Fostering Friendships Between Children with Autism Spectrum Disorders and Typically Developing Peers

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Overview

- Introduction
- Overview of autism and ASD
- Overview of friendships and why they are important
- Interventions to help foster friendships between children with ASD and their typically developing peer
- Resources (parents & professionals)
Autism: A complex diagnosis

• There is no blood test or other biological marker for autism

• The diagnosis is made by professionals' observations and parental report.
What is Autism?

- Autism is a complex neurodevelopmental disability that causes problems with social interaction, communication and behaviors.

- Symptoms usually start before the age of 3 and can cause delays in many different skills that develop from infancy to adulthood.
What is an Autism Spectrum Disorder (ASD)?

- Different people with autism can have very different symptoms.
- Autism is thought of as a “spectrum” disorder or a group of disorders with similar features.
- One person may have mild symptoms, while another may have severe symptoms, but they BOTH have an ASD.
What Does the ASD Category Include:

• Autism (also called “classic” autism)

• Aspergers disorder

• Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS or atypical autism)
The Three Diagnosis on The Spectrum are:

ASD

Autism

Aspergers Disorder

PDD-NOS
What are the Symptoms of ASD?

• Deficits in communication – both verbal and non-verbal, ex: pointing, eye contact and smiling

• Deficits in social skills – sharing emotions, understanding how others think and feel and hold a conversation

• Repetitive behaviors (sterotyped behaviors) or Routines – repeating words or actions, obsessively following routines or schedules and playing in repetitive ways
Symptoms of ASD

- Social Impairment
- Repetitive behaviors or interests
- Communication Impairment
What Falls Under the ASD Umbrella:

**PDD–NOS**
- Impaired social interaction
  - or
  - Impaired communication
  - or
  - Restricted repetitive and stereotyped patterns or behaviors, interests and activities

**AUTISTIC DISORDER**
- Impaired social interaction
  - and
  - Impaired communication
  - and
  - Restricted repetitive and stereotyped patterns or behaviors, interests and activities

**ASPERGER’S DISORDER**
- Impaired social interaction
  - and
  - Normal communication/language development
  - and
  - Restricted repetitive and stereotyped patterns or behaviors, interests and activities
Friendships
Why are Friendships Important?

- Promotes confidence
- Gives a sense of identity
- Teaches loyalty
- Stability
- Boosts happiness
- Reduces stress
- Recreation / excitement

YAI Network
What are the Components Involved in a Successful Social Relationship:

- Imitation
- Learning give and take
- Perspective taking
- Opportunities for interactions over time
- ‘Personal History’
- Verbal and nonverbal communication
- Understanding non literal language and sarcasm
- Problem solve simple conflicts with peers
Why Do Children with ASD Have Difficulty Making Friends?

- Lack of joint attention-independent sharing of enjoyment with others
- Inability to predict social outcomes from cues in the environment and from others around them
- Prefers to be with themselves than others
- Cognitive impairment
- Have difficulty understanding peers’ feelings and thoughts (ToM)
- Difficulty making eye contact
- Inability to read other’s facial expressions, gestures and body language
- Play lacks imagination and is repetitive and scripted in nature
Other Factors that Can Impede Forming Friendships for Children with ASD:

- Anxiety
- Social isolation
  - Poor peer interactions
  - Rejection from peers
  - Depression

* As a result of these factors, children with ASD struggle to develop and maintain friendships *
Keep in Mind
Within Autism....

- Individuals with ASD often miss out on the incidental learning opportunities for these social skills
- Adolescents *continue to maintain* decreased levels of motivation and interest in others
- Difficulty interpreting subtle social cues
- Interactions and social rules constantly change
- Varied learning styles
Communication Skills

• conversation abilities
• perspective taking
• language flexibility
• voice tone
• volume
• difficulty with irony, sarcasm
• very literal, i.e., “I have to run and catch a bus.”
Nonverbal Skills

- Proxemics – awareness of your body in space
- gestures
- body language
- facial cues
Social/Interpersonal Skills

• interaction styles
• social appropriateness
• flexibility
Individuals with ASD Have Restricted Interests & Repetitive Behaviors

- Odd or repetitive whole body movements
- Odd or repetitive hand mannerisms
- Perseverative topics of interest
- Repetitive speech
- Delayed echolalia
What is a Basic Aim When Integrating Peers?

By allowing enjoyment, practice and coaching:

Helping an individual move from *no* meaningful social interaction to *some* meaningful social interaction.
Interventions to Help Children with ASD Foster Friendships with Their Typically Developing Peer

- Social Skills Groups
- Scripts
- Push-In Services
- Peer Group Entry
- Buddy Time
- Games
- Incidental Teaching
- Peer Support Network
- Video Modeling
- Circle of Friends
Social Skills Groups

Can use commercial curricula, such as
- Navigating the Social World (McAfee, 2002)
- Skillstreaming the Adolescent (Goldstein & McGinnis, 2000)

Provide consistent group structure
- Check-in, greet
- Review last meeting’s skill
- Introduce new skill
- Model and role play new skill
- Snack, social time
- Activity that allows real-life practice of new skill
- Summary

Most effective when
- Targeting social-cognitive skills
- Done in school settings
Effective Techniques: Social Skills Training
(Timler et al., 2007)

- Teacher Redirects
- Prompting children to play with one another
- Rephrasing or restating one child’s statement for another
- Praising children for playing together
- Direct instruction in social language
- Modeling and practice with explicit cues
- Role play with prompting
- Corrective feedback
- Authentic contexts (peer involvement)
- Self-monitoring for older students
META-ANALYSIS OF SOCIAL SKILLS INTERVENTIONS

(Bellini, Peters, Benner & Hopf, 2007)

Most effective when:

