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THE CONTRIBUTION OF A PARAEDUCATOR TRAINING PROGRAM TO KNOWLEDGE AND SELF-EFFICACY

Judy Lazar-Rosenzweig (a)*, Cristian Stan (b)
*Corresponding author

(a) Babeș-Bolyai University, 7 Sindicatelor Str., Cluj-Napoca, Romania, Judylr77@gmail.com
(b) Babeș-Bolyai University, 7 Sindicatelor Str., Cluj-Napoca, Romania, cristiss2004@yahoo.com

Abstract

This article examines the contribution of a paraeducators training program called "Social Skills Training Inclusion for Paraeducators" (Sol's Tip) - to paraeducators' knowledge and self- efficacy. Based on Applied Behavior Analysis principles, this program is designed to provide paraeducators with practical tools to promote the social skills of students with Autism Spectrum Disorder (ASD) who are included into elementary school classes. The program integrates behavioral goals and social values that can be taught during movement and play, which are naturally structured into the school day. The goal of the training program is to provide paraeducators with a belief in their ability to identify students' missing social skills and to adapt a personal intervention program to promote those skills. Study participants were 43 paraeducators who work in elementary schools in Israel. Twenty participated in the training program and 23 served as a control group. Participants completed four questionnaires before and after the program: demographic, self-efficacy, knowledge of ASD, and knowledge of interventions for social situations. Results revealed significant differences between the experimental group and the control group, in favor of the experimental group regarding knowledge of ASD and knowledge of interventions for social situations. No significant improvements were found within the control group for these parameters. These findings support the study's hypothesis that the training program improves paraeducators' knowledge and self-efficacy. The program seems to contribute to paraeducators' professionalism, growth, and ability to best address practical social situations that children with ASD encounter in elementary school.

1. Introduction

This article presents the initial results of a study that was conducted to examine the contribution of a training program to increase the knowledge and self-efficacy of paraeducators (aides) working with students with ASD in elementary school inclusion classes. Most of the policy in the developed world adopted the approach to special education that advocates integrating children with special needs within regular education (Shaw, 2017). Following this trend, and following the Special Education Law (Knesset Israel, 1988) in Israel, which entitles equal rights for education of people with special needs, an additional amendment to the special education law (Knesset Israel, 2018) was added in 2018. The main points of this addition relate to the management of various committees concerning the inclusion of the student, the parents' choice of the educational framework for the child, and the receipt of the "basket" of integration services according to the level of need and functioning and not only based on type of disability. Additionally, according to Israeli law, students with ASD between the ages of 6-12 who are included in regular elementary classes are entitled to be accompanied by an aide (paraeducator).

The role of the aide in Israel is to help the students and promote their individualized educational plan (IEP), which includes academic, social, and other goals (Knesset Israel, 2002). Definitions of the role include academic help for the student such as help organizing and preparing supplies, acquiring skills, involvement in promoting social skills, physical assistance, etc., in line with the student's needs (Ministry of Education Director General Circular 1.2-39). Similarly, in the United States, Berger (2014) identified areas of responsibility including learning support, teaching personal hygiene, personal development, developing independent skills, managing behavior, and administrative support. Rando (2017) claims that paraeducators have a central role in the education of children with special needs, particularly those with ASD. She found that 80% of the paraeducators in the U.S. work with children with ASD, and the number of education aides is increasing beyond the number of special education teachers. Despite the scope of the job and its importance, in Israel, the responsibility for the student's IEP is placed on the classroom teacher (Ministry of Education Director General Circular 1.2-37).

In the literature, there are a number of common names for the role of the supporter for a child with special needs, including: teacher, teacher aides, paraprofessionals, assistants, aides, 1:1, instructional assistants, or paraeducators (Berger, 2014; Sheehey, Wells, & Ogata, 2018). This article will use the term paraeducators to describe those who accompany a child with ASD. The researcher believes that this term best describes the actual role of the individual as a supporter of the learning of a child with ASD. Previous studies on the training of paraeducators demonstrate that although they are responsible for the academic and social support of students with ASD in inclusion settings, they receive little to no training (Giangreco, Suter, & Doyle, 2010; Rando, 2017).

