Development of the social competence of Deaf learners/clients and facilitators in a learning, working and living environment.

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1. Introduction

The presentation will report on the implementation of the Social Competence Model (SoCoMo) over the past five years at the National Institute for the Deaf and the De la Bat School showing how this has contributed to social competence of Deaf learners, clients and facilitators (Deaf and hearing).

The model was particularised in the Netherlands to be practiced in educational, social treatment and development settings for Deaf learners, youth and adults. Since 2003 it has been particularised for practice in settings at the National Institute for the Deaf and the De la Bat School for Deaf learners in Worcester, South Africa.

2. Definitions

The Social Competence Model is a **coaching and development programme** founded in developmental psychology, the five learning theories and behavioural psychology. It is aimed at (i) the reinforcement of competent behaviour and reduction of incompetent behaviour, (ii) acquiring skills in order to gain and maintain balance between skills (social and personal) and tasks (developmental and communal), (iii) building a personal support network to cope with life events and social and disability-related stress, and maintain a sense of well-being, (iv) strengthening resilience.

In SoCoMo, **social competency** can be defined as the (i) balance between a person's tasks/responsibilities in life (associated with their developmental stage, life events, stress factors, own limitations, social, work and family life) and skills/knowledge, (ii) resilience to cope positively and effectively with life's pressures and disappointments, (iii) continuous expansion of socially competent behaviour and reduction of socially incompetent behaviour.

Socially competent behaviour can be defined as a person's capacity and ability to effectively interact socially with his/her physical and social environment while simultaneously attaining relevant social goals and maintaining positive relationships with others over time and across various social contexts using appropriate means resulting in positive developmental outcomes (White, 1959; McFall, 1982; Ford, 1982; Ruben & Rose-Krasnor, 1992). Socially incompetent behaviour in a situation is seen as a skill not yet attained.

3. The character and main purpose of the Social Competency Model

SoCoMo is practiced in real life social situations in the immediate relevant settings (school, college, care centre, workplace) in a reciprocal manner where the policy is "what is good for the client is good for the practitioner (facilitator)". To be a SoCoMo facilitator (be it a teacher, lecturer, care worker, house parent, manager or head of

department) thus means to be both a practitioner and a recipient of SoCoMo practice. It requires from the facilitator a willingness to be a client of the client and fellow facilitators, which includes reinforcement of competent behaviour and negation of incompetent behaviour. The reciprocal nature of SoCoMo helps to create and maintain a positive learning, living and working climate in the setting where it is practiced.

The main purpose of SoCoMo is to increase socially competent behaviour and reduce socially incompetent behaviour in a way that is meaningful to all participants (teacher, lecturer, care worker, house parent, manager, head of department, learners, students or adult residents in care and development settings). It includes the acquisition of a balanced lifestyle characterised by competent social behaviour and relationships. However, it is acknowledged that some so-called behavioural and relationship problems may have medical and psychological origins that will need appropriate professional treatment. SoCoMo facilitators are trained to refer clients immediately should they suspect such complications.

SoCoMo is not practiced by an individual in isolation. It is practiced only after it has been approved by the governing board of the organisation concerned, the staff have been trained to practice the model, and the clients have received information and clarification on what is to be expected and how they can use the tools of the model towards own competency and emotional autonomy.

4. Paradigm shift needed to practice SoCoMo

Facilitators (teachers, trainers, multi-disciplinary team members, house parents, caregivers and clients) made paradigm shifts, which were expressed in their attitude and behaviour towards so-called “problem” behaviour and “difficult” learners/ students/residents. Such situations were now viewed as representing skills not yet acquired.

Facilitators gain new insight and techniques to work in partnership with the clients, creating a positive climate conducive to the acquisition of social skills, coping behaviour and knowledge by the clients.

Over-involvement and criticism by facilitators were replaced by a positive regard of and respectful relationship with clients, thereby facilitating competent life adjustments meaningful to the client.

Positive changes in behaviour and development occurred in all domains of life in clients as well as in facilitators.

The client became central and motivated towards socially acceptable behaviour and attitudes.

A uniform terminology and method of work were brought about within the setting (class room, training environment, residential setting, therapeutic community), which reduced communication barriers and inconsistency in applying codes of conduct, attitudes of and techniques used by facilitators.

