

2009

## Social stories: a behavior intervention for preschool children

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SOCIAL STORIES:  
A BEHAVIOR INTERVENTION  
FOR PRESCHOOL  
CHILDREN

Thesis

Submitted To

The School of Education and Allied Professions

THE UNIVERSITY OF DAYTON

In Partial Fulfillment of the Requirements for

The Degree

Educational Specialist Degree in School Psychology

by

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UNIVERSITY OF DAYTON

Dayton, Ohio

August, 2009

Social Stories:

A Behavior Intervention for Preschool Children

APPROVED BY:



Sawyer Hunley, Ph.D. Committee Chair

6/11/09

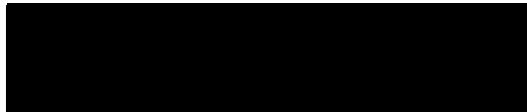
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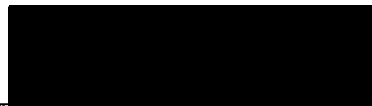
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## ABSTRACT

### SOCIAL STORIES: A BEHAVIOR INTERVENTION FOR PRESCHOOL CHILDREN

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Preschool children come to school with a wide assortment of behavior skills. Social stories are an effective intervention for students with a variety of disabilities; however, they have not been studied extensively with preschool-aged children. The independent variable of this study was the implementation of the social story as an intervention. The dependent variable was the targeted behavior. This study examined the use of social stories with preschool children. The results indicate a positive effect on specific targeted inappropriate behaviors for two preschool participants.

## ACKNOWLEDGEMENTS

I express gratitude to my family for their encouragement and belief in me as I furthered my education. Also to my faculty members at the University of Dayton, Drs. Hunley, Gfroerer, Polanski, and Evans, I express appreciation for their guidance and assistance. I am grateful to the Portsmouth City School District for their permission to conduct research at their facilities and also to Ms. Angela Hall who graciously provided assistance in data collection and for her support of me.

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## CHAPTER I

### Introduction

Behavior issues occur in preschool classrooms on a daily basis. Preschool teachers are challenged by dealing with a variety of inappropriate behaviors. Some common behaviors that occur include: hitting, biting, having tantrums, screaming, and the inability to share. Disruptive behavior problems are the most frequent reason for mental health referral of preschool children, and they can be damaging to the students, families, and school personnel (Wakschlag et al., 2005).

When children come to preschool, they are learning to function in a group. For most children, this is the first time that behavior expectations are placed upon them in a group setting. They must learn appropriate social behavior to be an effective member of the classroom environment. Although social behavior is part of the typical preschool classroom curriculum, some children require more individual assistance in order to learn appropriate behavior. Teachers, administrators, and other staff members are constantly looking for ways to intervene appropriately and assist students in making a behavior change.

Social stories interventions have been used to improve inappropriate behaviors. Social stories are individualized and target specific behaviors to be improved upon. They are described in terms of relevant social cues and expectations and can help children to



understand their own and others' views of specific situations and to respond with appropriate behavior (Toplis & Hadwin, 2006). To date the research indicates that social stories have primarily been used with children identified with specific disabilities (Rust & Smith, 2006).

The current study used social stories in preschool classrooms for targeted students who exhibited behavior problems. While previous research indicated that social stories were effective for students with disabilities, this study filled a gap in the research by examining the use of social stories with preschool children, with or without a specific disability. This study demonstrates a positive effect on specific targeted behaviors of concern for individual preschool children.

## CHAPTER II

### Literature Review

Preschool children need to learn appropriate behaviors in social settings. Though there are a variety of ways for teachers to impart these skills to students, sometimes a more individualized approach is needed. In this study, the individualized implementation of social stories to improve the behavior of preschool children is the focus.

#### *Social Stories*

Social stories were developed by Carol Gray as an individualized intervention strategy for children with Autism (Rust & Smith, 2006). The intervention is designed to assist individuals in coping with change, provide insight to social cues and interactions, or to teach an appropriate targeted behavior skill (Kuoch & Mirenda, 2003). In most cases, social stories have been implemented to change an undesirable behavior to a more socially appropriate behavior.

Gray (1994) identified the following as uses for social stories: describing a situation, personalizing social skills instruction, teaching routines or student adjustment to routine changes, teaching academic material in a realistic social setting, addressing a variety of behaviors, such as aggression, obsessive behavior, and fear. Additionally Gray and Garland (1993) set forth guidelines for the development of social stories. There are six types of sentences that are needed in the story. These sentences include:

1. Descriptive sentences that provide information about a specific social setting or situation and describe what happens and why it happens.

2. Directive sentences, providing information about what a person should do to be successful in a certain situation.
3. Perspective sentences that describe the internal states of other people (thoughts, feelings, moods).
4. Affirmative sentences that enhance meaning of surrounding statements and express commonly shared opinion.
5. Control sentences that are written by the individual and identify strategies that the person can use to recall the social story at an appropriate time and place.
6. Cooperative sentences identifying what other people will do to support the focus individual as he/she learns the new skill or behavior (p.219).

Further recommendations made by Gray and Garland (1993) include writing the story using the child's vocabulary and within the child's ability to comprehend.

*Social stories for children with Autism.* Most literature on the effectiveness of social stories focuses on Autism. Autism is a puzzling disability with a wide spectrum of characterizing behaviors. The American Psychiatric Association (2000) defines Autism Disorder as:

- A. "A total of six (or more) items from (1), (2), and (3), with at least two from (1), and one each from (2) and (3):

1. qualitative impairment in social interaction, as manifested by at least two of the following:

- a. marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
  - b. failure to develop peer relationships appropriate to developmental level
  - c. a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
  - d. lack of social or emotional reciprocity
2. qualitative impairments in communication as manifested by at least one of the following:
- a. delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
  - b. in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
  - c. stereotyped and repetitive use of language or idiosyncratic language
  - d. lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level
3. restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:

- a. encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
- b. apparently inflexible adherence to specific, nonfunctional routines or rituals
- c. stereotyped and repetitive motor manners (e.g., hand or finger flapping or twisting, or complex whole-body movements)
- d. persistent preoccupation with parts of objects

B. Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: (1) social interaction, (2) language as used in social communication, or (3) symbolic or imaginative play.

C. The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder" (p. 75).

Due to the deficiency in communication and behavior skills, inappropriate behaviors often arise. These inappropriate behaviors hinder these individuals' growth within a social context (Crozier & Silco, 2005).

The social story may be written to increase a desirable behavior or decrease an inappropriate behavior. Studies conducted on social stories note that more research needs to occur to provide strong evidence that social stories are indeed an evidence-based effective intervention for students with Autism (Scattone, Tingstrom, & Wilczynski, 2006).

A large percentage of the existing research focuses on the need for individuals with Autism to improve social behaviors. For example, Barry and Burlew (2004)

conducted research on teaching choice and play skills. With the implementation of the social story, the two participants made gains in the targeted areas. Although researchers continue to provide evidence supporting the effectiveness of social stories as an intervention for students with Autism, it remains limited (Scattone et al., 2006; Crozier & Silco, 2005; Hagiwara & Myles, 1999). Scattone, et al. (2006) investigated the use of social stories as a sole intervention to increase appropriate social interactions of students with Autism. They concluded that social stories used as a sole intervention are of limited effectiveness, yet their study furthered available research on the intervention. Hagiwara and Myles' (1999) conducted research focusing on the computer-based use of social stories for three boys with Autism. The researchers conclude that overall social stories were effective; however, because it was the first research study that added technology to social stories, caution was expressed.

Rust and Smith (2006) advise caution in evaluating the effectiveness of social stories because they are individualized, which can make evaluation a difficult task. Rust and Smith discuss factors that contribute to the level of difficulty in truly determining whether or not social stories are an effective intervention. The reasons include that the studies are often single case design, and are not reflective of large numbers of students. Also, the targeted behavior is often general, rather than specific. Other factors include how the behavior modification is monitored (frequency, duration, rate) and the generalization of the changed behavior to different situations.

*Social stories for children with other disabilities.* Although social stories were originally developed for students with Autism, they have been adapted and individualized in a variety of ways to meet the needs of children with disabilities. For example, social

stories can be developed with or without the use of visual stimuli. They also can vary in amount of content per page, which is determined by the student's cognitive abilities and developmental stage (Hagiwara & Myles, 1999).

Although the creator of social stories, Carol Gray, did not conduct any research to validate her intervention, she did state that social stories are appropriate for students with learning disabilities (Gray & Garland, 1993). One study by Soenksen and Apler (2006) examined the effectiveness of social stories for children with hyperlexia to appropriately attain the attention of peers. Hyperlexia is a learning disability affecting one's ability to comprehend what is being read. Social characteristics often exhibited by children with hyperlexia include: difficulty adapting to change, being out of touch with reality, and rarely make eye contact. This research is limited in that it was conducted with only one student; however, it does assist in providing evidence that social stories may benefit students with learning disabilities. The boy in this study was provided with a social story that assisted him in learning to look at his peers when talking and speaking someone's name to gain his/her attention. A positive effect was noted.

*Social stories for preschool children.* Preschool children need to learn appropriate social skills in order to function in the classroom setting and for future success in school. An estimated 7 – 25% of the preschool population demonstrates high rates of behavior challenges (Barnett, et al., 2006). This targeted population of students needs more individualized instruction. The Individuals with Disabilities Education Improvement Act of 2004 ensures that preschool students with social emotional concerns receive intervention and prevention services from their local school district. While social skills

are part of the preschool curriculum, this class wide instruction may prove to be insufficient for some individuals struggling with behavior skills.

Development during preschool can prove to be challenging at home and in school. Inappropriate behavior patterns may develop at this time due to failure to achieve developmental milestones occurring. These milestones include gaining a sense of independence, learning to be away from their caregiver(s) for the first time, and becoming part of a group. Examples of inappropriate behaviors exhibited by preschool children include: hitting, kicking, biting, throwing tantrums, responding negatively to requests made by adults, pushing, and not playing cooperatively with peers. Social and behavior problems for many adolescents are established during the early years of life (Brotman, et al, 2005). Social skills prevention strategies are used to teach young child specific social interaction skills (Storey & Danko, 1994) before they become long-term issues. For students that need the extra support, an intervention targeted at their specific skill deficit will provide the much-needed guidance during a crucial time of development.

There are several interventions in the literature that have been demonstrated to be effective for promoting appropriate behavior in preschool children. Modeling is a method to teach behavior by having the teacher, other school staff, or same-aged peers demonstrate the desired behavior. Similar to modeling is coaching, in which a skill is taught by prompting and then praising the appropriate behaviors. Both of these interventions are beneficial with preschool children; however there is insufficient evidence that they generate widespread change (Shinn et al., 2002). Preschool teachers also often use reinforcement to facilitate appropriate behavior. Reinforcement includes verbal praise, positive reinforcement, and contingencies (Elliott, et al., 2002).



