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Methods and Techniques of Training Social Competency in Head Start

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METHODS AND TECHNIQUES OF TRAINING
SOCIAL COMPETENCY IN HEAD START

A Thesis
Presented to
the Faculty of the Department of Psychology
Western Kentucky University
Bowling Green, Kentucky

In Partial Fulfillment
of the Requirements for the Degree
Specialist in Education

by
Kimberly Rae Ely
August 1997
METHODS AND TECHNIQUES OF TRAINING

SOCIAL COMPETENCY IN HEAD START

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This study was conducted to determine Kentucky Head Start teachers' perceptions about fostering social competency in preschool children. In addition, current techniques that teachers use to enhance social competency in students were examined. Information was gathered through a survey mailed to Head Start teachers in Kentucky. Of the 208 surveys mailed, 59 were returned. The majority of the respondents had a Child Development Associate degree and had been teaching for an average of nine years. Results of this study indicated Head Start teachers strongly agreed to the importance of teaching social competency, and the teachers agreed it should be a primary goal of Head Start. Also, Head Start teachers indicated that the curriculum they use emphasizes social competency skills, and the teachers feel that they are the primary influence to the development of these skills. The respondents reported that their methods of teaching social competency are generally effective. Based on Head Start teachers' report, they devote, on the average, 14 days for teaching planned social competence activities per month. Head Start teachers often use several different methods to teach social competence skills and are using more informal methods over the more formal methods to determine progress. Finally, Head Start teachers reported that they had received a "fair" amount of training for most of the methods of teaching social competency. Teaching problem solving strategies was one area in which 64.4% of the teachers surveyed wanted more training.
Literature Review

Children acquire social behaviors through learning experiences. Often, however, their learning experiences lack direction or control. Children consequently learn inappropriate behaviors and maladaptive responses. Further, children who have not acquired necessary social behaviors, may have had inappropriate or insufficient opportunities.

The Head Start program emphasizes teaching social competency to at-risk children at an early age. By teaching the necessary social skills at a young age and providing these children with appropriate learning experiences, future behavior problems may be prevented. This study was designed to examine several methods used to assess and teach social competency in Head Start programs in Kentucky.

History of Head Start

When the Head Start program was created in the early 1960's, the belief that the environment greatly influenced children's development and behavior prevailed. Psychologists emphasized that the preschool years were an appropriate time to enrich a child's environment to affect their intellectual growth (Zigler & Valentine, 1979).

Washington and Oyemade (1987) described the social and political beginnings of Head Start which began in the early 1960's. At that time, nearly one-quarter of the American people lived in poverty and there were many questions about how to meet the needs of disadvantaged preschoolers. Specific issues, such as program content, size, and length were uncertainties and few experimental projects were available as models. Sargent Shriver, head of the Office of Economic Opportunity, designated a committee of 14 experts with experience in child development, mental retardation, and pediatrics to address these questions and issues. This panel suggested a wide variety of services for preschool
children. These services would include health, education, and social services to make up for the lack of experiences and opportunities available to children and their families. According to the planners, the most important element of the program would be the active participation of parents.

Washington and Oyemade (1987) noted that Head Start was implemented in the summer of 1965 with the expectation that 17 million dollars would be spent for about 100,000 children. However, the demand for services was much larger than expected. In that summer, 561,359 children were enrolled in 11,068 centers. The majority of the participants in the program were disadvantaged children between the ages of three and five. At first, the program was implemented only in the summer, but by 1972, children attended Head Start during the school year. Ninety percent of the children served came from families whose income was below poverty; federal guidelines required that 10% of enrollment include children with handicaps (Zigler & Valentine, 1979).

Goals of Head Start

The original seven goals of Head Start reported by the planning committee in 1965 were comprehensive (Zigler & Valentine, 1979) and are listed below:

1. Improve the child's physical health and physical abilities.
2. Help the emotional and social development of the child by encouraging self-confidence, spontaneity, curiosity, and self-discipline.
3. Improve the child's mental processes and skills, with particular attention to conceptual and verbal skills.
4. Establish patterns and expectations of success for the child that will create a climate of confidence for future learning efforts.
5. Increase the child's capacity to relate positively to family members and others, while at the same time strengthening the family's ability to relate positively to the child.
6. Develop in the child and the family a responsible attitude toward society and encourage society to work with the poor in solving their problems.

7. Increase the sense of dignity and self-worth within the child and the family.

Head Start programs are built around four components related to the goals: educational services, health services, social services, and parent involvement. Currently, a primary premise of Head Start is that disadvantaged children benefit from a comprehensive, interdisciplinary developmental program to meet their needs. The whole family and community must be involved in the program for it to be successful. Part of this interdisciplinary program is to enhance social competence of children in low income families. Head Start defines the term social competence as the child’s “everyday effectiveness in dealing with both the present environment and later responsibilities in school and life” (Washington & Oyemade, 1987, p. 29). This definition takes into account the interrelatedness of cognitive and intellectual development, physical and mental health, nutritional needs, and other factors.

Head Start Outcomes

Although the planners of the Head Start program recommended a variety of goals for Head Start, many early evaluations primarily focused on changes in the children's IQ scores. Washington and Bailey (1995) reported initial findings of the effects of Head Start as evaluated by the Westinghouse Learning Corporation. The most positive finding reported by the study dealt with the strong correlation between parent’s approval of the program and its effect on their children. The majority of the research supported some gains in intelligence and achievement test scores, but these gains were not maintained (Zigler & Styfco, 1994).

The Consortium for Longitudinal Studies, as reported in Zigler and Styfco (1993), examined the long-term benefits of attending the Head Start Program in the late 1970's and early 1980's. Again, the results indicated gains in IQ that only lasted for a few years. However, enduring effects were noted in other areas. For example, children attending
Head Start were less likely to be placed in special education classes and were somewhat less likely to be retained a grade in school. In addition to improving school success and achievement the Head Start program helped prevent delinquency, teenage pregnancy, and improved the likelihood of employment. Another effect noted was that children who attended the program were more likely to give achievement related reasons for being proud of themselves.