5. Methodological concepts and techniques of SoCoMo

The theoretical and scientific basis of SoCoMo is that of developmental psychology, the five learning theories (classic, operant, social, cognitive and self-determining) and behavioural psychology. The methodological concepts, tools and techniques of SoCoMo as it is used at the National Institute for the Deaf and the De la Bat School can be summarised as follows:

The scale ( ) is used as a working model to understand, support and guide clients towards increasing social competence and reducing social incompetence. Secondly, it develops the client's self-awareness and self-management as well as his/her social awareness and relationship management. Thirdly, the client learns to assess when his/her scale is out of balance and is able to express own discomfort and feelings of frustration, feelings of 'not able to' or feeling out of control.
When the scale is in balance ( ) the subject feels competent (a feeling/mindset of "I can") when the scale is out of balance ( ) the subject feels incompetent (a feeling/mindset of "I cannot") or may feel bored and under-challenged ( ).

The daily routine structures the daily programme of clients and facilitators. It is an effective instrument for identifying incompetencies in the behaviour and performance of tasks and responsibilities in daily living activities, and for restoring order after a crisis.

The dial of ten ( ) – the domains of development - helps the facilitator and the client to identify strong areas as well as learning areas and to work according to a personal development profile to further enrich strong areas and develop the learning areas. It helps to look holistically at a client's profile rather than focusing on what is wrong.

The signal plan ( ) is an instrument that combines observation and intervention techniques. The aim is to prevent escalation of tension and to lower tension levels to a point where meaningful communication, learning and self-management become possible.

Intervention techniques include the following:

Observation and observation through a second person of the situation (S), the response or behaviour (R) and the consequences (C) form the foundation of all intervention. Observation has, as such, to be accurate and describable in neutral observable terms, free of interpretations, perceptions, assumptions and labeling.

The **functionary profile** describes a person's (client or facilitator) tasks and responsibilities in all domains of life as well as his/her life events, stressors, personal support network, resilient abilities and permanent incapacities that may affect functionality. The information sources are the subject (client or facilitator), his/her daily routine, scale, dial of ten and signal plan.

The **development profile** describes current knowledge and skills, and the lack thereof, relevant to the tasks, responsibilities and other demands of life of a person (client or facilitator). The aim is to agree on a plan for learning new skills and behaviour and making adjustments that will increase competencies and maintain optimal balance and autonomy. The information sources are the subject (client or

facilitator), his/her daily routine, scale, dial of ten, signal plan and functionary profile. After consensus on the development profile it is signed by the relevant parties and then implemented.

Positive feedback as technique strengthens competent behaviour by naming the behaviour clearly and giving a reason why it is seen as competent (which may include a short indication of its positive ripple effect). This technique contributes towards a positive learning, living and work climate.

Negative feedback as technique reduces incompetent/undesirable behaviour by naming the behaviour clearly, giving a reason why it is seen as incompetent/undesirable behaviour (which may include a short indication of its negative ripple effect) and naming a possible alternative competent behaviour with an indication of its positive ripple effect.

The main aim of the **"Why"** technique, which gives a short, to the point reason for a certain behaviour or decision, is to positively strengthen intervention cognitively.

Behaviour instruction is short, assertive, neutral instruction to perform a specific behaviour which is appropriate for the situation.

A **learning demonstration/exercise** is a short and clear demonstration of a competent/desirable behaviour for a specific situation.

The **two columns conversation/interview** (negotiation or choice-making) is a tool to negotiate agreement and consensus while respecting the views and needs of the parties involved – it provides opportunity to look at options and takes new facts and information into consideration. It is also used to list all possible choices and argue the pros and cons before coming to a decision. It stimulates and develops cognitive processes in problem-solving.

The **disturbing/helping thoughts** technique equips a person to manage disturbing thoughts positively and competently and to regain inner balance. The aim is for persons (clients as well as facilitators) to learn skills and techniques to deal realistically with destructive thoughts and inner uncertainties, and to look for positive facts and options in order to bounce back.

The technique of **task relief** is aimed at restoring balance in the presence of an overload of tasks and a lack of resources to cope with it. Priority is given to lessening the tasks of the person in order to assist him/her with reduction of stress, preventing further buildup of tension and regaining balance.