In the framework of the current study, a training program focusing on social skills was offered based on behavioral principles and designed for paraeducators who work with children with ASD in inclusion settings. This program examined the impact of training on paraeducators' self-efficacy, knowledge of ASD, and knowledge of functioning in social situations. The Social Skills Training Inclusion for Paraeducators (Sol's Tip) is an innovative training program for paraeducators to acquire tools to promote the social skills of elementary school students with ASD. The program was developed by

the author with Dr. Michal Hircshmann, and is based on elements from the behavioral approach, which has been proven to be effective for working on social skills with children with ASD (Camargo et al., 2014; Gillis & Buttler, 2007; Matson, Matson, & Rivet, 2007; Vaughn et al., 2003). The purpose of the program is the development of age-appropriate social skills for students in inclusion settings. During ten weekly sessions, paraeducators receive a background on ASD, are exposed to behavioral principles relevant to their fieldwork, and learn a theoretical strategy for identifying the students' social difficulties and adapting an intervention program for promoting the students. In addition, the program presents relevant social values for work with children with ASD from 12 behavioral aims that were identified by Eldar (2007) and Eldar and Ayvazo (2009) in the "Educating through the Physical Model". These values include social attention and focus, adhering to game/activity rules, waiting, persistence, ending an enjoyable activity, cooperation, self-regulation, and losing respectfully. These social skills and values are practiced using games that are common in the daily life of elementary school students.

The Sol's Tip training program was developed in three stages. In the first stage, five goals were defined for training: gaining familiarity with ASD and applied behavioral analysis (ABA), learning basic techniques for gathering data, learning ways to identify missing social skills, familiarity with tools to adapt behavioral support for promoting social communication, and learning strategies for teaching social skills using games. The second stage was the construction of the syllabus for ten sessions (as detailed previously), each lasting three academic hours. Teaching methods in the training focused on theoretical lessons that included discussion and examples of common social situations in inclusion and workshops to implement the material. In the third stage, a WhatsApp group was designed for the paraeducators participating in the training. The group was used after five sessions to help accompany implementation of the training in the field, as well as after ten training sessions.

There are a small number of studies that demonstrate a positive trend in training paraeducators to implement social interventions during non-academic times (Koegel, Sunny, & Koegel, 2014). There are training programs for paraeducators based on the naturalistic behavioral approach, called pivotal response training (PRT), which is recognized by the USA National Autism Center (2015) and backed by research (Simpson, 2005). This approach is defined as a consistent approach that focuses on important areas, which can lead to additional improvements in other skills and general improvement in the quality of social interactions and communication (Cowan & Allen, 2007; Koegel & Frea, 1993; Koegel, Vernon, & Koegel, 2009; Robinson, 2011). In an expansion of a previous study that focused on training paraeducators, Koegel et al. (2014) examined a training program that teaches paraeducators how to integrate the students' areas of interest with social activities or games, and how to organize the game/activity to create cooperation between children with ASD and typically developing children. Additionally, the program taught the paraeducators the importance of observing the form of the students' social interaction with their friends. In contrast to other training programs, the program in the current research focuses on the development of specific social values and skills for the child in inclusion setting, which the paraeducator can identify and train the child as needed. The role of the paraeducator changes from a passive role, where s/he implements a written intervention, to one where s/he takes an active role in constructing an appropriate intervention and its application to the needs of the child in an inclusion class.