The Head Start Synthesis Project, as reported in Zigler and Styfco (1994), analyzed and reviewed over 200 studies which evaluated the benefits of Head Start. The Project noted that graduates of Head Start were rated higher on indices of self-esteem and social behavior and had better health and immunization rates than comparable children. Even though research indicated a variety of positive gains for children served by Head Start, a one-year program can not eliminate the effects of poverty, violence, crime, and drugs. By attending Head Start, however, children may have an increased opportunity to succeed and learn to cope with problems they may encounter in their life (Kassebaum, 1994).

Future Directions

Head Start was built during poor social and economic conditions prevalent in the early 1960's. In some respects, social and economic conditions are even worse today. Increases in violence and substance abuse of young parents, as well as the presence of HIV, were not primary components of the conditions of poverty in the 1960's (Takanishi & DeLeon, 1994). Head Start programs continue to be faced with many challenges today to continue to provide quality services to disadvantaged children, to expand programs, provide staff development, and evaluate programs (Washington & Bailey, 1995).

The issue of evaluation is of particular relevance to this paper. Because policies of Head Start are based on research conducted several years ago and the problems that parents and children are facing today have changed, there is a need for new research to be
conducted. Washington and Bailey (1995) believed that Head Start research and evaluation planning should consider two principal questions:

1. Which Head Start practices maximize benefits for children and families with different characteristics under what type of circumstances?

2. How are gains sustained for children and families after the Head Start experience?

Furthermore, Head Start research and evaluation studies should be enhanced by building on existing strengths of programs and program staff. Also, studies should attempt to identify quality ingredients in existing Head Start programs (Washington & Bailey, 1995).

Summary

Head Start has faced many challenges over the past thirty-two years. Today, the need for comprehensive services is more important than ever. In order for the program to continue to experience success, these services must be made available to children. To accomplish the broad social goal of Head Start (i.e., to bring about a greater degree of social competence), one must consider that the social context of society and family functioning affects child development and achievement (Washington & Bailey, 1995).

There is a need for research to identify existing strengths of programs and staff in order to help assure the goal of enhancing children’s social competence is accomplished.

Social Competence

Social competence is a broad term with some disagreement regarding its definition. McGrew and Bruininks (1990) note that, to many, the term social competence is synonymous with adaptive behavior. More typically, however, social competence is thought to encompass adaptive behavior and social skills (Gresham & Reschly, 1987). Adaptive behavior refers to the individual’s ability to meet age-appropriate standards of behavior necessary for daily functioning. Social skills refer to the skills and behaviors used in daily interactions with peers and adults.
In addition to the Head Start definition of social competence stated earlier, other definitions have been proposed. One of the more widely accepted definitions has been proposed by Guralnick (1990). He states that social competency is "the ability of young children to successfully and appropriately select and carry out their interpersonal goals" (p. 4). Others have defined social competence in terms of social outcomes (Hubbard & Coie, 1994). These outcomes include having friends, being popular or liked by others, and engaging in effective social interactions with peers. Hubbard and Coie (1994) believe that many researchers have adopted this definition of social competency due to the behavioral specificity of the outcomes.

Assessing Social Competence

It is generally agreed that social competence in young children is best assessed with multiple measures (Pelligrini & Glickman, 1990). Multiple measures of social competence could include methods such as parent interviews, teacher interviews, or observations of specific behaviors thought to comprise social competence. More formal methods would include sociometric ratings and standardized behavioral rating scales. These will be described in more detail. Determining the social competency of a child from only one of these types of measures would provide results of questionable reliability and validity.

Sociometrics. Peer ratings, or sociometrics, is one technique for measuring social competence. Sociometric evaluations are frequently conducted using peer nominations (Matson & Ollendick, 1988). Children are asked to name which peers they would most like or least like to play with. With younger children, pictures of their classmates are presented to them and they are to point out which children they like or dislike to play with. Matson and Ollendick (1988) have noted that ethical concerns have been raised regarding children rating others and/or talking negatively about other children. However, children do seem to accurately identify which children are having social problems.
Standardized rating scales. Behavioral ratings have been used to assess the social competence of children. Scales such as the Behavior Assessment System for Children (Reynolds & Kamphaus, 1992) and the Social Skills Rating System (Gresham & Elliot, 1990) specifically provide standardized ratings on social and adaptive skills. Ratings can be obtained from parents as well as teachers by using both the home and school versions. Different respondents allows broader picture of the child in different social settings. It can be useful to see if the respondents report consistent problems across settings (Matson & Ollendick, 1988). Other scales evaluate the frequency, intensity, and context of problematic behaviors. The Child Behavior Checklist (Achenbach, 1991) and the Behavior Disorders Identification Scale (Wright, 1988) are examples of such scales.

Few instruments are designed specifically to assess the broad area of social competence. One instrument, however, the Adaptive Social Behavior Inventory (ASBI), was developed by Hogan, Scott, and Bauer (1992) to specifically assess the social competence of preschoolers. The ASBI consists of thirty items and was administered to a sample of 543 three year-olds in a pilot study. The ASBI was reported to be a decent measure of social competence in young children. A limitation of the study, however, was that the sample included only children who were born prematurely. While Hogan et al. (1992) mentioned that the scale could be used with children ages 24 to 40 months, the sample only included three year-olds, so one cannot say with certainty whether the inventory applies to children of younger or older ages. Another limitation was that information gathered from this sample came from maternal report on a single occasion. Therefore, there was no information on test-retest or inter-rater reliability.