Negate is used when two or more incompetent behaviours occur simultaneously and a choice has to be made as to which incompetent behaviour should be addressed. It is also used as technique to discourage incompetent/undesirable behaviour. Negating is not to be confused with ignoring. Negation most of the time implies that action is postponed until a more opportune time for all parties involved. As such, whereas ignoring may have an element of rejection, negation has an element of task relief for client and/or facilitator.

The **"Stop" technique's** aim is to intervene in a neutral and assertive manner when the person's (client or facilitator) behaviour holds an immediate threat of damage to his own and other people's health, safety, dignity and/or property. A stop-place is agreed where the person can calm down. A stop procedure is agreed with the person. After the "stop" a person is allowed to return to the group and proceed with activities. Any refreshments he/she missed during the stop period are given to

him/her. The stop procedure is not to be seen or experienced as punishment. The person must experience the stop as necessary and meaningful to regain his/her composure.

6. Outcomes in various settings - Summary

Structured interviews were used to gather information on the impact of SoCoMo and to evaluate the outcomes in the population at the National Institute for the Deaf and the De la Bat School.

Impact on facilitators (teachers, lecturers, social workers, psychologist, medical staff, house parents, care workers, instructors) were:

A paradigm shift took place in facilitators regarding “problem” behaviour, “difficult” clients and the real meaning of a developmental and person-centered approach. For example, instead of judging that a person is always rude, the approach is that he/she is not yet respectful. This new way of looking at people, which recognises their good qualities and potential to change and grow towards social competence, resulted in a positive and optimistic view. Outdated assumptions and prejudices made way for the belief that behaviour is learned and can therefore be unlearned. Labeling and stigmatising were replaced by unconditional positive regard as the guiding value. Behaviour was interpreted in the context of a particular situation and developmental stage, which resulted in empathy-based action and treatment.

Accurate, neutral observation and ‘observation through a second person’ were appreciated as techniques essential for appropriate action and treatment, and utilised with new insight and effectiveness. The emphasis on describing your observations in observable terms and with the W-questions in mind, helped to prevent mixing observations with interpretations and perceptions. This contributed to more accurate reporting of incidents.

Newly acquired knowledge and skills accompanied by a paradigm shift resulted in moving away from punishment to a negotiating, mentoring and coaching approach.

SoCoMo equipped the facilitators with tools and instruments to work in partnership with clients in order to grow in all domains of life and to increase their competencies, self-awareness and self-management. At the same time facilitators experienced growth and development in themselves – what SoCoMo did for the clients, it has also done for the facilitators.

Transparency, honesty, patience, respect, openness and accessibility are basic values of SoCoMo and it challenges facilitators to earn leadership in the group, to be a role model and to have well-developed negotiating skills to serve healthy self-development and self-management.

Impact on clients (learners, students, adult residents in care and development settings) were:

Clients **expressed appreciation** of being treated with respect, honesty and fairness according to the agreed codes and values.

The **tools and instruments are useful** in their daily lives and help them to express

their uncertainties, inabilities, emotions, frustrations, thoughts and feelings about themselves and their relationships and to manage them.

Clients display growth in **emotional and cognitive autonomy** in the way they deal with relationships and peer pressure.

Clients showed improved **negotiating, reasoning and problem-solving skills**. Facilitators experienced **improvement in behaviour and openness** with the clients.

Daily routine as technique proved to be a powerful tool for building social competence in clients. They showed growing independence and autonomy in daily activities in all domains of life.

Understanding of own scale gives clients a visual tool to gain understanding in their feelings of inadequacy and failure. It motivates them to ask for help, take action themselves regarding task relief and gain skills with the assistance of peers or facilitators.

Peer group pressure was dealt with more effectively using techniques such as negative feedback, negation, negotiation and choice/decision-making using pencil and paper techniques.

W-questions are asked more often by clients in order to clarify situations, information and decisions that concern them.

Self-determining and autonomy became more evident in social interaction, problem-solving and decision-making.

Cognitive techniques helped clients do self-management of thoughts and emotions in situations of excitement as well as disappointment.