2. Problem Statement

There are training programs for paraeducators to work on social skills with children with ASD in various frameworks. Some of these programs are based on behavioral principles. However, there are no programs that expose paraeducators to the rationale of a strategy with which they can detect the missing social skills of the child with whom they work and construct an appropriate intervention that includes generalization to the natural surroundings. The program in this research essentially transforms paraeducators' role to an active role. The existing programs emphasize the training of paraeducators to implement various stages of interventions to promote common social skills, yet there is a gap in their knowledge. The current training program was developed to address the needs of the paraeducators. This study examines the contribution of the Sol's Tip training program to the paraeducators' self-efficacy, knowledge of ASD, and knowledge of how to function in social situations common in the daily lives of students in inclusion settings.

3. Research Questions

1. What is the contribution of a behavior training program to paraeducators' **knowledge of ASD** and **knowledge of functioning in social situations** relating to their work with children with ASD in inclusion settings?
2. What is the contribution of a behavior training program to the **self-efficacy** of paraeducators working with children with ASD in inclusion settings?

Research Hypotheses

1a: The training program will increase paraeducators' knowledge of ASD

1b: The training program will increase paraeducators' knowledge of functioning in social situations when working with children with ASD in inclusion settings.

2a: The training program will increase paraeducators' self-efficacy.

4. Purpose of the Study

The purpose of this study is to evaluate the contribution of a behavior training program to paraeducators' self-efficacy, knowledge of ASD, and knowledge of functioning in social situations when working with children with ASD who are included in elementary general education classes.

5. Research Methods

5.1 Participants

The participants included 43 paraeducators who work with students with ASD who are included into elementary schools in a city in central Israel, of which 42 participants were women. The experimental group included 20 paraeducators and the control group included 23. The study was approved by the head research scientist of Israel, and the participants received an explanation and signed consent forms agreeing to participate in the study.

Descriptive results show that on average, participants were 40-years-old (M = 40.88, *S.D.* = 9.34), had three children (M = 2.71, S. D. = 1.81), and had three years experience (M = 3.02, *S. D.* = 2.05). T-tests revealed no significant differences between the experimental and control groups for these variables. Table 1 reveals that about half of the participants had a high school education and half had education beyond high school. Most of the participants (79%) were married. Only eight participants (16.7%) received training relating to ASD. Chi-square tests revealed no significant differences between the groups in terms of education, family situation, and training relating to ASD.

Table 01. Frequencies and Distribution of Participants' Education, Status, and Training

		Groups				
		Experimental		**Control**		
Characteristics	Values	N	%	N	%	$\varkappa^2$
Education	High School	14	60.90	10	41.70	1.73
	Continued Education/ Academic	9	39.10	14	58.30	
Status	Married	19	79.20	18	75.00	0.12
	Not Married	5	20.80	6	25.00	
Training	Yes	3	12.50	5	20.80	0.60
	No	21	87.50	19	79.20	

5.2. Tools

In the current study, four questionnaires were administered to participants, as detailed below.

5.2.1. Demographic questionnaire

This questionnaire includes eight items: gender, age, education, nationality, marital status, number of children, years of experience working as a paraeducator for a child with ASD, and training in ASD. In addition, there was an open question relating to the reason for choosing to work as a paraeducator to differentiate the before and after questionnaires.

5.2.2. Self-efficacy

The study used the self-efficacy scale developed by Chen and Gully (1997) and revalidated by Chen, Gully, and Eden (2001). This was translated to Hebrew by Grant (as cited in Knesset Israel, 1998) and titled New General Self-Efficacy. The questionnaire includes eight items including one-dimensional statements such as, "I can achieve most of the goals I set for myself" or "In general, I think I can achieve what is important to me." Respondents rank the statements using a five-point Likert-type scale ranging from 1 (agree very little) to 5 (agree very much). Reliability of the measure was high, with Cronbach's α = 0.93. The questionnaire is scored according to the average ranking of the statements, such that scores range from 1 to 5, with a higher score reflecting a higher level of self-efficacy.