Development of Social Competency

The development of social competency is important for a number of reasons. At the most basic level, one must exhibit appropriate social skills in order to have successful interactions with others. Long term benefits of possessing good social skills could allow for improved self-esteem and an increased chance of being successful in the work force.
Deficits in social competency have resulted in peer rejection, social maladjustment, and psychopathology (Gresham, 1995). Perhaps more importantly, social competency has been linked to improved academic performance.

Pelligrini and Glickman (1990) found an academic readiness test was not a good predictor of first grade achievement. However, when social competency was assessed through observations, peer nominations, and teacher ratings, the researchers were able to accurately predict 75% of first grade achievement. From these findings, the researchers suggest that more time and money needs to be spent on assessing a child’s social competence in order to prevent problems occurring later in the child’s life. While there is much agreement that social competency is important in regard to outcomes, there is less agreement as to the factors that primarily influence the development of social competence. A number of factors are influential and will be discussed. Such factors include language skills, emotional functioning, child care quality, and parenting factors.

Language skills. Although there is no universally accepted definition of social competence, language facility is often noted as a component of most definitions. Gallagher (1993) examined the development of social competence and its relation to language development in preschool and high school students. For example, preschoolers mainly engage in fantasy play with their peers. This type of play requires communication skills. If a child has limited language skills, then he may frequently be misunderstood by his peers. The child may experience difficulties in pursuing and maintaining coordinated play which leads to rejection by peers.

Children who are in the upper elementary grades begin to realize that feelings and intentions are important aspects of friendship. A child with limited language skills may be more likely to experience rejection because of expressive language problems and/or comprehension difficulties. When children form peer groups, they use highly verbal social processes. Joining the peer group will be difficult for a child with limited language skills.

In the junior high and high school grades, mutual commitment and trust among
friends is important. At this level, children begin to disclose their innermost feelings to their peer group. Again, if a child has difficulty in expressing himself, this could affect relationships with peers. If a child is experiencing difficulties in the expression of feelings, peers may not take the time to attempt to listen and help.

**Emotional functioning.** Hubbard and Coie (1994) recently investigated another factor that may influence the development of social competence. They examined the relationship between social competency and the ability to monitor one's own emotions by outlining the components of emotional functioning. From that work, the researchers assumed that children who are high in social competency would have the ability to read the facial and body cues of others. One would predict that the more effective the children are at controlling their emotions, the more socially competent the children would be. Also, there should be a positive relationship between a child's ability to sympathize with the emotions of peers and the child's social competency. One must consider however, that these are only assumptions made by the researchers because there is no empirical support for these assumptions. This area is one that needs to be considered and researched. However, it is difficult to gather an independent measurement of children's affective states. The researchers suggested developing paradigms so that the emotional states of children could be accurately assessed.

**Child care quality.** Holloway and Reichhart-Erickson (1989) were interested in how child care characteristics affect the development of social competency. In this study it was hypothesized that mothers with high expectations regarding early social development would have children who exhibited more social competency in interactions with their peers. Three dimensions of quality regarding child care were examined: caregiver-child interaction, caregiver-child ratio, and group size. It was expected that in high quality centers, children would show greater social competency than in low quality child care centers.
Fifty-five four year-old children from fifteen day care or preschool programs participated in the study along with their mothers. Mothers of the children were interviewed to assess their expectations regarding social development and to obtain relevant background information about the family. Mothers' expectations were assessed by asking them to state the age at which they expected their children to reach fifteen developmental skills. The children's social competency was measured by classroom observations and teacher ratings.

The results of the study suggest that the mothers' expectations regarding social skills are indeed related to the development of their children's social competency. Children who attended programs with smaller classes and higher quality caregiver-child interactions were also rated as possessing better social competency. A limitation of the study, however, was that mothers of higher SES and mothers who expected early development of social skills tended to place their children in higher quality day care centers.

**Parenting factors.** Kennedy (1992) conducted a study to determine if maternal childrearing beliefs and strategies influenced children's social competency with their peers. The researchers wanted to see if the development of social competency was important to mothers of preschoolers and if mothers of popular, rejected, or neglected children differ in what and how they teach social skills to their children.

A child's social competency was measured through behavioral observations of peer interactions in the child's natural environment and also by sociometric ratings by classmates. A structured parent interview was conducted to determine maternal beliefs and strategies regarding social competence. Questions that measured the value of social competence in their children were given on an 8-point Likert scale. All other items -- such as parenting styles, use of punishment and rewards, and opportunities available for interactions with peers outside of the day care setting -- were administered as open-ended questions. A content analysis was performed on the open-ended questions for statistical analysis.
The results indicated that with this particular sample of fifty-two mothers, social skills were seen as more important than academics or athletics. There were large differences in how mothers helped their children develop social skills and how they perceived their children's social competence. These differences were related to the children's actual social competency as measured by the sociometric ratings and behavioral data. Mothers of rejected children were less likely to teach their children strategies such as sharing toys and how to handle hitting than mothers of popular children. The manner in which the mothers disciplined their children was related to the children's social status. Mothers who used physical punishment were more likely to have children rejected by peers. From the behavioral data, it was also found that the amount of opportunities given to the child for peer interaction outside the day care was related to the child's social competence. Children whose parents arranged for more social interactions exhibited greater social competency. The study strongly implied that since early family interactions influence a child's development of social competence, it would be beneficial to implement family-based interventions before children come into contact with peer rejection.

The frequency of informal play opportunities as related to children's social competency was another factor empirically examined (Ladd & Hart, 1992). The sample included 83 middle class preschool children between 3.5 and 5.6 years of age and their parents. All of the children were enrolled in a preschool program. The researchers asked mothers to keep a log of their child's social activities on specific days that were sampled during a 4-week period at two different times. A questionnaire was given to the parents to determine parent's perceptions regarding the importance of nonschool social contact with peers, parent employment, and family structure. The children were also observed during free-play and their social competency was further assessed from sociometric ratings.

