collected, all identifying information will be blacked out and replaced with a code. Only group results will be reported at the end of the study.

Participation in this study is voluntary. If you agree to participate in this study, you are free to withdraw at any time with no penalty. Parents must also give their consent in order to allow their child to take part in this study. Also, students must give their assent before any information is collected.

If you agree to participate, please sign below indicating that you have read and understand the information above and you agree to participate.

_________________________  ________________  ______________________
Signature of Participant  Date  Witness  Date
Appendix B

Parental Consent Form
PARENTAL CONSENT FORM

Dear Parent/Guardian,

Your child is being invited to participate in a project conducted through Western Kentucky University. This project is part of a graduate student’s thesis and will be conducted under the supervision of a university faculty member. You may contact Bridget Wilfert (graduate student) at 270-745-4420 or Dr. Bill Pfohl (university supervisor) at 270-745-2695, if you have any questions or concerns. You may also contact Dr. Phillip Myers (Human Protections Administrator of the Human Subjects Review Board of Western Kentucky University) at 270-745-4652.

The purpose of the study is to understand how children with Emotional-Behavior Disability (EBD) understand and manage their emotions and what type of social skills they demonstrate. Researchers will be visiting your child’s classroom and will provide your child with two different paper-and-pencil questionnaires to be completed individually or in small groups in your child’s classroom. The questionnaires will ask questions about your child’s feelings, understanding of his or her emotions and the emotions of others, and his or her behaviors in school. An example of a question your child will be asked is to tell how often he/she "invites others to join in activities." Also, your child’s special education teacher will be completing a paper-and-pencil questionnaire about your child’s social skills.

Students will complete both questionnaires in approximately 40 minutes or less. This will require your child to miss a portion of his or her class. The researchers will work with your child’s teacher to choose a time for the forms to be completed. This time will be chosen so as to disrupt instructional time as little as possible.

Your child’s answers will be kept confidential. All data will be labeled using an identification number, not your child’s name. Once the forms have been collected, all identifying information will be blacked out and replaced with a number code. Only group results will be reported at the end of the study.

Your child or you can withdraw at any time with no penalty. Participation is completely voluntary.

We hope that you will allow your child to participate in this study. We believe that the findings of this study will lead to a greater understanding of difficulties that EBD children face and how to better serve them. If you agree to allow your child to participate, please sign and date the attached sheet. You may keep the front page for your reference.

Sincerely,

Bridget Wilfert, Researcher Dr. William Pfohl, University Supervisor
Department of Psychology, 270-745-4420 Department of Psychology, 270-745-2695
_______ Yes, I have read the information provided about this study and give my consent for my child to participate.

_______ No, I do not give my consent for my child to participate in this study.

______________________________________________  ________________________________
Name of Child (Print)                        Child’s Date of Birth and Age

______________________________________________  ________________________________
Signature of Parent or Guardian                Date

Child’s School: _______________________________
Appendix C

Child Assent Form
CHILD ASSENT FORM

I, ________________________________, understand that my parents or legal guardians have given permission for me to participate in a study under the direction of Bridget Wilfert and Dr. William Pfohl at Western Kentucky University. I understand that I am going to answer questions about how I might think, feel, or behave in some situations. I understand that there are no right or wrong answers, and I will answer honestly.

I understand that I do not have to participate. I have been told that I may decide to stop at any time. If I choose not to participate, I will not be in trouble in any way.

Signature_________________________ Date________________