5.2.3. Knowledge of ASD

Knowledge of ASD was examined by four statements written by the researcher. Two statements relate to the diagnosis of ASD, and two relate to interventions and treatment of ASD. In each area, one statement focuses on the **medical approach** while the other focuses on the **behavioral approach**. The four items were presented to two experts in the field of ASD, who were asked whether the items reflect knowledge of ASD. Following their feedback, changes were made to the language of the items accordingly. Respondents rank statements on a five-point Likert-type scale ranging from 1 (agree very little) to 5 (agree very much). For questions one ("To receive a diagnosis of ASD, there needs to be impaired social interactions and impaired language") and two ("Autism is diagnosed by medical methods") lower rankings indicate greater knowledge of diagnosis. For question four ("Interventions based on behavioral principles are considered the most effective way to treat Autism"), a higher ranking reflects greater knowledge. For question seven ("Giving medication helps reduce the primary symptoms of Autism"), a lower ranking reflects greater knowledge.

5.2.4. Knowledge of Functioning in Social Situations

The purpose of this measure was to evaluate knowledge relating to working with elementary school children with ASD in inclusion settings. The questionnaire includes functioning in social situations common to the population of children with ASD in public schools. The researcher developed this questionnaire with the consultation of experts in the field and behavior analysts who work with elementary school children with ASD. A questionnaire was created with nine items, each having four possible choices. The questions describe social situations that paraeducators encounter in their work with children with ASD in inclusion settings. Respondents are asked to mark the correct answer for each presented situation. For example:

Yoav is a student with ASD in a 4th grade classroom in inclusion setting, who likes to play soccer. When he sees his classmates playing, he joins them without receiving their permission. His friends always get angry when this happens. What can be done?

(a) Explain to Yoav that he needs to ask permission
(b) Define the goal, gather data, find games that are appropriate for the goal and provide feedback
(c) Speak to the guidance counselor when she comes
(d) Approach the children

Only one of these choices is correct. The correct answers were tallied, such that scores could range from 0 (no correct answers) to 9 (all answers correct). The greater the number of correct answers, the greater the knowledge of social situations.

5.3. Procedure

Table 2 describes the three stages of the study.

Table 02. Study Design

Stage	Aim	Research Tools	Participants	Analysis
1	Developing the intervention program			
2	Construction & validation of questionnaire	Four questionnaires comprised of the following: • Demographic • Self-efficacy • Knowledge of ASD • Knowledge of functioning in social situations		Measuring reliability
3	Evaluating the contribution of the intervention program to paraeducators' self-efficacy and knowledge	Administration of the four questionnaires before and after the intervention program	43 paraeducators: 20 in the intervention group, 23 in the control group	Other statistical analyses

The municipalities proposed participation in the study to 48 randomly selected paraeducators. After the intervention, an attempt was made to reach all 48 participants, but five were not identified, leaving the sample with 43 participants. Participants were randomly divided into an intervention group (n=20), which would receive the training specific to ASD, and a control group (n=23) that did not receive the training. The knowledge of ASD, knowledge of functioning in social situations, and self-efficacy questionnaires were administered before and after the intervention.

6. Findings

6.1. Findings relating to research question 1 and hypothesis 1a - Knowledge of ASD

A one-way MANOVA revealed no significant difference between the groups prior to the intervention ($F(9,32) = 2.45$, n.s.). To examine differences between groups after the intervention a 2 x 2 (group x time) MANOVA was conducted with repeated measures for each variable. Results of these analyses are presented below.

To examine differences between the groups regarding knowledge of ASD, a 2 x 2 MANOVA (group x time) was conducted. Results revealed significant differences for time [$F(4,32) = 10.71$, $p<.001$, $Eta^2 = .57$] and a significant interaction for group x time [$F(4,32) = 6.63$, $p<.001$, $Eta^2 = .45$]. Table 3 presents the means and standard deviations as well as independent MANOVAs for each item measuring aspects of knowledge of ASD. These analyses revealed significant differences before and after the intervention for knowledge of diagnosis and the intervention approach. Additionally, significant interactions were found for three items: medical diagnosis, and both the behavioral and medical intervention approaches (see Figures 1 & 3).