Contrary to the researcher's predictions, the frequency of parent's initiation of peer contacts was not related to the parent's employment schedules or family demographics.
The results suggested that parents who valued informal play activities tended to initiate more of these experiences for their children. Frequent parent initiations were associated with higher levels of prosocial behavior and greater peer acceptance in preschool.

Programs Promoting Social Competency

The ability to get along with others is a necessity for being successful in our society (Locurto, 1991). Because many factors influence the development of social competence, schools need to implement social competency training rather than trying to enhance a child's IQ score. Locurto (1991) found that preschool programs have not been very successful at producing lasting changes in IQ, but these programs have demonstrated a strong influence on social competence.

While wide-scale projects promoting social competency for students can be found at a variety of age levels (Elias & Weissberg, 1989), the Head Start program is the most prominent one at the preschool level. According to the Head Start performance standards, the overall goal of Head Start is to bring about a greater degree of social competence in the children (Washington & Bailey, 1995). Head Start attempts to achieve this goal by encouraging self-confidence, spontaneity, and self-discipline. The program attempts to develop in the child and in the family a responsible attitude toward society. Finally, the program tries to improve the child's physical health and abilities (Locurto, 1991).

Summary

Most researchers agree that the development of social competency in children is important. Defining social competence, however, is difficult. How social competency is defined will influence how it is taught and assessed. Unfortunately, there is no widely accepted definition of social competence. Various definitions make comparisons across studies questionable. Researchers need to make clear their definition of social competency.
It can be seen that there are many factors that influence the development of social competence in children. From the research, one cannot accurately say that one factor has more influence than another. Parent and school promotion of social competency appears to be effective in increasing children's social competency skills. Training parents how to teach effective social skills to their children should also aid in enhancing children's social competency. This goal could be accomplished at the preschool level by having parents involved in their children's social skills program at the school. Parents' and teachers' awareness of factors that could hinder and/or increase children's social competency would allow them to intervene early. Thus, severe behavior problems in children could possibly be prevented and educational opportunities enhanced.

The promotion of appropriate social skills is believed to be a valuable preventive strategy in decreasing juvenile delinquency and behavior problems in children (Pelligrini & Glickman, 1990).

**Purpose of Present Research**

Because it is recommended that Head Start evaluation studies attempt to identify quality ingredients in existing Head Start programs, the purpose of this study is to focus on current programs and techniques that teachers use to enhance and measure social competence in their students. In addition, it is important to examine teachers' knowledge, perceptions, and attitudes about fostering social competency in preschool children. Since fostering social competency in children is currently the primary goal of Head Start, teachers should be knowledgeable about the importance of social competency, be aware of teaching strategies and assessment methods, and should feel well trained to teach social competency in children. The information obtained from this study will identify existing practices that teachers have reported to be successful. The identified practices will be beneficial to other Head Start teachers.
The purpose of the present research is to determine the answers to the following questions:

1. What are Head Start teachers' perceptions regarding the importance of social competence?

2. What strategies are used in Head Start to foster social competency in children and how is progress measured?

3. What training have Head Start teachers received on strategies to teach social competency and in what methods would they like more training?
Method

Subjects

A sample of Head Start teachers within the state of Kentucky was obtained through the use of the Kentucky Directory of Head Start programs. The directory contained the names of contact persons and the addresses of the programs within the state. The directory was reviewed, and a listing of programs was developed. Each Head Start was listed by county, and every fourth county was selected for participation. Because the number of classrooms varied within each county, the selection procedure resulted in a sample of 208 teachers, which represents 29% of Head Start Center-Based classrooms in Kentucky.

Materials

A survey was developed to answer the research questions and can be found in Appendix A. The mail survey was selected over other methods such as individual or phone interviews because of its cost effectiveness, convenience for the respondent, and preservation of anonymity of the respondent.

Information was reviewed on formulating survey questions, organizing and presenting the survey, and methods to optimize return rate (Narins, 1994; 1995). Ease of completion and convenience were considered when developing the present survey. The survey was developed so that the majority of the items could be responded to by circling one of the provided choices.

Procedures

The Kentucky Directory of Head Start programs did not list specific teachers but did list educational coordinators within each county. Thus, Head Start educational coordinators were sent packets of surveys to be distributed to their teachers. Each packet
contained a cover letter to the educational coordinator asking for his/her cooperation (found in Appendix B), a cover letter for the Head Start teacher (found in Appendix C), a questionnaire, and an addressed and stamped return envelope. Subjects were asked to return the cover letter with the appropriate space checked if they chose not to participate. All usable surveys returned were included in the data analysis.
Results

A return rate was calculated based upon the number of surveys mailed and the number of surveys returned one week after the deadline that was listed on the cover letter. Of a total of 208 Head Start classrooms that were mailed surveys, 59 (28% return rate) were returned and all were usable. Approximately 74% of the respondents had a Child Development Associate, 21% reported having Bachelors degrees, and 5% had a Masters Degree. Participants also had to identify how long they had been teaching Head Start. The mean number of years was 9.0, with a standard deviation of 7.5.

Research Question 1: Perceptions of the Importance of Social Competence

To answer this research question, Head Start teachers were asked to rate their level of agreement with four statements regarding social competency and Head Start. Table 1 reports the means and standard deviations for each statement. Based on their ratings, Head Start teachers strongly agreed that it is important to teach social competency skills, and they agreed that fostering social competency skills should be the primary goal of Head Start. Teachers also agreed that the curriculum they use emphasizes social competency skills and that they were a primary influence to the development of social competency in their students. To determine if perceptions about social competency were related to years of teaching experience, statistical correlations were conducted. Years of teaching experience was not significantly correlated with the teachers' level of agreement to any of the four statements.