Social stories have worked with students with disabilities; therefore, the intent of this study was to investigate whether this intervention can join the ranks of the prosocial behavioral interventions that have been deemed to be effective with preschool children. This study adds to the limited research available on the effectiveness of social stories, when applied specifically to preschool children with and without special needs.

## CHAPTER III

### Methods

#### *Setting/Population*

This study was conducted in two preschool special needs classrooms in one school district located in southern Ohio. The classrooms were comprised of students with and without disability conditions. The classrooms were in a public school with approximately 1000 students in the elementary building. The school district's population was 64% economically disadvantaged according to the free and reduced lunch standards set forth by the state of Ohio. Students in the district were 85.5% white, 8.6% African American, 0.8% Hispanic, and 5.2% multi-racial. Approximately seventeen percent of the population was identified as disabled.

#### *Participants*

Participants were recruited through teacher recommendation. Two teachers were recruited and asked to identify students who needed improvement with inappropriate behavior. Both teachers were licensed preschool teachers, with master degrees in special education. Each teacher identified children between the ages of three and five who attended school regularly, with no more than four absences during the first semester of the school year. Gender or disability condition was not considered in the selection of the participants. All participants were given pseudonyms for confidentiality in conducting and completing this research.

Participant #1 was Taylor, a four year, and ten-month-old boy at the time the study began. He was a peer model in the preschool classroom for students with special

needs. According to Taylor's teacher, his academic skills were slightly below average compared to other children his age. However, Taylor's teacher's greatest concern was his inability to wait for his turn to speak. His teacher and parents wanted him to gain this important social skill because they knew it would be beneficial for him as he transitioned to Kindergarten the following year. Taylor's interruptions were causing a disturbance to the classroom setting. Taylor's inappropriate behavior was defined as the following: Taylor interrupts classroom conversations/instruction by talking, shouting, or making noises when it was not his turn to do so.

Participant #2 was Henry, a five-year-old boy in the preschool classroom. Henry qualified for placement in the preschool special needs classroom due to deficits in social-emotional skills and fine motor development. Behaviorally, his Individualized Education Program (IEP) included goals for compliance with adults and refraining from violent behaviors, such as hitting and kicking. An occupational therapist also worked with Henry to strengthen his fine motor skills. His teacher reported that his academic skills were typical of other children his age. This was his second year in a preschool classroom. According to Henry's mother and teacher, he was impulsive and often defiant. They also shared with the researcher that Henry had been taking medication prescribed by his pediatrician for Attention Deficit Hyperactivity Disorder (ADHD). The medication was taken at school when he arrived. Henry had taken the medication for five months when this study began. His teacher stated that his violent behaviors had improved since the beginning of the school year; however, because he was going to Kindergarten the following year, she was concerned about his interrupting behavior. His interruptions were so frequent that the teacher felt that it was inhibiting her ability to teach the entire group.

Henry's interruptions were defined as: making noises and/or talking when the teacher and/or peer were speaking.

Participant #3 was Sarah. She was a five year, three month old student at the onset of the study. Sarah was a peer model in the preschool classroom, having no deficits or delays noted in development. Sarah's parents and teacher described her as a very social girl. She always wanted to help others and constantly had stories to share. Due to her social personality, her teacher stated that she was constantly interrupting instruction. Sarah's targeted behavior was her inability to understand when it was appropriate for her to speak without interrupting her teacher and/or peers.

### *Research Design*

This study investigated the effects of social stories on the targeted problem behaviors of preschool children by using a multiple baseline design. The dependent variable was the frequency of the specific targeted behavior: interruptions. Frequency was measured by counting the numbers of times the behavior occurs within a specific time. The independent variable was the implementation of the social stories intervention.

Baseline data were collected for each participant for a total of three times. During week one, baseline data were collected only for the first participant. During week two, the second participant was added as part of baseline data collection. Finally, at week three of the study, baseline data collection began for the third participant. Therefore, each student began the intervention at a varying time. After baseline was collected, other data collection occurred weekly, specifically every Thursday, which was the last school day of the week for these preschool participants. An observation sheet was developed that measured the frequency of the behavior (See Appendix A). Data collection for the

intervention occurred for 6 weeks for each student. The entire study occurred over an 11-week period of time, due to the staggered start date of intervention for each participant.

To ensure inter rater reliability, a second observer was trained and collected data. The second observer followed the same procedures as the primary researcher in collecting data. The observer was a licensed teacher with a master's degree in special education. The researcher and second observer were unobtrusive in observations and data collection. The students were familiar with both the researcher and data collector as they were teachers in the school building, but were not the classroom teacher for any of this study's participants.

### *Procedures*

After selection of participants, informed consent was obtained from the students' parents using a letter of informed consent (See Appendix B). To gain the children's assent, the researcher had an individual consultation with each participant after the parents' consent was obtained (See Appendix C). Additionally consent to conduct research was obtained from one of the school district's administrators (See Appendix D). A meeting was held with the teachers, parents, and the researcher to discuss the process and answer any questions.

All data collected from this study was stored in a locked filing cabinet. The data was available to the participating teachers and parents at their request for review. Data was only kept until the research was completed. Upon completion, data were shredded and/or deleted from the computer.

*Functional behavior analysis.* A Functional Behavior Analysis (FBA) was conducted on each participating student. The FBA provided the researcher with evidence

of the function(s) of the targeted behavior. The FBA also provided valuable answers to questions about the inappropriate behavior. The information obtained included: when the behavior occurred, why the behavior occurred, and the frequency of the behavior.

The researcher targeted a specific behavior to be changed for each participant through observation and consultation with the teachers and parents. All participants' targeted behavior was interrupting others during classroom circle time. Replacement behaviors were established through consultation with teacher, parents, and researcher.

Functions of the targeted behaviors were examined individually. In regards to Taylor, the researcher observed him on different occasions, noting the antecedent and consequence to his interrupting behaviors. Every time that Taylor interrupted his peers or teachers, he was provided with reinforcement from his classmates. His peers laughed at him when he interrupted others. It appeared that Taylor enjoyed the attention because he would smile when the reinforcement occurred. The researcher then discussed this information with his teacher and parents. All agreed Taylor's interrupting behavior occurred because he was seeking attention, specifically from his peers.

To determine Henry's function of behavior, the researcher observed him on two occasions for an extended amount of time. Additionally, the researcher completed a record review to confirm his teacher's report regarding Henry's medial diagnosis of Attention Deficit Hyperactivity Disorder (ADHD). When observed, the researcher noted that Henry would often get upset when another student was talking to the teacher. He demonstrated this by screaming and crying. During observations, the researcher also noted that Henry displayed signs of impulsiveness throughout the entire preschool day. This information was discussed Henry's teacher and mother. His teacher confirmed that

Henry appeared upset and had more interruptions when she was speaking with another student. Henry's mother, teacher, and the researcher all agreed that Henry's ADHD was also inhibiting his habilitations to display appropriate behavior. Therefore, Henry's function of behavior was impulsivity and attention seeking. He wanted to gain attention from the teacher and did not like it when other students had her attention. Additionally his interruptions were sometimes due to his inability to control his own actions.

As part of the FBA for Sarah an observation occurred to determine her function of behavior. When the researcher observed Sarah, looking for antecedents and consequences to her inappropriate behavior, the researcher was unable to determine either. When analyzing the situation, the researcher developed the hypothesis that Sarah may simply require direct instruction to learn the appropriate behavior. The researcher discussed with Sarah's teacher and parents the hypothesis and they agreed. Sarah confirmed the hypothesis by stating to the researcher that she did not know what to do when she wanted to tell the teacher something or share a story with the class. Therefore, Sarah's targeted behavior deficit of interrupting was lack of social skills. She had not been explicitly taught what to do when she wanted to share something verbally within the preschool setting.

*Social Stories Intervention.* Once the undesirable and replacement behaviors were identified and all baseline data were collected, a social story was developed for all three participants (See Appendix E). Each social story was unique to the participant. Following the guidelines established by Gray and Garland (1993), the researcher developed the social stories. A checklist was created to ensure that all stories met the guidelines set forth by Gray and Garland (See Appendix F). The researcher completed a checklist each

time a social story was created for a participant. Digital pictures of the participants and their environments were used as visual aids in assisting the children's ability to comprehend the story. The social stories were read two times per day for six weeks, once in the morning and once in the afternoon, during the school day by the teachers and/or classroom paraprofessional. They were read to the participants in a one-to-one setting. The participants' teacher completed an integrity checklist daily to ensure that the intervention was implemented in a consistent manner (See Appendix G).



## CHAPTER IV

### Results

A visual inspection of the graph (Figure 1) was conducted for each participant. The visual inspection demonstrated change in the frequency of the inappropriate behavior for each participant. Additionally, effect size (g-index) was calculated to determine the effectiveness of the intervention. The effect size was determined using the g-index formula. The g-index was used because it reveals whether or not a positive change occurred from baseline to intervention by analyzing the proportion of change. In this research, the goal was to reduce the behaviors; therefore, desired points were below the trend line.

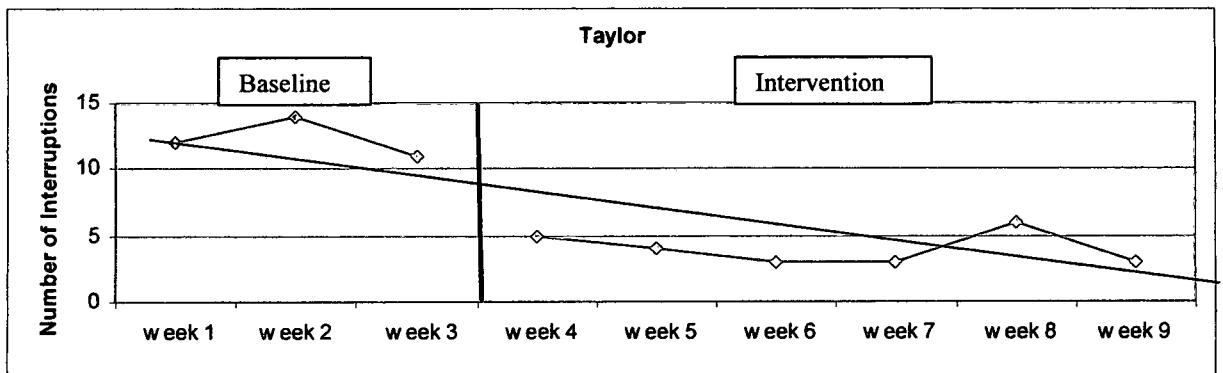
The following provides steps taken to calculate the g-index effect size:

1. Determine the proportion of baseline data points on the side of the line consistent with the desired changed (PB).
2. Determine the proportion of intervention data points on the side of the line consistent with the desired change (PI).
3. Subtract PB from PI (Hunley & McNamara, in press).