Table 03. Means and Standard Deviations for Knowledge of ASD, and MANOVA Between Groups

Measures	Group				Time		Group x Time	
	Experimental (N=18)		Control (N=21)					
	Before	After	Before	After	F(1,37)	Eta^2	F(1,37)	Eta^2
Diagnosis								
Behavioral								
M	4.38	4.69	4.95	4.38	.09	.00	1.02	03
SD	1.96	2.47	1.96	1.91				
Medical								
M	3.50	38.6	2.95	3.86	35.46**	.50	10.76**	.24
SD	1.96	1.50	1.86	1.98				
Intervention Approach								
Behavioral								
M	5.06	6.44	4.91	5.00	10.81**	.24	8.19**	.19
SD	1.18	0.89	1.58	1.52				
Medical								
M	44.5	18.6	4.86	4.67	1.71	.05	4.83*	.12
SD	1.63	1.52	2.15	1.91				

Note:*$p<.05$ **$p<.01$ ***$p<.001$

From Table 3, it can be seen that the MANOVA revealed significant differences for the measures of medical diagnosis, behavioral treatment, and medical treatment. In other words, differences were found for these measures before and after the intervention.
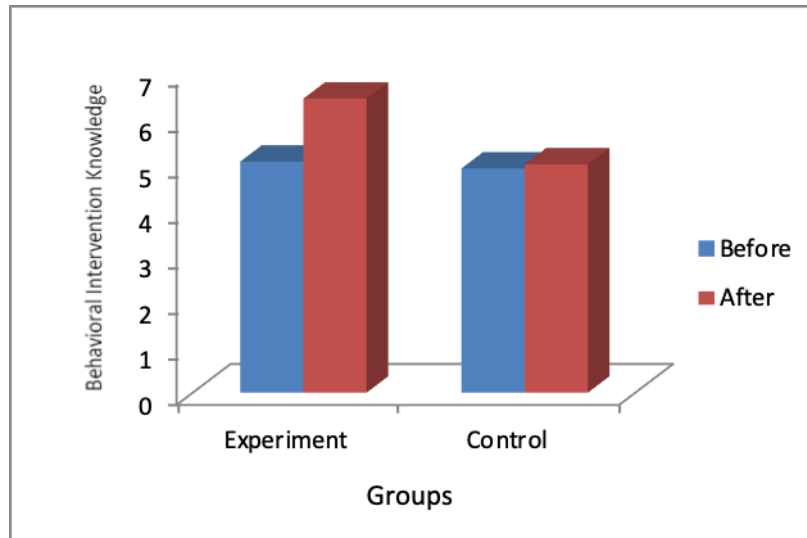
Figure 1 presents the differences for the two groups before and after the intervention for knowledge of medical diagnosis. Simple effects analyses revealed a significant increase in the intervention group's knowledge [$F(1,35)=28.12$, $p<.001$, Eta$^2=.43$] before and after the intervention. A significant but smaller difference was also found for the control group [$F(1,35)=5.75$, $p<.001$, Eta$^2=.43$].
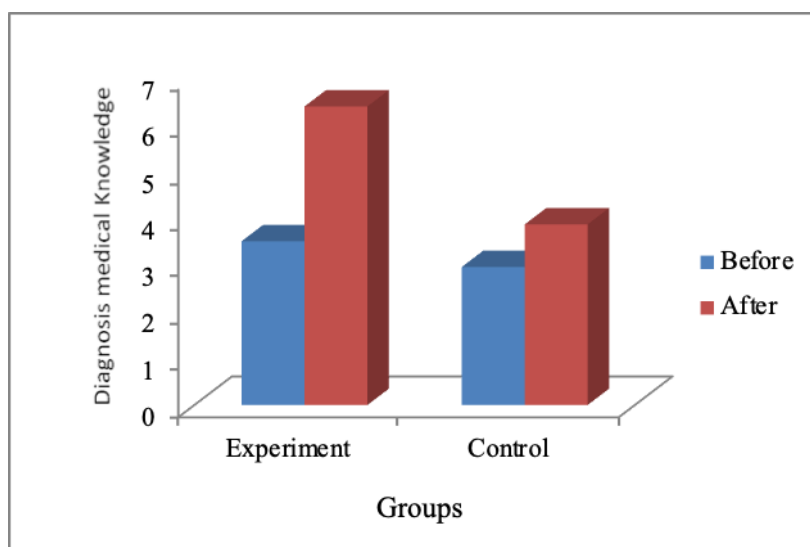
Figure 01. Average knowledge of medical diagnosis in the intervention and control groups before and after the intervention