Teachers were also asked to rate the effectiveness of their method(s) of teaching social competency. This question was examined by asking teachers to rate the effectiveness on a scale of 1 to 5, with 1 being "not effective" and 5 being "very effective." The mean rating for this question was 3.90, with a standard deviation of .61,
Table 1

Head Start Teachers' Views about Teaching Social Competency

<table>
<thead>
<tr>
<th>Statement</th>
<th>Mean</th>
<th>(SD)</th>
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<tr>
<td>It is important to teach children social competency skills.</td>
<td>4.63</td>
<td>(.76)</td>
</tr>
<tr>
<td>Fostering social competency skills in children should be the primary goal of Head Start.</td>
<td>4.10</td>
<td>(.92)</td>
</tr>
<tr>
<td>The curriculum I use emphasizes the development of social competency in my students.</td>
<td>4.03</td>
<td>(.79)</td>
</tr>
<tr>
<td>I see myself as a primary influence to the development of social competency in my students.</td>
<td>4.27</td>
<td>(.81)</td>
</tr>
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Note. A rating of 1=strongly disagree, 2=disagree, 3=neither agree nor disagree, 4=agree, 5=strongly agree.

suggesting that Head Start teachers feel their method(s) of teaching social competency are generally effective. No teachers considered themselves as "not effective," since all responded with a 3, 4, or 5 rating. Very few, however, considered themselves as "very effective." When correlating years of teaching experience with ratings of perceived effectiveness of teaching social competency, no significant correlation was found.

Finally, to obtain a quantitative picture on the emphasis of teaching social competency, Head Start teachers were asked to note the number of planned group activities over a month's time that are devoted to social competency skills. The number of
activities ranged from 0 to 30. Overall, teachers reported planning a mean of 13.9 (standard deviation=10.8) activities over a month's time.

Research Question 2: Social Competency Strategies

Respondents were asked if they used a specific curriculum to teach social competency. Approximately 73% of the Head Start teachers reported that they did not use a specific curriculum while 27% reported that they did. Specific curricula that teachers reported using were as follows: Kelly Bear, Creative Curriculum, LAP-D, Kindness Curriculum, KISSED, High Scope, Mental Health Curriculum, A New Planning Guide, and Skill Streaming. Few of these curricula specifically address only social skills, others just include the teaching of social skills in the curriculum along with the teaching of a variety of other skills.

Strategies for teaching social competency were listed, and Head Start teachers were asked to rate how likely they would use each strategy for teaching a prosocial behavior and for responding to an aggressive behavior. The reader is referred to Table 2 for the means and the standard deviations for each strategy. A t-test for paired samples was conducted to determine if any strategies were used significantly more or less for prosocial behaviors versus aggressive behaviors. There were no significant differences between the two types of behaviors for these strategies: teach problem solving strategies, reinforce appropriate social behaviors, tell the children what to say to each other and practice the appropriate social skills. It was found that Head Start teachers were significantly more likely to use modeling for prosocial behaviors than for aggressive behaviors, $t(54)=2.06$, $p<.05$. Also, the strategy of letting the children decide what to do was significantly more likely to be used for prosocial behaviors than for aggressive behaviors, $t(55)=3.60$, $p<.05$. 
Table 2

Strategies Teachers are Likely to use for Prosocial and Aggressive Behaviors

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<th>Strategy</th>
<th>Prosocial Mean (SD)</th>
<th>Aggressive Mean (SD)</th>
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<tbody>
<tr>
<td>Model appropriate behavior</td>
<td>3.87* (.39)</td>
<td>3.65 (.82)</td>
</tr>
<tr>
<td>Teach problem solving strategies</td>
<td>3.62 (.52)</td>
<td>3.60 (.65)</td>
</tr>
<tr>
<td>Reinforce appropriate social behaviors</td>
<td>3.79 (.45)</td>
<td>3.70 (.65)</td>
</tr>
<tr>
<td>Tell the children what to say to each other</td>
<td>2.06 (.96)</td>
<td>2.06 (.96)</td>
</tr>
<tr>
<td>Let the children decide what to do</td>
<td>3.20* (.75)</td>
<td>2.91 (.77)</td>
</tr>
<tr>
<td>Practice the appropriate social skill</td>
<td>3.65 (.64)</td>
<td>3.68 (.60)</td>
</tr>
</tbody>
</table>

Note. A rating of 1=rarely used, 2=sometimes, 3=often, 4=practically always.
*p < .05.

Another focus of this study was to determine how teachers measure students' progress in learning social competency skills. Teachers were given a list of progress monitoring methods and were asked to mark which method(s) they use. Table 3 shows the percentage of teachers who use each method. Approximately 7% of the Head Start teachers said that they did not use a formal method. Most teachers reported using observations (79.7%) and keeping a record of anecdotal notes (71.2%) as methods of determining progress.
Table 3

Methods used to Determine Progress in Children's Social Competency Skills

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No formal method</td>
<td>6.8</td>
</tr>
<tr>
<td>Standardized Behavior Rating Scale</td>
<td>6.8</td>
</tr>
<tr>
<td>Peer ratings</td>
<td>1.7</td>
</tr>
<tr>
<td>Observations</td>
<td>79.7</td>
</tr>
<tr>
<td>Checklist of skills</td>
<td>37.3</td>
</tr>
<tr>
<td>Parent interviews/feedback</td>
<td>39.0</td>
</tr>
<tr>
<td>Record of anecdotal notes</td>
<td>71.2</td>
</tr>
<tr>
<td>Other(^a)</td>
<td>3.4</td>
</tr>
</tbody>
</table>

**Note.** Percentages add to more than 100 because teachers chose more than one method.

\(^a\)Teachers indicating "other" listed the LAP-D or High Scope.