Deficits of child are systematically matched to intervention strategy

• Ex.: If child lacks skills to enter peer group, teach those; if child can enter but cannot participate and maintain participation, teach those skills

Done in classroom settings

o As opposed to settings contrived for the purpose
Scripts

• Provide pre-taught language for specific situations
• They include conversation starters, responses and ideas to connect conversations or change the topic
• Social scripts may help reduce the stress associated with social interactions
• Also, they can assist the student with understanding the perspective of others
Example of a Social Script

• Provide explicit written script of interaction:
  – Walk up to a classmate
  – Make eye contact
  – Say “Hi ---------”

• Practice script with clinician
• Practice with a peer
• **Script Fading**: Cut off increasingly large parts of script, until the student can do the scene independently
Scripting with Peer Training
(McClannahan & Krantz, 2005)

Peers taught 5 facilitative skills w/o target child present:

1. Look, wait, and listen
2. Answer questions
3. Start talking
4. Say something nice
5. Keep talking

Target children given written scripts for social interaction
(“Can I play checkers with you?”)
Push-in services with Peers

Services given in a group or classroom context can include:

- Teacher or related service professional (SLP) redirects behavior
- Prompting children to play with one another
- Rephrasing or restating one child’s statement for another
- Praising children for playing together
- Direct instruction in social language
- Modeling and practice with explicit cues
- Role play with prompting in groups
- Corrective feedback during interactions
- Authentic contexts such as recess, gym, lunch (peer involvement is already there)
- Self-monitoring for older students
Peer Group Entry
(Beilinson & Olswang, 2003)

- Lead Child is assigned a role to establish group membership
- Child is prompted to initiate interactions
- Child is given highly valued objects, game, or ‘prop’
- Target child is taught five-step sequence for entering group, using Visual Schedule
Peer Group Entry

1. Walk over to your friend.

2. Watch your friend.

3. Get a toy like your friend is using.

4. Do the same thing as your friend.

5. Tell an idea.
Buddy Time
(English, Goldstein, Kaczmarek, & Shafer, 1996)

- 20 min. period during school day
- Each child assigned a buddy
- Buddies rotate
- Class or peers are taught ‘buddy’ rules sequentially
- Both buddies receive reward if follow rules for entire buddy period:

1. **STAY**
2. **PLAY**
3. **TALK**: say name, talk about the play, respond to partner, repeat then say more about it, ask a question
Games Based on Special Interests
(Baker et al., 1998)

Use social games based on special interests of your child

- Involve your child in materials and rules
- Have your child teach game to sibling or friend
- Set up special opportunities to play game
- Take turns choosing games to play during interactive game time
- Use favorite games as a method of developing an interaction—naturally
Incidental Teaching
(McGee et al., 1999)

- Materials are controlled so that target child must interact to obtain needed objects and complete favored activities.

- Interactions are ‘engineered,’:
  - Child is assigned to complete puzzle
  - Peer holds all puzzle pieces and is told to hold them until asked
  - Child must ask for each piece to complete task

Creating communication temptations and barriers.
Peer Support Networks  
(Haring & Breen, 1992)

• Select 2-5 peers to serve as social support for student with ASD

• Assign each support peer a 20 minute period/day to structure activities for student with ASD, e.g.:
  – **Lunch**: use Prompt and Praise to engage with others at table
  – **Recess**: teacher or clinician creates scripts for entering games; peer support and target student practice in private, then on playground
Video Modeling / Video Self-Modeling
(Nikopoulos & Keenan, 2004)

- Video representation of a desired behavioral interaction
- The child observes a video of a peer or him/herself engaging in a targeted behavior
- Basic premise is to “learn through observation”
- Examples: purchasing items at a store, initial greetings, washing hands, making lunch
- Video tape peers conducting interactions such as greeting, negotiating, etc.
Video Modeling

- View video, discuss reactions
- View video, attend to focused cue, discuss what was noticed or what changed
- Re-enact scene on video with clinician
- Re-enact with peer
- **DESCRIBE VERBALLY** while watching
- Improvise similar situation
Circle of Friends
(Barratt, Joy, Potter, Thomas & Whitaker, 1998)

• This intervention promotes inclusion of students with special needs into the school community

• It is a peer-based approach and engages peer groups and practicing social skills

• A circle is formed by peers and classmates and a student with ASD is the “focus child” in the middle of the circle
  • (www.circleofriends.org)
Research has shown improvement in empathy, problem solving, communication skills, emotion expressions and awareness of individual ability (Barratt & Randall, 2004).

Additionally, improvements have been noticed in the area of social interaction, peer interaction and decreased anxiety (Whitaker, Barratt, Joy, Potter & Thomas, 1998).
Benefits for the “Focus Child”

• Gains more attention from members of the friendship network
• Increases acceptance from the group
• Increases self-esteem
• Decreases loneliness and isolation
• Decreases anxiety and stress
Important to remember

- It is hoped that the experience of successful and enjoyable friendships will become a motivating force for your child to pursue better social contact; to make play and friendships a positive experience.
Published Resources For Parents


- *Social Skills Picture Book for High School and Beyond* By Dr. Jed Baker (2006).


- *Parent Coaching Cards: Social and Emotional tools for Children* By Steven Richfield. The cards were originally designed for children with ADHD but are directly relevant to children with Asperger’s Syndrome. The cards use engaging cartoons and are designed to improve social and emotional skills. Available from: www.parentcoachcards.com
References for Professionals


Online Resources

• The Department of Education
  • www.ed.gov

• The Council for Exceptional Children (CEC)
  – www.cec.sped.org

• The Professional Development Center on Autism Spectrum Disorders
  – http://autismpdc.fpg.unc.edu

• Autism Speaks
  • www.autismspeaks.org
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Questions ?
THANK YOU!!
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