For the measures relating to knowledge of behavioral intervention approaches there was also a significant interaction of group x time. This interaction is depicted in Figure 2.

Figure 02. Average knowledge of the behavioral intervention approach in the intervention and control groups before and after the intervention program

As can be seen in Figure 2, the intervention group showed an increase in knowledge of the behavioral intervention approach from before to after the intervention, while the control group barely showed such an increase. Simple effects analyses revealed a significant difference across time for the intervention group [$F(1,35)=18.07$, $p<.001$, $Eta^2=.33$], but not for the control group [$F(1,35)=.11$, n.s.].

Results of the analysis of paraeducators' knowledge of the medical intervention approach are presented in Figure 3. As can be seen in the figure, there was an increase in the intervention group compared to a very small decrease in the control group. Simple effects analyses for each group revealed a significant change in the intervention group [$F(1,35)=7.07$, $P<.001$, $Eta^2=.15$] reflecting a gain in knowledge, but no significant change in the control group [$F(1,35)=.09$, n.s.].
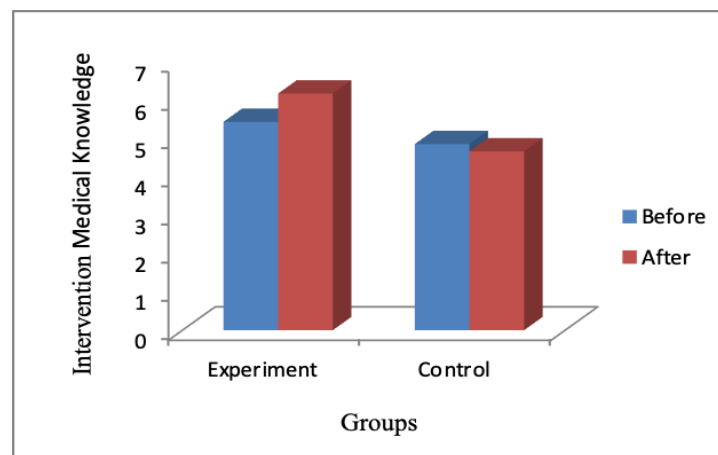
Figure 03. Average knowledge of medical intervention approach in the intervention and control groups before and after the intervention program

6.2. Findings relating to research question 1 and hypothesis 1b - Knowledge of functioning in social situations and findings relating to research question 2 and hypothesis 2 – Self-efficacy

Table 4 presents the results of the analyses regarding paraeducators' self-efficacy and knowledge of functioning in social situations.

Table 04. Participants' Self-Efficacy and Knowledge of Functioning in Social Situations Before and After the Intervention

	Group				Time		Group x Time	
	Experimental (N=18)		**Control (N=21)**					
Measures	**Before**	**After**	**Before**	**After**	**F(1,37)**	**Eta^2**	**F(1,37)**	**Eta^2**
Self -Efficacy								
M	5.49	6.06	5.59	5.69	6.97*	.15	3.10	.07
SD	1.02	.85	1.05	.83				
Knowledge of Functioning in Social Situations								
M	4.25	5.10	4.00	3.95	12.61***	.24	15.63***	.28
SD	0.85	1.02	1.31	1.25				

Note: *$p<.05$ **$p<.01$ ***$p<.001$

For both measures, there was a significant increase from before to after the intervention program, but a significant interaction of group x time was found only for knowledge of functioning in social situations.