**Research Question 3: Training in Social Competency**

Another focus of this study was to determine the amount of training Head Start teachers have received to teach social competency and also identify the methods for which they would like more training. The survey asked teachers to rate the amount of training they have received on several strategies on a four point scale (1=none, 2=small amount, 3=fair amount, 4=extensive). Table 4 reports the means and standard deviations for each strategy. Head Start teachers reported a "fair" amount of training for most of the strategies. A "small" amount of training was reported for the strategy of "Tell the children what to say to each other."
Table 4

**Head Start Teachers’ Mean Level of Training Received for Social Competency Methods**

<table>
<thead>
<tr>
<th>Method</th>
<th>Mean</th>
<th>(SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model appropriate behavior</td>
<td>3.26</td>
<td>(.70)</td>
</tr>
<tr>
<td>Teach problem solving strategies</td>
<td>3.16</td>
<td>(.70)</td>
</tr>
<tr>
<td>Reinforce appropriate social behaviors</td>
<td>3.21</td>
<td>(.72)</td>
</tr>
<tr>
<td>Tell the children what to say to each other</td>
<td>2.14</td>
<td>(.98)</td>
</tr>
<tr>
<td>Let the children decide what to do</td>
<td>3.10</td>
<td>(.77)</td>
</tr>
<tr>
<td>Practice the appropriate social skill</td>
<td>3.21</td>
<td>(.77)</td>
</tr>
</tbody>
</table>

**Note.** A rating of 1= none, 2= small amount, 3= fair amount, 4= extensive.

This study also determined Head Start teachers' needs for additional training. They were asked to mark methods for which they thought they needed more training. Table 5 lists each strategy and reports the percentage of teachers who would like to have more training with that method. Only one strategy received a high number of teachers indicating they wanted more training and that was teaching problem-solving strategies to the students. The strategy receiving the least number of teachers wanting training dealt with modeling appropriate behavior.
Table 5

**Areas Where Training is Needed**

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model appropriate behavior</td>
<td>13.6</td>
</tr>
<tr>
<td>Teach problem solving strategies</td>
<td>64.4</td>
</tr>
<tr>
<td>Reinforce appropriate social behaviors</td>
<td>28.8</td>
</tr>
<tr>
<td>Tell the children what to say to each other</td>
<td>22.0</td>
</tr>
<tr>
<td>Let the children decide what to do</td>
<td>25.4</td>
</tr>
<tr>
<td>Practice the appropriate social skill</td>
<td>25.4</td>
</tr>
</tbody>
</table>

*Note.* Percentages add to more than 100 because teachers could mark more than one strategy.
Discussion

It has been recommended that Head Start evaluation studies identify existing practices and quality ingredients in current programs. The purposes of this study were to determine Head Start teachers' perceptions regarding the importance of social competence, to identify strategies used to foster social competency and how progress is measured, and to examine the amount of training teachers have received to teach social competence. A survey was developed to identify current perceptions and social competency techniques of Head Start teachers. The results of this study are based upon a sample of Head Start classrooms in Kentucky. The majority of the respondents had a Child Development Associate degree and had been teaching for an average of nine years.

Head Start teachers' perceptions about the importance of social competence was assessed by their level of agreement with a series of statements, by the number of activities they plan to teach social competency, and by how they rated their effectiveness at teaching social competency. The results of the responses to the statements revealed that respondents strongly agreed to the importance of teaching social competency, and the teachers agreed that it should be a primary goal of Head Start. The teachers were also in agreement that the curriculum they use emphasizes social competency skills. Preschool programs have been found to have a strong influence on the development of social competency in children (Locurto, 1991). The current results indicate that this sample of Head Start teachers recognize that they are an influence to the development of social competency in their students. Nonetheless, Head Start teachers also need to understand that many other factors influence the development of social competence (e.g., language skills, emotional functioning, and parenting factors). Finally, because the overall goal of
Head Start is to bring about a greater degree of social competence in children (Washington & Bailey, 1995), Head Start teachers should feel that their methods of teaching social competence are effective. The current findings indicate that teachers do feel that their methods of teaching social competency in children are generally effective. Since teachers agree to the importance of teaching and emphasizing social competency in Head Start, it would seem reasonable to assume that they would plan many activities for learning social competency skills. Based on Head Start teachers' report, they devote on the average fourteen days for teaching planned activities per month. This finding, however, does not represent how much time is actually spent teaching social competency skills. It is unknown whether the activities were very brief or extensive. In addition, many teachers may not plan specific activities, but they may incorporate incidental teaching activities throughout the school day.

Several definitions of social competency have been proposed (McGrew & Bruininks, 1990; Gresham & Reschly, 1987; Guralnick, 1990). Even though Head Start defines social competency as the child's "everyday effectiveness in dealing with both the present environment and later responsibilities in school and life" (Washington & Oyemade, 1987, p.29), this definition is still somewhat broad. If Head Start teachers are unclear about the definition of social competency, it may be difficult for them to teach the skills. Because of this issue, teachers were asked to identify the methods they use to teach prosocial and aggressive behaviors. Based on their ratings, Head Start teachers "often" use several different methods. The methods that Head Start teachers reported using (e.g., modeling, reinforcing and practicing appropriate social skills) are consistent with the Division for Early Childhood (1993) recommended practices for intervention strategies. It was found that Head Start teachers were significantly more likely to use the strategies of modeling and letting the children decide what to do for prosocial behaviors than for aggressive behaviors. These results do not seem surprising because it would be difficult to
model appropriate behavior after an aggressive act and it could be dangerous to allow the children to decide what to do.

Few teachers (27%) reported using a specific curriculum to teach social competency skills. This finding is not necessarily a negative one. According to Gresham (1995), social skills that are taught informally and in naturalistic settings are more likely to be generalized across settings. However, the current study did not examine the area of incidental learning. Since social competence is a broad term that is difficult to define, some Head Start teachers may be using a curriculum that incorporates the teaching of those skills and yet be unaware of that fact.