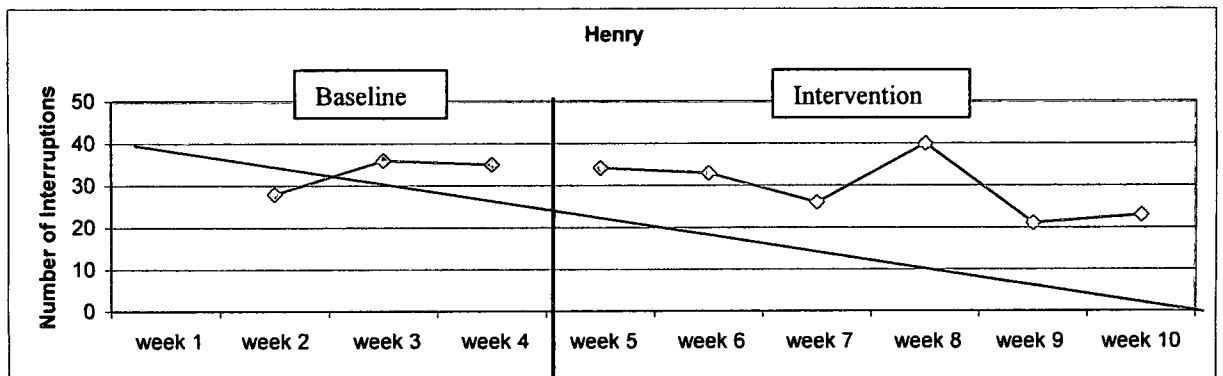
For Taylor and Sarah, the g-index was calculated using the PI of 1 and the PB of .66, resulting in a g-index of .34. The positive number indicates improvement occurred during the intervention. Henry's g-index was determined using the PI of 0 and the PB of .33. This resulted in a g-index of -.33, suggesting that the intervention did not have a positive effect on Henry's behavior.

Each teacher completed the Integrity Checklists provided. Sarah and Taylor's interventions were implemented with 100% integrity, while Henry's was executed with 95.8% integrity. Henry's teacher had difficulty completing the intervention on noted days due to Henry's refusal and time that he spent out of the classroom.

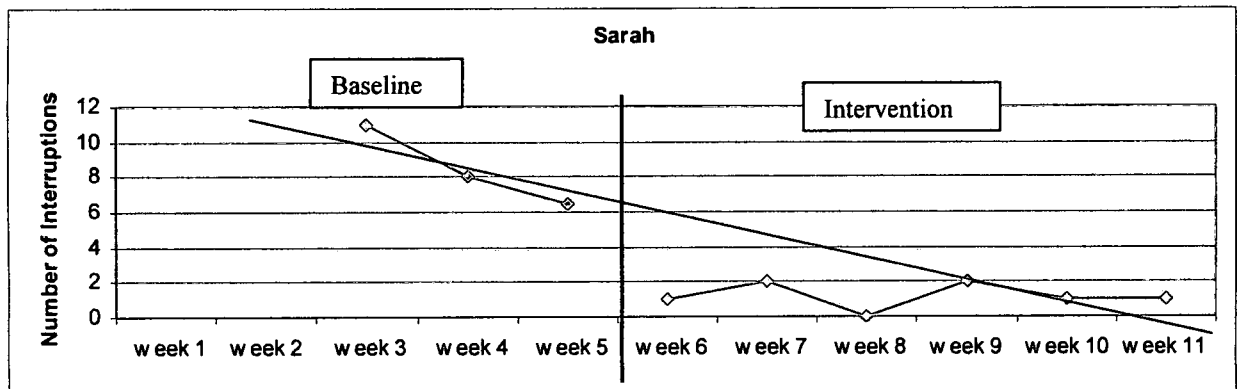
**Figure 1**



**Figure 2**



**Figure 3**



## CHAPTER V

### Discussion

Taylor's graph visually demonstrates a decrease in the frequency of the inappropriate behavior. Prior to the social stories intervention, he had an average of 12 interruptions. He decreased the interruptions to five at the onset of the intervention, and then he reduced them to three interruptions. At week eight, Taylor's interruptions increased to six. No cause for this increase was known. Taylor concluded his intervention with three interruptions in week nine, suggesting that the intervention was effective in reducing the amount of interruptions for Taylor.

Henry's data did not support the effectiveness of the intervention. His graph shows variance among the intervention data points. His baseline average was 32 interruptions. His intervention points were similar to baseline data or reduced only a small amount. However, due to extraneous variables in Henry's life it cannot be concluded whether the intervention would have been effective for him had the events not occurred in his life. Henry's intervention was impacted by medications that he was taking and events that occurred in his family life. His father was incarcerated during the time of his intervention, specifically at week eight, affecting his home life and his behavior at school. His inappropriate behavior dramatically increased during that week. His teacher stated that his behavior worsened around the time of Henry's father's incarceration due to Henry worrying about his younger sister being at home while he was at school. Henry's teacher felt that he would behave inappropriately in hopes to get sent home because his baby sister was home with his mother. His father had been the primary caregiver to the children. Additionally, Henry's pediatrician changed his medication two

times during the intervention. These factors could not be controlled by the researcher and may have impacted the intervention results.

Sarah's baseline data displayed an average of eight interruptions. Her graph visually demonstrates a decrease in the amount of interruptions that occurred during the intervention phase. At the onset of the intervention, Sarah decreased the inappropriate behavior to 1 interruption at week six. She continued to maintain the decrease in inappropriate behavior by having zero, one, or two interruptions during the intervention. The intervention was effective in reducing Sarah's inappropriate behavior of interrupting.

Due to the high level of integrity displayed by the teachers in providing the intervention, the researcher is highly confident that the results are a true measure of the social stories intervention. Additionally, the researcher and additional observer established inter-rater reliability prior to baseline collection. The inter-rater reliability also contributes to the overall integrity of the research. Furthermore, when the FBAs were conducted, all participants' function of behavior was determined with different causations. Due to the varied functions of behavior exhibited by the preschool participants, the study demonstrated that the intervention was successful for a single type of behavior with varied causations. This explanation strengthens the study by showing that the function of the behavior did not interfere with the effectiveness of the intervention.

Based upon the results of this study, social stories are a useful intervention for changing behavior of students in preschool classrooms. When provided with an individualized social story, two of the students in this study were able to decrease their inappropriate behavior of interrupting while in the classroom setting. Additionally, within

the realm of this study, social stories proved to be an intervention that was easily carried out by preschool teachers who did so with high levels of integrity. Therefore, social stories are an intervention that is beneficial for students and teachers in the preschool environment.

#### *Limitations and Future Research*

Extraneous variables occurred during this study. The participants normal growth and development and human error were considered prior to the study. Other variables include school days missed due to various reasons. All participants missed one day of school for a holiday. Taylor had three days of school cancelled due to the weather, while Sarah and Henry had two calamity days. Taylor was absent from school two days due to illness and Henry was absent three days due to illness. Sarah was not absent during her intervention.

This study was limited due to its number of participants. A larger sample may be more convincing when demonstrating the correspondence between the dependent and independent variables. Additionally the targeted behavior for all participants was the same. This limited the research to a specific behavior rather than any inappropriate behavior exhibited by preschool children. In the future a study that entailed a variety of inappropriate behaviors may more greatly impact the effectiveness of social stories as a behavior intervention for preschool children, thus, broadening the spectrum of inappropriate behaviors that can be changed by social stories.

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## APPENDIX A

### Data Collection

Participant's Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Targeted Behavior: Interrupting

Behavior Defined: Interrupting occurs when the targeted student talks and/or makes voluntary noises while a peer or teacher is talking.

*Please place a tally mark for each time the targeted behavior occurs.*

--

Total: \_\_\_\_\_

## APPENDIX B

### Informed Consent Form

Dear Parent(s)/Guardian(s),

My name is Amy Gerard and I am a graduate student at the University of Dayton majoring in school psychology. I am currently working on research for my thesis. My research is entitled Social Stories: A Behavior Intervention for Preschool Children. For this project, I will work individually with three preschool students who display a behavior concern. An example of a behavior concern includes hitting, inability to share, or screaming. Your child's teacher has expressed a concern about inappropriate behavior displayed in the preschool classroom by your child. Therefore, I would like to work with your child to teach him/her about this behavior by using a social story. A social story is a short story individualized to the student explaining why the behavior is not appropriate. The story gives the child an alternative behavior to replace the unwanted behavior. It is my hope that the social story will benefit your child's growth and development in preschool and we will see an improvement in behavior.

The University of Dayton requires that research conducted by students be approved by the Committee for the Protection of Human Subjects. For this to occur, all research participants need to give informed consent before participating. Since the participants are under the age of eighteen, I need consent from the parent(s)/guardian(s).

#### **Informed Consent to Participate as a Research Subject**

**Project Title:** Using Social Stories: A Behavior Intervention for Preschool Children

**Investigator:** Amy Gerard

**Purpose of Research:** The research is being conducted to find if the use of social stories will improve the behavior of preschool students that are exhibiting a behavior concern.

**Expected Duration of Study:** The study will take place over an 8-10 week period of time.

**Procedure:** The first week I will observe your child and take a measure of the frequency, intensity, or duration of the targeted behavior. The next week I will introduce your child to the social story that I developed individualized to him/her. His/her teacher and/or classroom paraprofessional will read your child the story two times per day. At the conclusion of each school week, I will observe the targeted behavior collecting data on frequency, intensity, or duration of the behavior.

**Alternative Procedures:** No alternative procedures exist in this research project.

**Benefits to the Participant:** By participating in this study, your child will have the potential to positively improve a targeted behavior concern. By improving the behavior, your child has the potential to improve his/her social-emotional well being as a student.

**Anticipated Risks and/or Discomfort:** There are no anticipated risks to the physical and mental health, comfort, and privacy of your child for this study.

**Confidentiality:** The data for this study will be stored in a secure location only accessible by the researcher. At the conclusion of the study, files/documents will be shredded and/or deleted from the computer.

**Contact Person for Questions or Problems:** If you have any questions about this research project, contact Amy Gerard at 740-353-6917 or through email at amy.g1@verizon.net. Questions about the rights of the subject should be addressed to John Nieberding, Chair of the Committee for the Protection of Human Subjects, 300 College Park, Kettering Labs Room 542, Dayton, Ohio 45469-0104. Mr. Nieberding can also be reached by phone at 937.229.4053 or by email at jon.nieberding@udri.udayton.edu.

**Consent to Participate:** As the parent(s)/guardian(s) of the participant, I have voluntarily decided to allow my child to participate in this research project. The investigator above has answered all questions that I have about this research, the procedure, and my child's participation. I understand that the researcher named above will be available to answer questions regarding the study as needed. I also understand that my child or I may refuse to participate or voluntarily terminate participation in this study at any time without penalty. The researcher may also terminate my child's participation in is she feels that is in my child's best interest.

---

Parent(s)/Guardian(s) Signature

---

Date

---

Investigator's Signature

---

Date

## APPENDIX C

### Script to Gain Children's Assent for Participation

The researcher will read the following script to each participant:

*Hello \_\_\_\_\_! My name is Mrs. Gerard. You have seen me in your school before. I am working on a project and need your help. I am making stories for boys and girls, called social stories. These stories have pictures of real boys and girls in them. The stories help children learn to follow rules, especially at school. I would like for you to let me make a story for you. Your teacher or classroom helper will read the story to you two times each day.*

*If you do not want to do this activity, it is fine. You can tell me right now that you do not want to have a story. If you want to have a story and then decide later that you do not want it anymore, just tell your teacher or me. It does not upset us if you choose not to participate in this activity. Nothing will happen to you if you do not want to participate.*

*Would you like to have a story made for you and have it read two times each day by your teacher or classroom helper? (Wait for student response)*

*If student says "yes," Thank you for your time and remember you can stop at anytime if you would like to do so without any consequences.*

*If student says "no," Thank you for your time.*

## APPENDIX D

### Permission to Conduct Research in District

Dear Sir or Madame:

My name is Amy Gerard and I am a graduate student at the University of Dayton majoring in school psychology. I am currently working on research for my thesis. My research is entitled Social Stories: A Behavior Intervention for Preschool Children. For this project, I will work individually with three preschool students who display a behavior concern. An example of a behavior concern includes hitting, inability to share, or screaming. The process consists of me collecting baseline data, implementing an intervention, and analyzing the outcome.

I would like to conduct my research in your school district. I will obtain informed consent from all participants' parents/guardians if you will grant me consent to conduct this study. It is my hope that the social story will benefit the students' growth and development in preschool and we will see an improvement in behavior.

If you have any questions about this research project, contact me at 740-353-6917 or through email at amy.g1@verizon.net. If you have questions or concerns that you would like to address to the University of Dayton, please contact John Nieberding, Chair of the Committee for the Protection of Human Subjects, 300 College Park, Kettering Labs Room 542, Dayton, Ohio 45469-0104. Mr. Nieberding can also be reached by phone at 937.229.4053 or by email at jon.nieberding@udri.udayton.edu.

If you agree to allow the research to be conducted in your school district, please mark the statement below and provide your signature and title.

Sincerely,  
Amy Gerard

\_\_\_\_\_ I have read this letter and I grant consent for the research conducted by Amy Gerard to occur in the Portsmouth City School district.

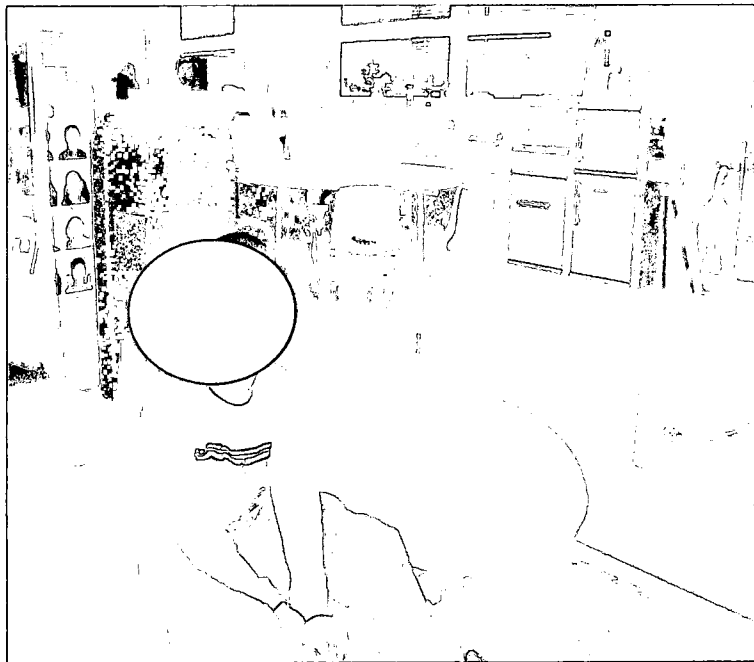
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

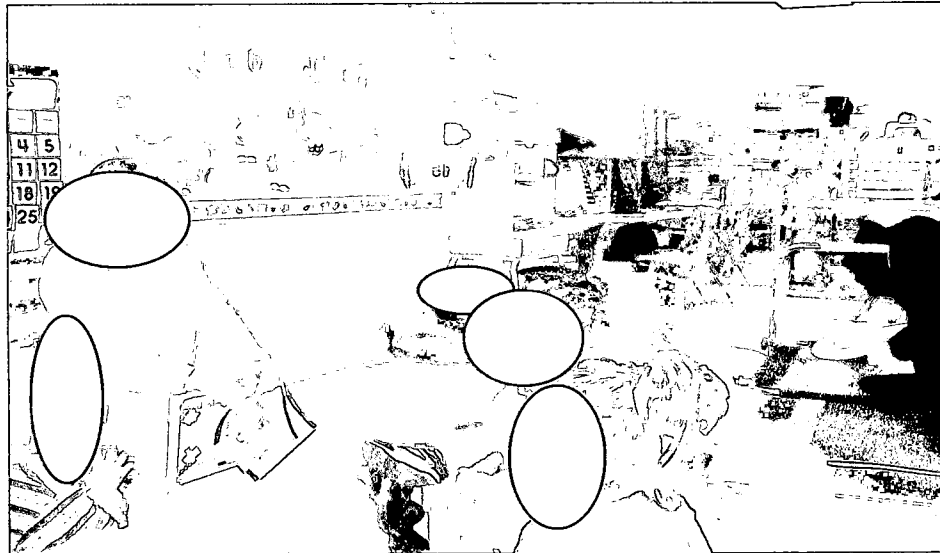
\_\_\_\_\_  
Date

## APPENDIX E

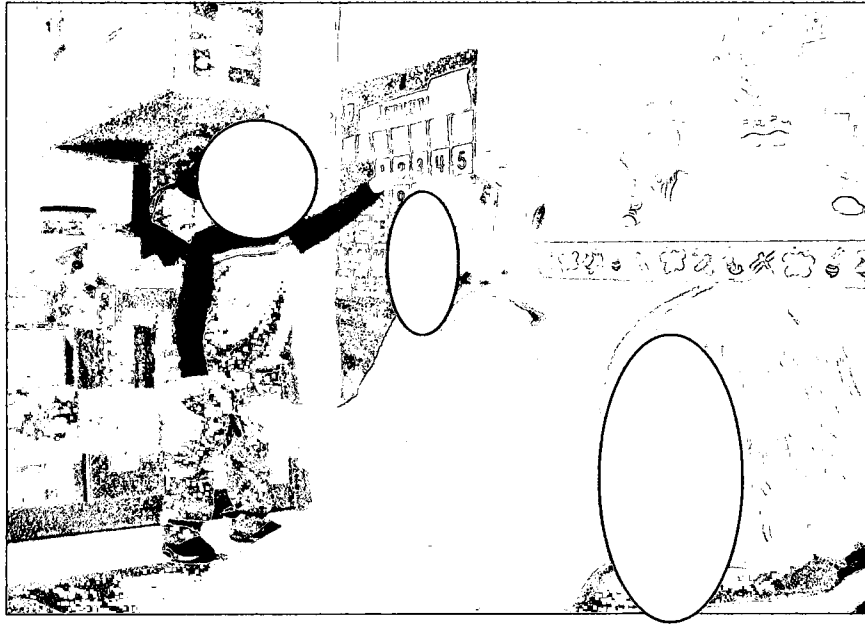
Social Stories  
(Individuals' faces were omitted for confidentiality).



**Taylor**

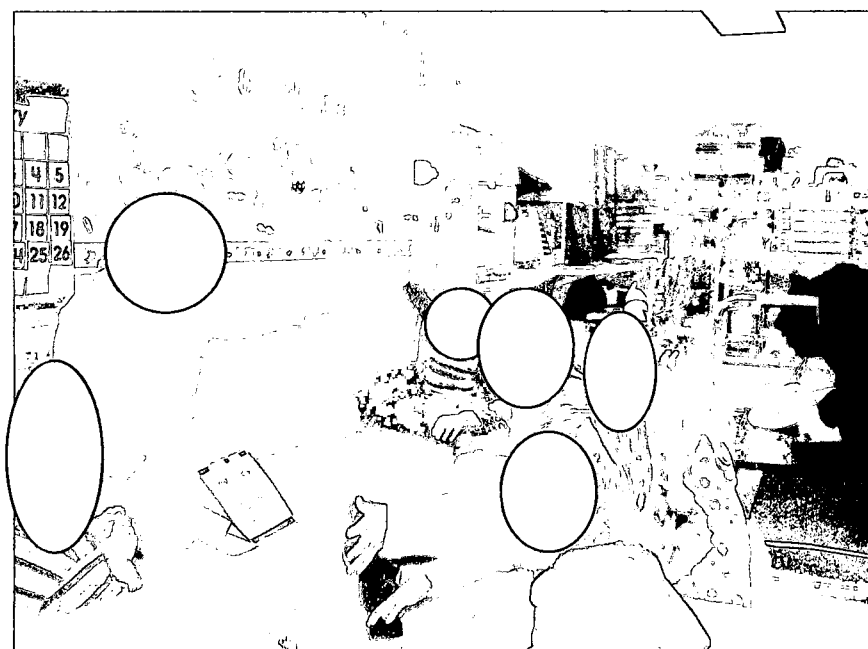


At school, Miss J asks everyone to sit on the mat for circle time.



During circle time, the students listen to stories, sing, and count. They need to do these activities because it helps them learn new things.