Figure 4 depicts the findings regarding knowledge of functioning in social situations for each group before and after the intervention. It can be seen that there was an increase across time for the intervention group and only a negligible increase for the control group. Simple effects analyses for each group revealed a significant increase for the intervention group [F(1,40) =26.88, $p<.001$, Eta^2 =.40] ,reflecting a gain in knowledge, but not for the control group [F(1,40) =.09, n.s.].
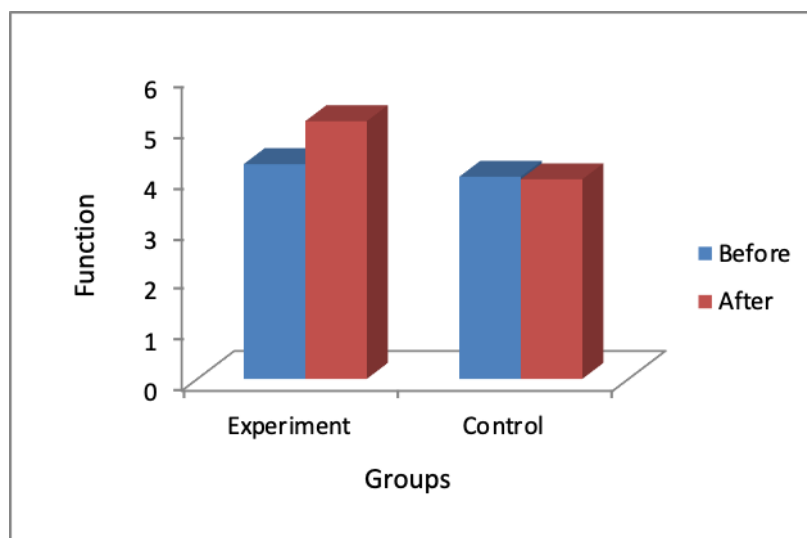
Figure 04. Average knowledge of functioning in social situations in the intervention and control groups before and after the intervention program

The study's findings support the first two hypotheses, according to which the group that underwent Sol's Tip training would show a more significant improvement than the group that did not receive the training. The third hypothesis, which relates to the level of efficacy, was not supported. No significant difference was found between the groups in terms of change before and after training; both groups demonstrated a similar level of improvement.

7. Conclusions

Social skills are the "Achilles heel" of children diagnosed with ASD who are in inclusion classes in elementary schools. The study's findings shed light on the contribution of the Sol's Tip training program to self-efficacy, knowledge of ASD, and the functioning of the paraeducators in common social situations facing children with ASD in inclusion settings. The gap in knowledge that led to this study was a lack of appropriate training programs for the role of paraeducators working with children with ASD. As such, this study provides evidence-based knowledge.

On the theoretical level, this study contributes to the knowledge in the area of including children with ASD into regular classrooms in two ways:

1. Development of a new intervention program for paraeducators

2. Development of an active role for paraeducators in developing personalized programs for the students

On the practical level, it is possible to implement this training program in other countries and cultures where children with ASD are in inclusion settings and receive the help of aides. This thus provides a universal contribution to this knowledge area.

Future studies should focus on expanding the intervention group to include children with ASD of different ages and other populations of paraeducators. Another possibility is a study that adopts the strategies that underlies this training for the classroom environment and the academic aspect that paraeducators encounter in the daily functioning of children with ASD in inclusion, in elementary school. Also, the strategy can be adopted to other special needs populations that there a need arises to promote their social skills.

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