According to Pelligrini and Glickman (1990), the social competency of young children is best determined by using multiple measures. It appears that teachers are using multiple methods. When given a list of methods to choose from, 79.7% of teachers reported using observations and 71.2% indicated that they kept a record of anecdotal notes. However, it does appear that they are using more informal methods over the more formal methods (e.g., observations instead of a standardized behavior rating scale). The behavior rating scales have been reported to be useful because many of the scales have a home and school version (Reynolds & Kamphaus, 1992; Gresham & Elliot, 1990). This combination allows a broader picture of the child in different settings, and it could be useful in determining if respondents report consistent problems across settings. Only 7% of Head Start teachers reported using this method.

Because a primary goal of Head Start is to foster social competency in their students, Head Start teachers should be trained in the methods of teaching social competency skills. The current results suggest that teachers feel they have received a "fair" amount of training for most of the methods of teaching social competence. However, the one method that teachers report receiving a "small" amount of training is telling the children what to say to each other. Head Start teachers use the strategy of telling the children what to say to each other only "sometimes," whereas the other
strategies were "often" used. Even though this strategy was one in which teachers had received little training, it was not an area that they indicated a desire for more training. One possible explanation for why Head Start teachers did not want more training for this strategy could be because the teachers might believe that it is not the most effective strategy for teaching social competency skills.

Teaching problem solving strategies was the one area in which 64.4% of the teachers surveyed wanted more training. One possible explanation for this finding is that preschool children are developmentally limited in their abilities to use problem solving skills. Therefore, preschool teachers may not find this strategy effective.

Because Head Start programs continue to face many challenges today, it was beneficial to note that Head Start teachers perceive the primary goal of promoting social competency in students as important and that they feel they are generally effective at accomplishing this goal. Nonetheless, in order for Head Start programs to continue to provide quality services to children, the techniques used to teach the skills and how progress is being measured needs to be examined more closely. There appears to be great diversity among Head Start teachers regarding the amount of planned time devoted to teaching social competence, and many different techniques are being used to teach the skills. To aid in accomplishing the Head Start goal of promoting social competency, administrators and educational coordinators may need to better specify the amount of time or the kinds of techniques or curricula that teachers are to use so that there is consistency among teachers and to ensure that all children will be receiving quality services. Finally, Head Start teachers' practices are being consistent with research suggestions by using multiple measures to determine progress in social competence. However, teachers may need to become aware of the availability of more formal methods that can assess the student in different settings with different respondents.
Limitations of the Study

This study must first be considered in terms of its generalizability. Mail questionnaire return rates range from 5-10% to 30% or more (Alreck & Settle, 1995). This study is limited by the response rate (28%) and hampered by the time in which the survey was sent out (near the end of the school year). The response rate may have improved by contacting the education coordinators in the counties that had not responded to the first mailing. However, this procedure would have been difficult because there were several classrooms surveyed in each county and no way of determining which classroom teachers had responded. Also, the survey was sent only to Kentucky Head Start classrooms; therefore, the results may not necessarily be representative of Head Start programs in other states. The reliability of the survey items should be considered in terms of whether the respondents fully understood what was being asked of them. Precautions were taken in an attempt to obtain clear, understandable wording. Several educational coordinators and Head Start teachers who did not participate in the study reviewed and critiqued the questionnaire. Modifications were made based upon these reviews. Finally, differences in the results may have occurred because social competence is a broad term, and Head Start teachers may have different views regarding the skills that encompass social competence. For example, because of their perceived definition of social competency, some Head Start teachers may not have recognized that the curriculum they use in their classroom does teach specific social competency skills.

Future Implications

The results of this study are believed to provide some valuable information regarding Kentucky Head Start teachers' current perceptions and techniques used to enhance social competence in their students; however, further research is needed to expand these results. It would be beneficial to have a larger sample of Kentucky Head Start teachers, as well as surveying Head Start teachers across the United States. Having a larger sample size may allow for more variance in the responses to survey questions. It
may also be important to compare responses to survey questions across different regions of the United States. To decrease the chance of a social desirability effect, it may be beneficial to observe in Head Start classrooms or review the teachers' lesson plans to explore what techniques are being used to teach social competency and to discover how much time is devoted to teaching the skills. By this on site, hands on approach, one could determine the amount of incidental teaching activities that are devoted to promoting social competency. Because there is disagreement regarding the definition and the skills that encompass social competency, it would be beneficial to assess Head Start teachers' understanding of social competency. Since parent involvement is an important component of the Head Start program, it would be useful to survey parents of Head Start students to determine their perceptions and attitudes about the Head Start goal of fostering social competency in their children.

Even though this study has a small sample size, these results do show positive findings regarding Kentucky Head Start teachers' perceptions about fostering social competency in their students. Also, it seems that teachers are using appropriate techniques to teach social competence and are using multiple measure to determine progress. Hopefully, these identified findings and strengths of the Head Start classrooms surveyed will be useful and will assist in the continued improvement of Head Start programs so that disadvantaged children will receive quality services.
References


APPENDIX A

Head Start Teacher Survey
Head Start Teachers' Views

*We really want your views to learn more about teaching social competence!* Social competency is defined as a child's "everyday effectiveness in dealing with both the present environment and later responsibilities in school and life." This includes getting along with others, absence of behavior problems, etc.