A strong point is the **growing familiarity with SoCoMo's terminology**, which became a common "language" and "culture". It contributes to improved self-awareness and social awareness. At the same time it helps clients to get a grip on their own lives and interaction with other people in the SoCoMo environment. It creates cohesion, ownership and empathy, and helps to establish a positive learning, living and work climate.

Challenges:
The following challenges were experienced:

Time schedules and the daily programme do not allow enough **time for training and practice guidance** in SoCoMo.

Some staff **not accepting the model** and at the same time being not yet able to deal with challenging behaviour in a competent way.

Some staff **not yet understanding the scientific foundation** and not yet using the model correctly.

Some staff who not yet believe that **punishment** should not have a place.

Some staff who still are of the opinion that clients who maintain challenging behaviour should be **suspended**.

Some staff who still believe that practicing SoCoMo is **too much effort, time-consuming**, and that there are much more effective and less time-consuming alternatives.

7. Recommendations

Settings that wish to implement the model should keep the following in mind:

The management should **accept the model** as common practice in their setting, have a **clear understanding of it and be committed** to set aside enough time for facilitators to be trained thoroughly and to have follow-up training and practice guidance.

All staff (facilitators) at the setting should be **introduced to the model and agree to the model and accept it** as common practice in their setting.

Staff of the setting **to be trained as trainers and practice guides** for facilitators should be identified. These trainers and practice guides should themselves work with this model on a daily basis.

In settings such as schools, colleges and their residential settings, care and development centres, **clients should be introduced to the model and agree** to accept it as common practice in their setting.

8. Conclusion

At different settings in the Netherlands, the National Institute for the Deaf and the De la Bat School for Deaf learners in South Africa, SoCoMo has proved to be effective in creating an environment and climate where clients and facilitators can develop their social competencies in all domains of life. This contributed to effective pursuance of happiness and well-being for themselves, their significant others and their social circles.

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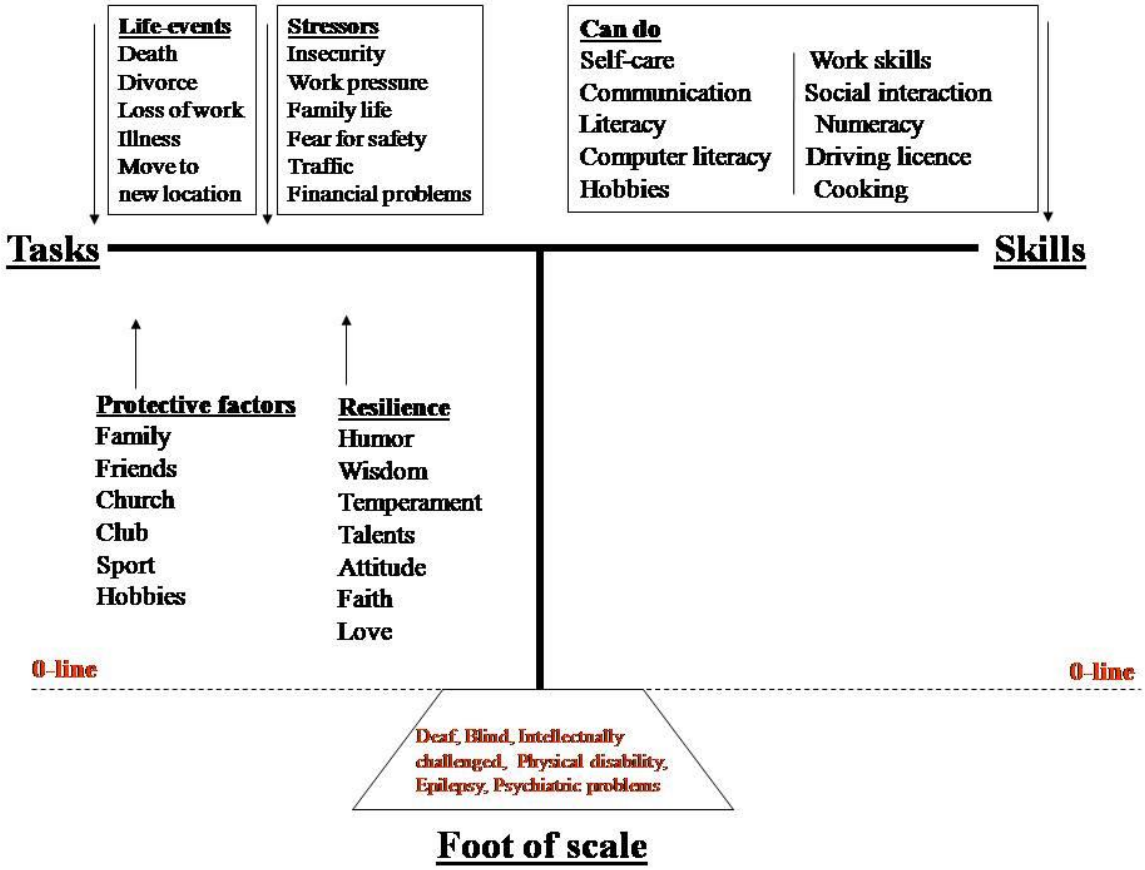
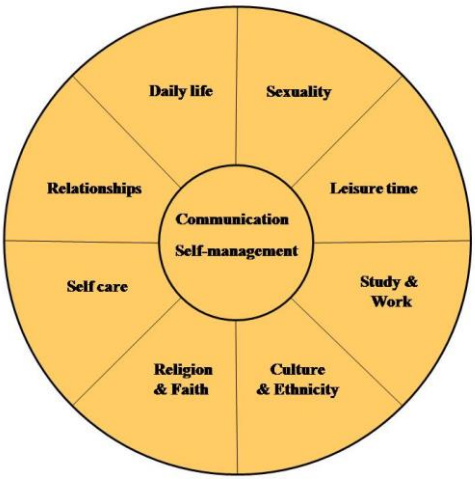
Addendum 1