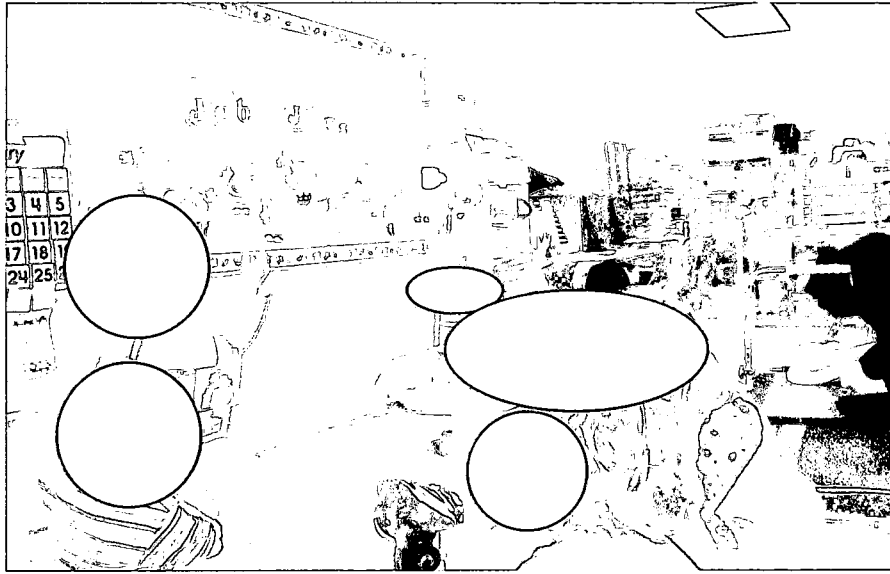




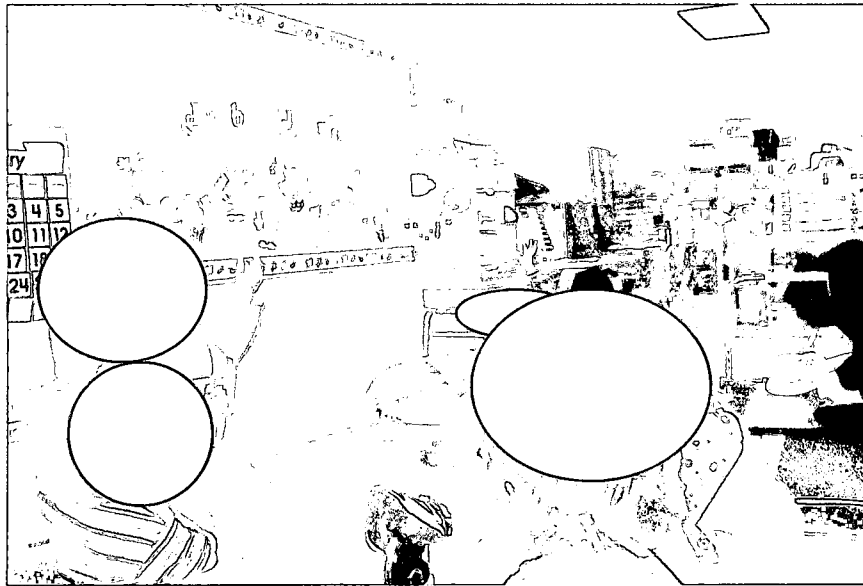
During circle time, Miss J wants all the children to be able to hear her talk. She also wants the boys and girls to be heard when it is their turn to talk.



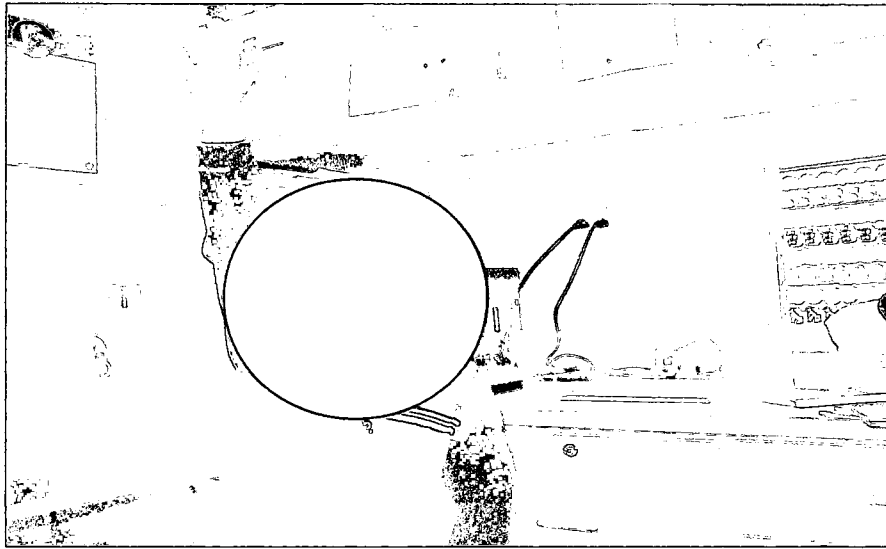
So that everyone can hear each other, the children need to be quiet until it is their turn to talk. When you talk or make noises while other people are talking it is called interrupting.



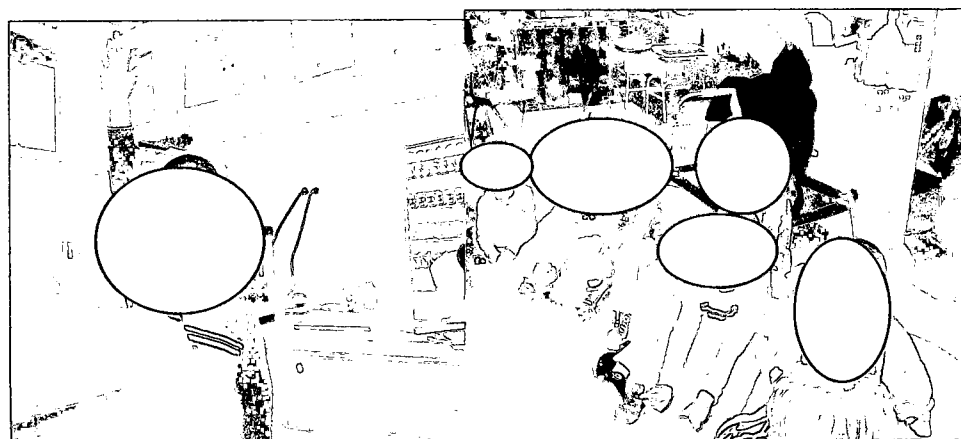
Miss J does not want Taylor to interrupt circle time. When Taylor talks when it is not his turn, the other students and Miss J are sad.



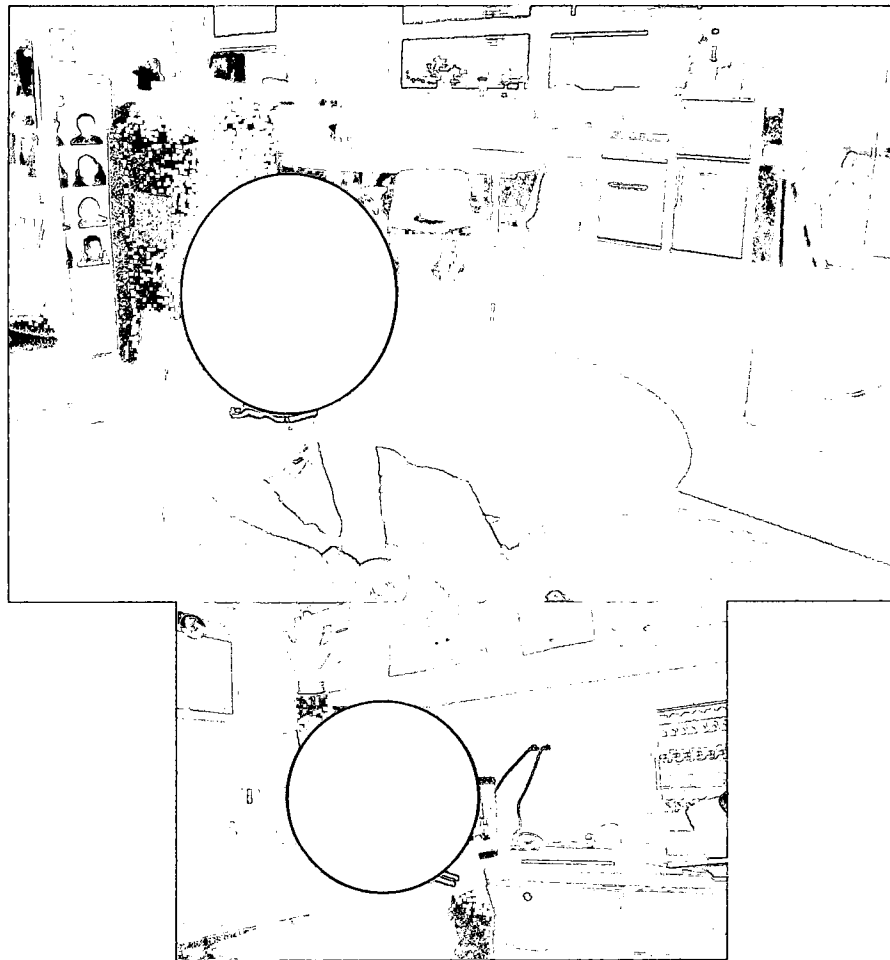
They are sad because they cannot be heard if Taylor is talking or making noises. In other words, Taylor is interrupting Miss J or the other students.



Miss J will give Taylor a turn to talk.  
If Taylor wants to talk when Miss J  
or another student is talking, he  
should raise his hand and wait for  
Miss J to say it is his turn.



When Taylor raises his hand, then Miss J knows that Taylor would like to say something. When Miss J is ready for it to be Taylor's turn, she will say, "Taylor, it is now your turn."

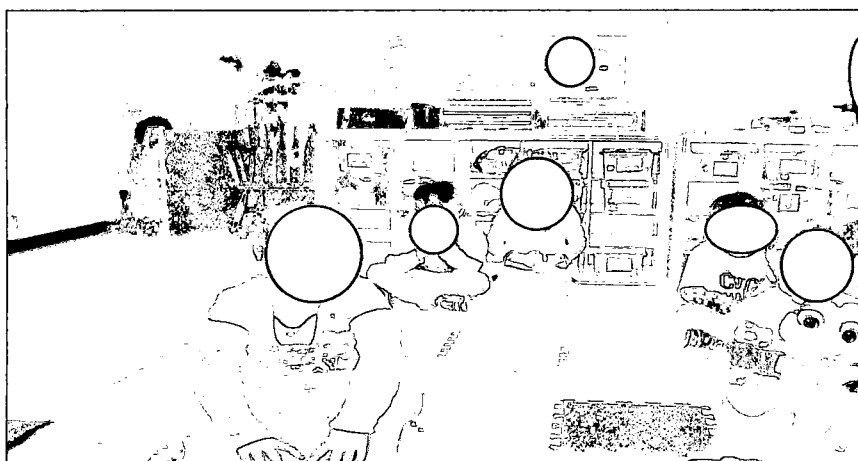


When Taylor is sitting on the mat during circle time and he knows that he wants to talk, he will think about what he should do to tell Miss J that he wants to talk.

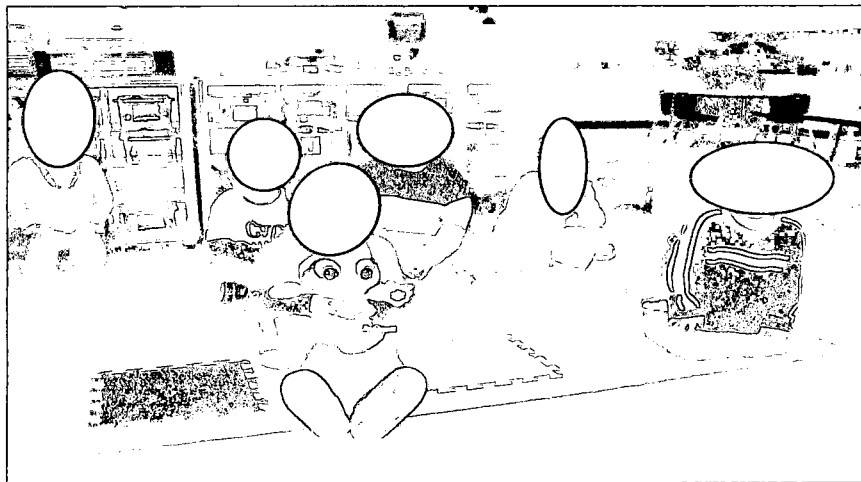


Taylor, Miss J, and the other students will all be so happy when Taylor does not interrupt during circle time. Miss J will tell Taylor "Thank you for waiting for your turn to talk!"

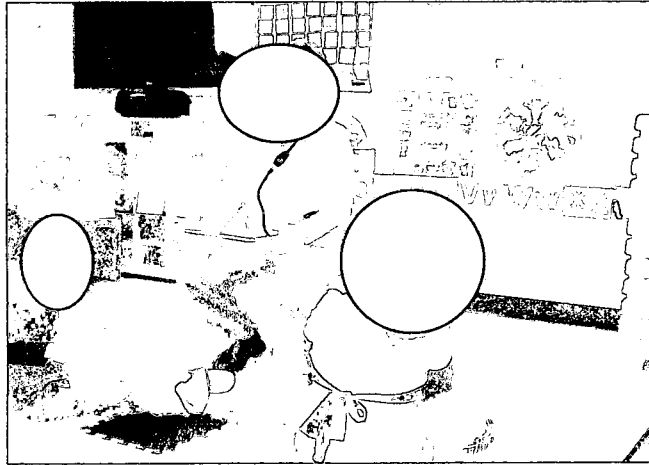




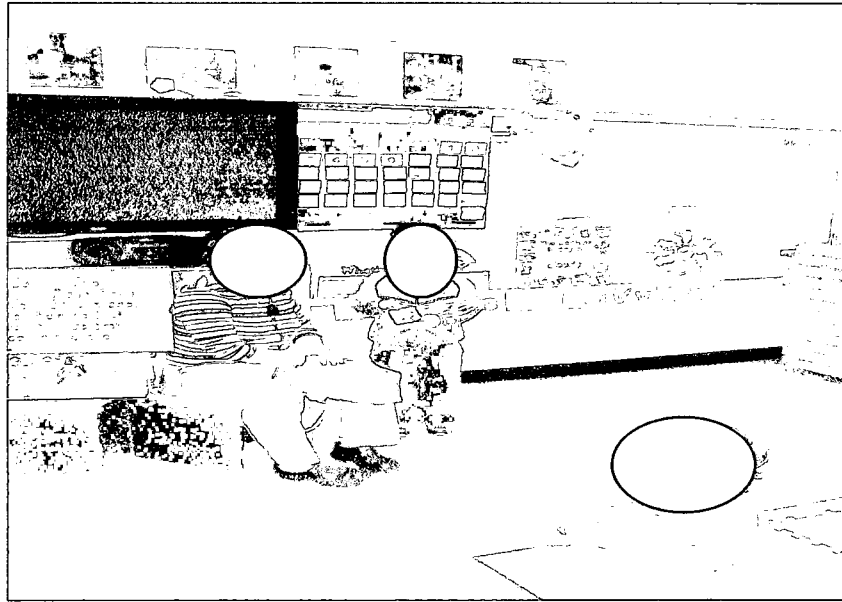
**Sarah**



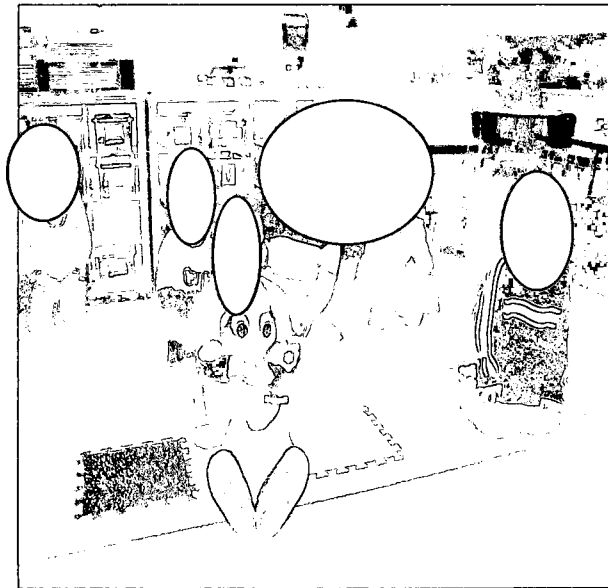
At school, Mrs. C asks everyone to sit on the mat for circle time.



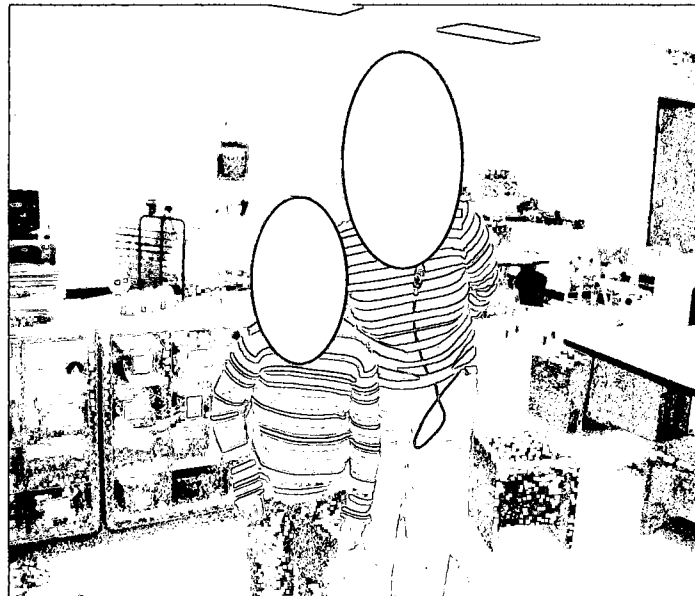
During circle time, the students listen to stories, sing, and count. They need to do these activities because it helps them learn new things.



During circle time, Mrs. C wants all the children to be able to hear her talk. She also wants the boys and girls to be heard when it is their turn to talk.



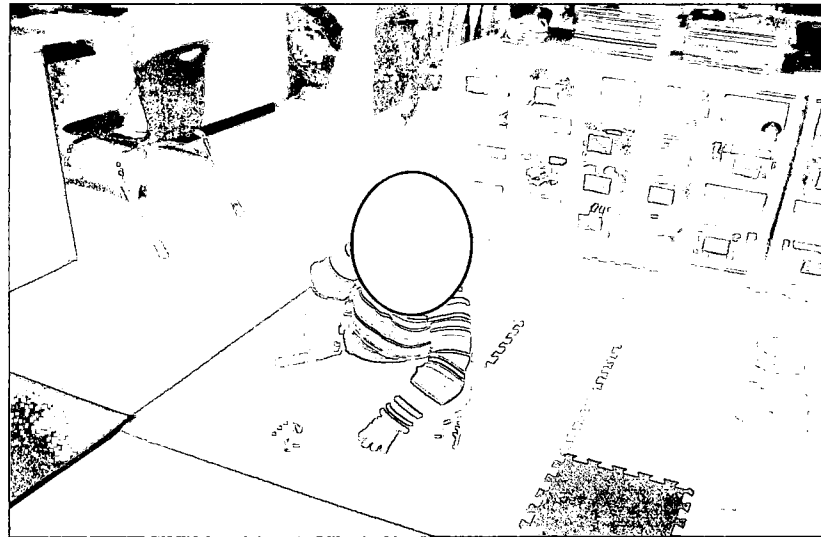
So that everyone can hear each other, the children need to be quiet until it is their turn to talk. When you talk or make noises while other people are talking it is called interrupting.



Mrs. C does not want Sarah to interrupt circle time. When Sarah talks when it is not her turn, the other students and Mrs. C are sad.

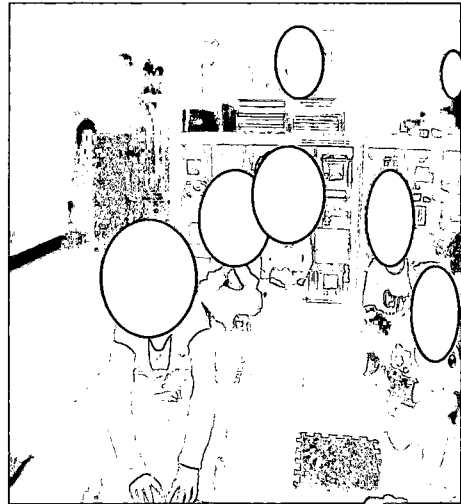
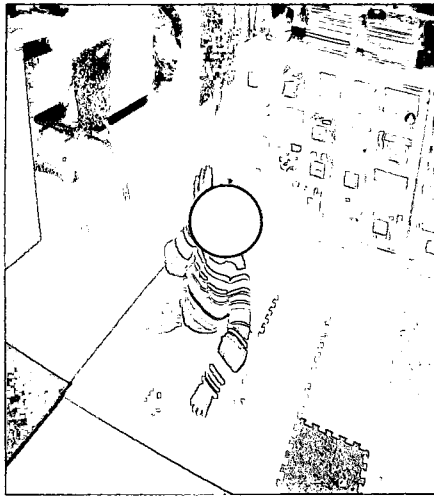


They are sad because they cannot be heard if Sarah is talking or making noises. In other words, Sarah is interrupting Mrs. C or the other students.

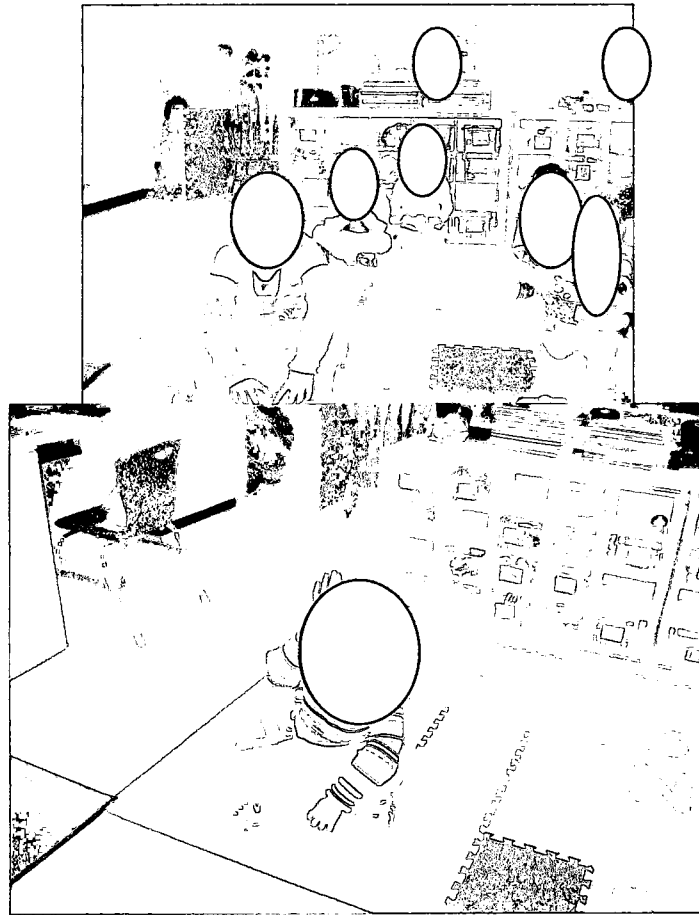


Mrs. C will give Sarah a turn to talk.  
If Sarah wants to talk when Mrs. C or  
another student is talking, she should  
raise her hand and wait for Mrs. C to  
say it is her turn.

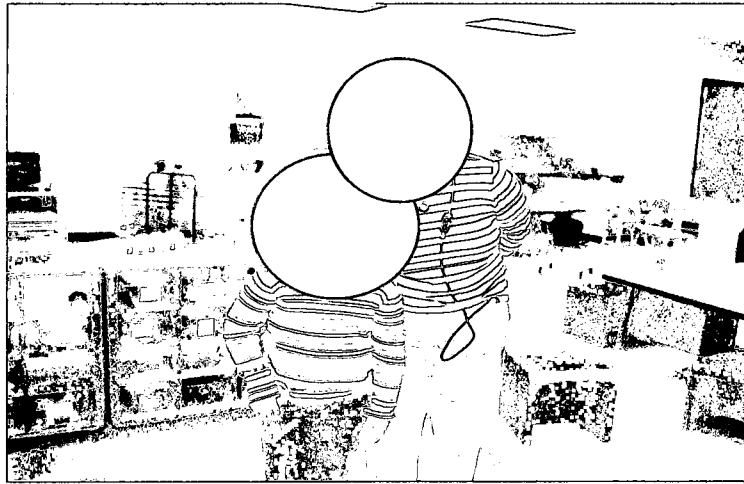




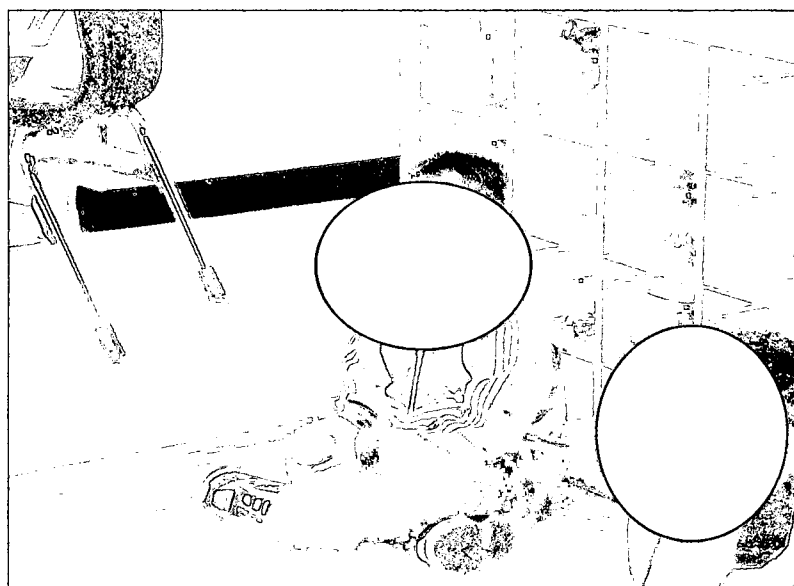
When Sarah raises her hand, then Mrs. C knows that Sarah would like to say something. When Mrs. C is ready for it to be Sarah's turn, she will say, "Sarah, it is now your turn."



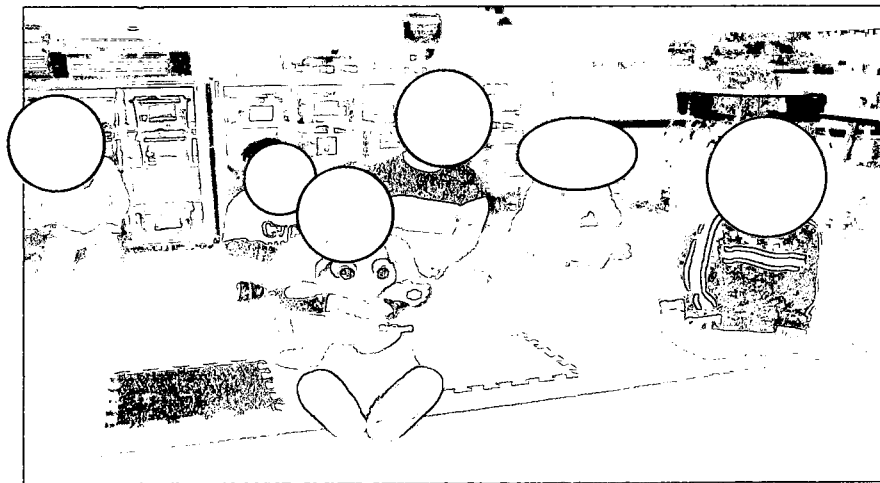
When Sarah is sitting on the mat during circle time and she knows that she wants to talk, she will think about what she should do to tell Mrs. C that she wants to talk.



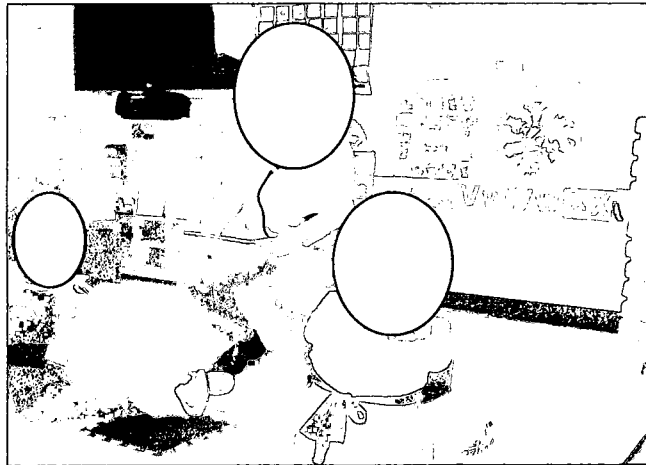
Sarah, Mrs. C, and the other students will all be so happy when Sarah does not interrupt during circle time. Mrs. C will tell Sarah "Thank you for waiting for your turn to talk!"



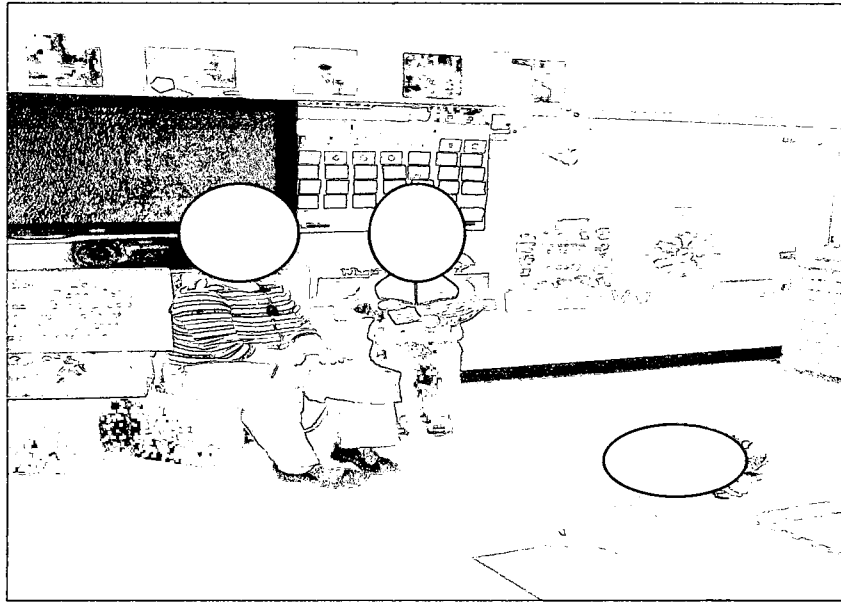
Henry



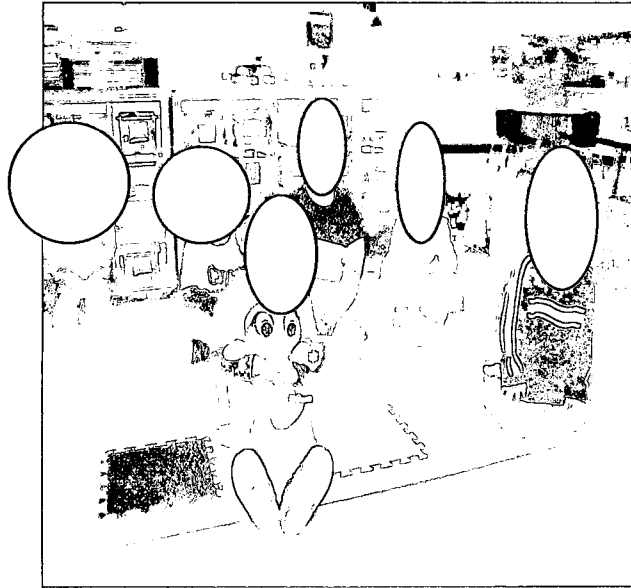
At school, Mrs. C asks everyone to sit on the mat for circle time.



During circle time, the students listen to stories, sing, and count. They need to do these activities because it helps them learn new things.

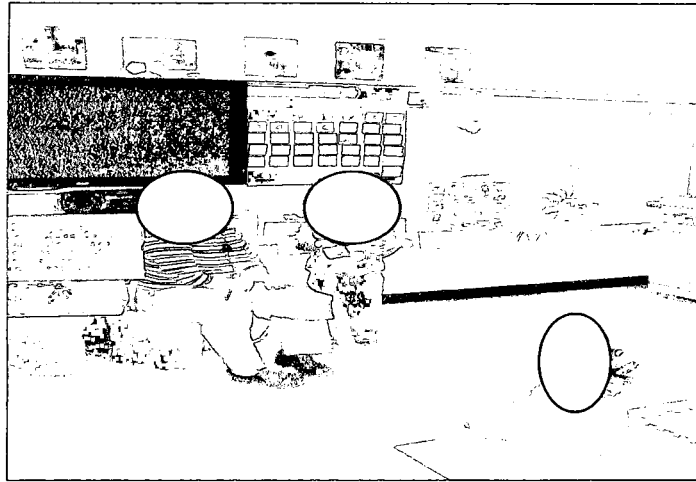


During circle time, Mrs. C wants all the children to be able to hear her talk. She also wants the boys and girls to be heard when it is their turn to talk.

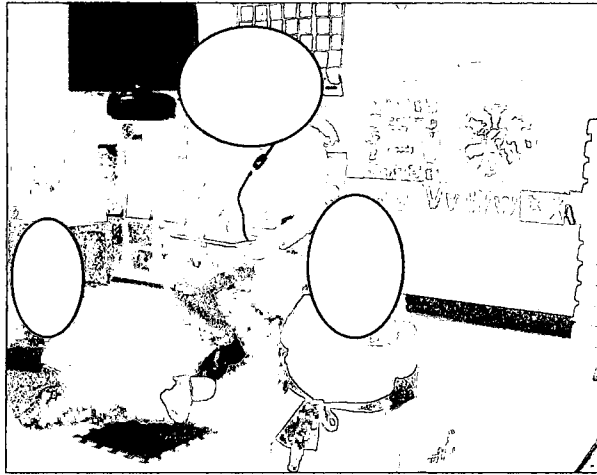


So that everyone can hear each other, the children need to be quiet until it is their turn to talk. When you talk or make noises while other people are talking it is called interrupting.

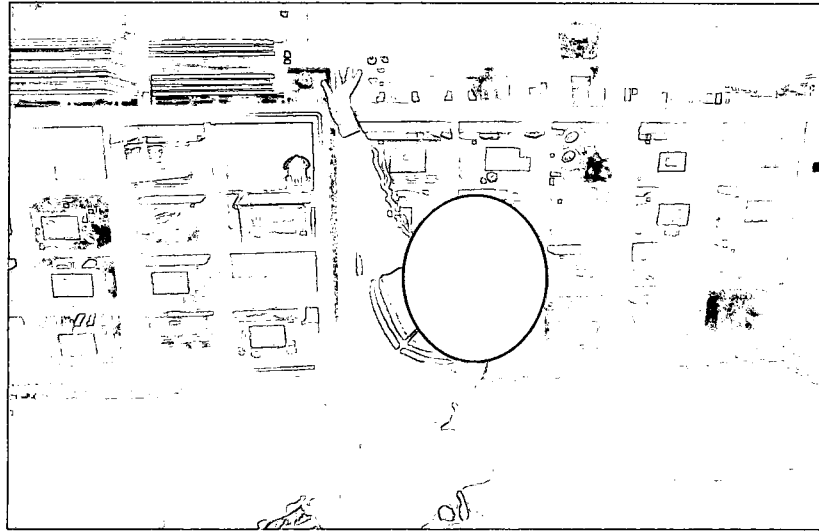




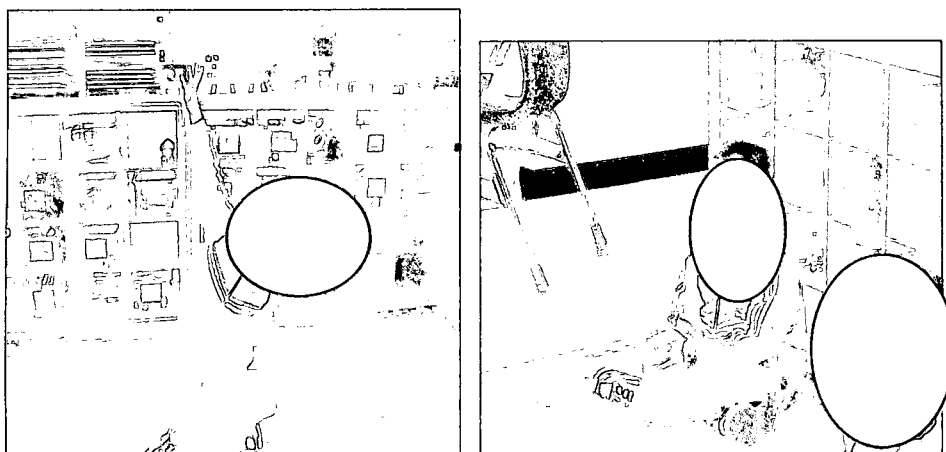
Mrs. C does not want Henry to interrupt circle time. When Henry talks when it is not his turn, the other students and Mrs. C are sad.



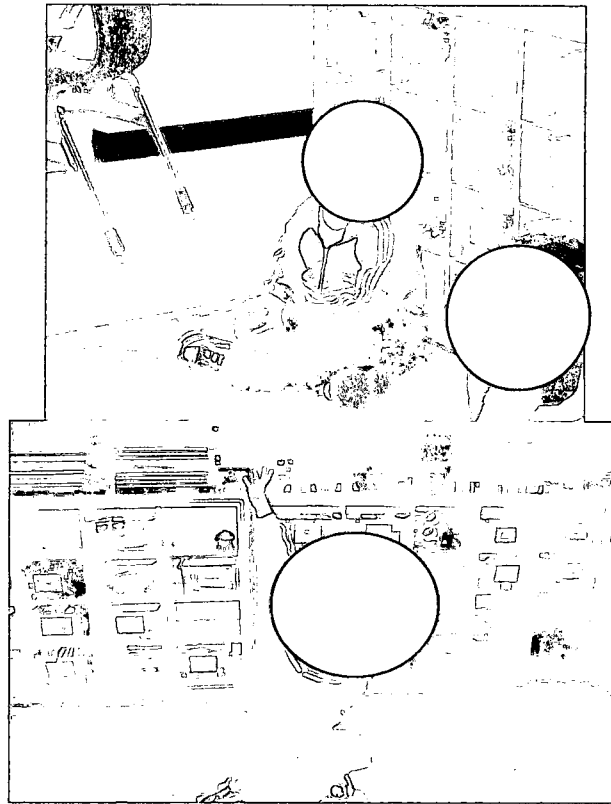
They are sad because they cannot be heard if Henry is talking or making noises. In other words, Henry is interrupting Mrs. C or the other students.



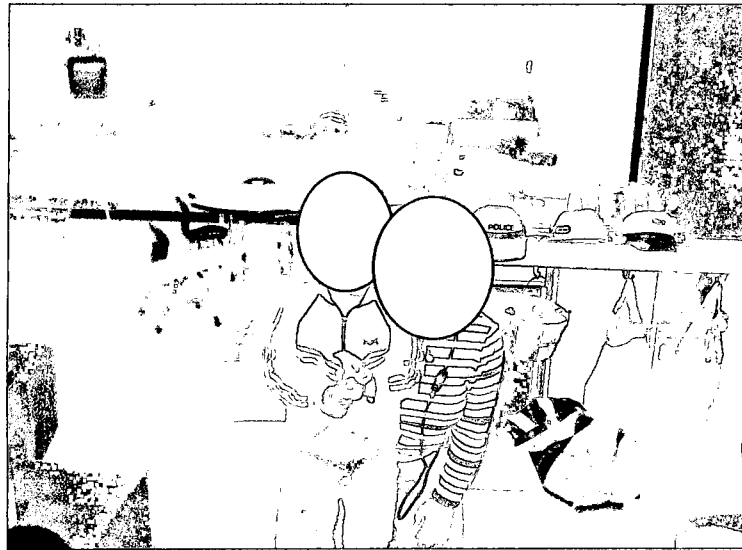
Mrs. C will give Henry a turn to talk.  
If Henry wants to talk when Mrs. C or  
another student is talking, he should  
raise his hand and wait for Mrs. C to  
say it is his turn.



When Henry raises his hand, then Mrs. C knows that Henry would like to say something. When Mrs. C is ready for it to be Henry's turn, she will say, "Henry, it is now your turn."



When Henry is sitting on the mat during circle time and he knows that he wants to talk, he will think about what he should do to tell Mrs. C that he wants to talk.



Henry, Mrs. C, and the other students will all be so happy when Henry does not interrupt during circle time. Mrs. C will tell Henry "Thank you for waiting for your turn to talk!"

## APPENDIX F

### Social Story Checklist Guidelines set forth by Gray and Garland (1993).

Participant: \_\_\_\_\_

**Place a checkmark if the social story includes the following types of sentences:**

\_\_\_ Descriptive sentences that provide information about a specific social setting or situation and describe what happens and why it happens.

\_\_\_ Directive sentences, providing information about what a person should do to be successful in a certain situation.

\_\_\_ Perspective sentences that describe the internal states of other people (thoughts, feelings, moods).

\_\_\_ Affirmative sentences that enhance meaning of surrounding statements and express commonly shared opinion.

\_\_\_ Control sentences that are written by the individual and identify strategies that the person can use to recall the social story at an appropriate time and place.

\_\_\_ Cooperative sentences identifying what other people will do to support the focus individual as he/she learns the new skill or behavior (p.219).

**Place a checkmark if the social meets the following guidelines:**

\_\_\_ Story is written in child's vocabulary.

\_\_\_ Story is within the child's ability to comprehend (age appropriate).

## APPENDIX G

### Treatment Integrity Checklist

Directions: Classroom teacher and/or classroom paraprofessional is to complete check sheet daily. Placing a check mark on the line means that the task was completed. A blank indicates that the statement did not occur. Thank you!

Today's Date: \_\_\_\_\_

Morning:

\_\_\_\_\_ Social story read to student one-to-one.

\_\_\_\_\_ Social story read to student by classroom teacher and/or classroom paraprofessional.

\_\_\_\_\_ Social story read to student in morning during school day.

Afternoon:

\_\_\_\_\_ Social story read to student one-to-one.

\_\_\_\_\_ Social story read to student by classroom teacher and/or classroom paraprofessional.

\_\_\_\_\_ Social story read to student in afternoon during school day.



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