1=strongly disagree 2=disagree 3=neither agree nor disagree 4=agree 5=strongly agree

1. It is important to teach children social competency skills.
   1 2 3 4 5

2. Fostering social competency skills in children should be the primary goal of Head Start.
   1 2 3 4 5

3. The curriculum I use emphasizes the development of social competency.
   1 2 3 4 5

4. I see myself as a primary influence to the development of social competency in my students.
   1 2 3 4 5

5. Do you use a specific curriculum to teach social competency? Yes No (circle one) If yes, please name the curriculum used. ____________________________

6. Suppose you want to teach "sharing" to your students. How likely would you use each of the following methods?

   1=rarely 2=sometimes 3=often 4=practically always

   Model appropriate behavior
   1 2 3 4

   Teach problem solving strategies
   1 2 3 4

   Reinforce appropriate social behaviors
   1 2 3 4

   Tell the children what to say to each other
   1 2 3 4

   Let the children decide what to do
   1 2 3 4

   Practice the appropriate social skill
   1 2 3 4

   Other (describe) ____________________________

7. Suppose one student just hit another. How likely would you use each of the following methods?

   1=rarely 2=sometimes 3=often 4=practically always

   Model appropriate behavior
   1 2 3 4

   Teach problem solving strategies
   1 2 3 4

   Reinforce appropriate social behaviors
   1 2 3 4

   Tell the children what to say to each other
   1 2 3 4

   Let the children decide what to do
   1 2 3 4

   Practice the appropriate social skill
   1 2 3 4

   Other (describe) ____________________________
8. Rate the effectiveness of your methods of teaching social competency?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>not effective</td>
<td>very effective</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. Over a month's time how many planned group activities do you have devoted to teaching social competency? _____

10. How do you determine progress in children's social competency skills? (Check only the primary method)

- No formal method is used to determine progress.
- Standardized Behavior Rating Scale (Please state the name ____________________).
- Peer ratings (sociometrics)
- Observations
- Checklist of skills (Teacher or Center developed)
- Parent Interviews/Feedback
- Record of anecdotal notes
- Other (specify) ____________________

11. Rate how much training you have received for each of the following methods.

1 = none  2 = small amount  3 = fair amount  4 = extensive

<table>
<thead>
<tr>
<th>Model appropriate behavior</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teach problem solving strategies</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Reinforce appropriate social behaviors</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Tell the children what to say to each other</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Let the children decide what to do</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Practice the appropriate social skill</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Other (describe) ____________________</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

12. Please check all methods for which you would like more training.

- Model appropriate behavior
- Teach problem solving strategies
- Reinforce appropriate social behaviors
- Tell the children what to say to each other
- Let the children decide what to do
- Practice the appropriate social skill
- Other (describe) ____________________

Thanks for completing this survey. Please provide some information about yourself.

13. Please circle highest level of education you have completed.

- Child Development Associate
- Bachelors Degree
- Masters Degree

14. How long have you been teaching Head Start? ______

15. How many students in your class are the following ages?

- 0-2 years
- 3 years
- 4 years
- 5 years
Dear Education Coordinator:

Head Start programs continue to be faced with many challenges today. The current policies of Head Start are based on research conducted several years ago. Because the problems that parents and children are facing today have changed, there is a need for new research to be conducted.

As a graduate student in the School Psychology Program at Western Kentucky University, I am required to complete a specialist project. The current Head Start goal of fostering social competency in preschool children is the focus of my specialist project. Because it is recommended that Head Start evaluation studies should attempt to identify quality ingredients in existing Head Start programs, the purpose of this study is to focus on current programs and techniques that teachers use to enhance and measure social competency in their students. In addition, it is important to examine teachers' knowledge, perception and attitude about fostering social competency in preschool children. The information obtained from this study could identify existing practices that teachers have reported to be successful. By identifying successful techniques and promoting appropriate social skills, this could be valuable in that it could be used as a preventive strategy in decreasing juvenile delinquency and behavior problems in children.

Since I do not have a listing of names of specific Head Start teachers, could you please forward the surveys to the lead teacher(s) in the county or counties listed at the bottom of this page. Request the teachers to complete the survey and return it in the postage paid envelope. These surveys need only to be sent to the programs that are center-based. Participation in this study is strictly voluntary.

Thank you for your time and cooperation.

Kimberly R. Ely
School Psychology Graduate Student
Psychology Department
(502) 877-2320 (work)
(502) 348-6668 (home)

Carl Myers, Ph.D.
Assistant Professor of Psychology
Western Kentucky University
Psychology Department
(502) 745-4410
Appendix C

Head Start Teacher Cover Letter
Dear Head Start Teacher:

Head Start has faced many challenges over the past thirty-two years. Today, the need for comprehensive services is as important as ever. A current goal of Head Start is to enhance social competence in children. Social Competency is defined as the child's "everyday effectiveness in dealing with both the present environment and later responsibilities in school and life." Although this is a goal of Head Start, the techniques and programs being used to enhance social competence in children has not been examined.

As a graduate student in the School Psychology Program at Western Kentucky University, my specialist project involves surveying Head Start teachers to examine current programs and techniques that are being used to enhance and measure social competence in students. Since social competence is a broad term, there are many ways of assessing and measuring it. The results of this study could indicate which methods are most popular for Head Start teachers.

I would greatly appreciate you taking a few minutes to complete the enclosed survey which should take approximately 15 minutes to complete. Participation in this study is strictly voluntary and surveys will be coded to ensure confidentiality. Returning the survey indicates your consent to take part in this project. There are no anticipated risks associated with your involvement in this study. To participate, you need only to complete and return this letter and the attached survey in the enclosed, stamped envelope. If you choose not to participate, please check the statement below and return with the survey. Additionally, if your would like information regarding the results of the study, please check the appropriate statement below. If you have any questions, please call me at the number below. Please complete and return the survey by May 30. Thank you for your time and participation.

Sincerely,

Kimberly R. Ely
School Psychology Graduate Student
Psychology Department
(502) 348-6668 (home)

Carl Myers, Ph.D
Assistant Professor of Psychology
Psychology Department
(502) 745-4410

________ I am interested in obtaining information on the results of this study.
________ I choose not to participate in this study.