SoCoMo - Scale



Addendum 2

SoCoMo – Dial of Ten Domains of Development



Addendum 3

SOCIAL COMPETENCE MODEL
DAILY ROUTINE SHEET
(guideline)

Name of client: …..... Setting: ….....

Name of facilitator: …..... Date: ….....

Workday routine / Leisure day routine: ….....

Time	Description of Activities	Description of strong points	Description of learning points
06:00	1. ….....		
	2. ….....		
08:00	3. ….....		
	4. ….....		
	5. ….....		
10:00	6. ….....		
	7. ….....		
10:15	8. ….....		
	9. ….....		
	10. ….....		
13:00	11. ….....		
	12. ….....		
14:00	13. ….....		
	14. ….....		
	15. ….....		
15:00	16. ….....		
	17. ….....		
	18. ….....		
15:30	19. ….....		
	20. ….....		
	21. ….....		
15:45	22. ….....		
	23. ….....		
17:00	24. ….....		
	25. ….....		
18:00	26. ….....		
	27. ….....		
22:00	28. ….....		
	29. ….....		
	30. ….....		

Addendum 4

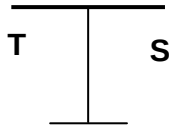
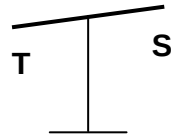
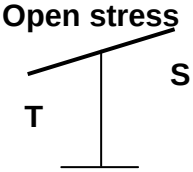
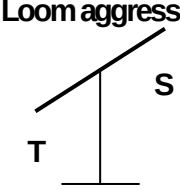
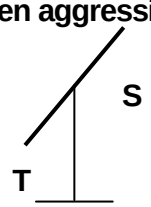
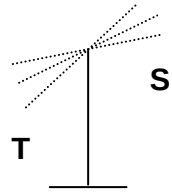
SOCIAL COMPETENCE MODEL
SIGNAL PLAN

Note: Accurate observation + objective neutral interpretation. The team helps. Regular evaluation

Name of client: .....

Name of facilitator: .....

Date: .....

	What behaviour is observed?	Way of approach
Phase 1: Relaxed 		What can I expect of the client? Communication: Approach:
Phase 2: Light stress 		What can I expect of the client? Communication: Approach:
Phase 3: Open stress 		What can I expect of the client? Communication: Approach:
Phase 4: Loom aggression 		What can I expect of the client? Communication: Approach:
Phase 5: Open aggression 		What can I expect of the client? Communication: Approach:
AFTER PHASE: 		What can I expect of the client? Communication: Approach: