

Increasing Your Child's Social Interactions with Peers

Practical Approaches for Parents

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Overview

- Review of Autism Spectrum Disorder (ASD) Diagnosis and Underlying Deficits
- Social Skills Importance
- Determining What Skills to Target
- Setting the Stage for Success
- Practical Strategies to Increase Social Interactions



Autism Spectrum Disorder

New DSM – V Definition (American Psychiatric Association, May 2013)

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history:

1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal approach and failure of normal back and forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.
3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.



ASD Definition

B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least 2 of the following, currently or by history:

1. Stereotyped or repetitive movements, use of objects or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).
3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
4. Hyper -or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).



ASD Definition

Changes to ASD Diagnosis:

- Communication impairments are no longer separate diagnostic criteria
- Separate diagnostic labels – Autistic Disorder, Asperger’s Disorder, Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS); Rett’s Syndrome; and Childhood Disintegrative Disorder now fall under umbrella term “Autism Spectrum Disorder” with exception of Rett’s Syndrome
- Severity Levels – 1, 2 and 3 based on amount of support needed

Prevalence: 1:88 children diagnosed (CDC, March 2012)

Social Skills

- “Social behaviors which within given situation predict important social outcomes ”
- Social rules or expectations that enable us to connect with others (McKinnon & Krempa, 2002)



Importance of Social Skills

- Knowledge of social rules allows us to navigate social situations and relationships throughout our life time

Children with good social skills are more likely

- To make and maintain friendships
- To participate in recreational activities outside of the home (Koegel, 2011)
- To have increased confidence and happiness
- To obtain and maintain a job as adults (Myles & Simpson, 2002; Ghaziuddin, 2002)

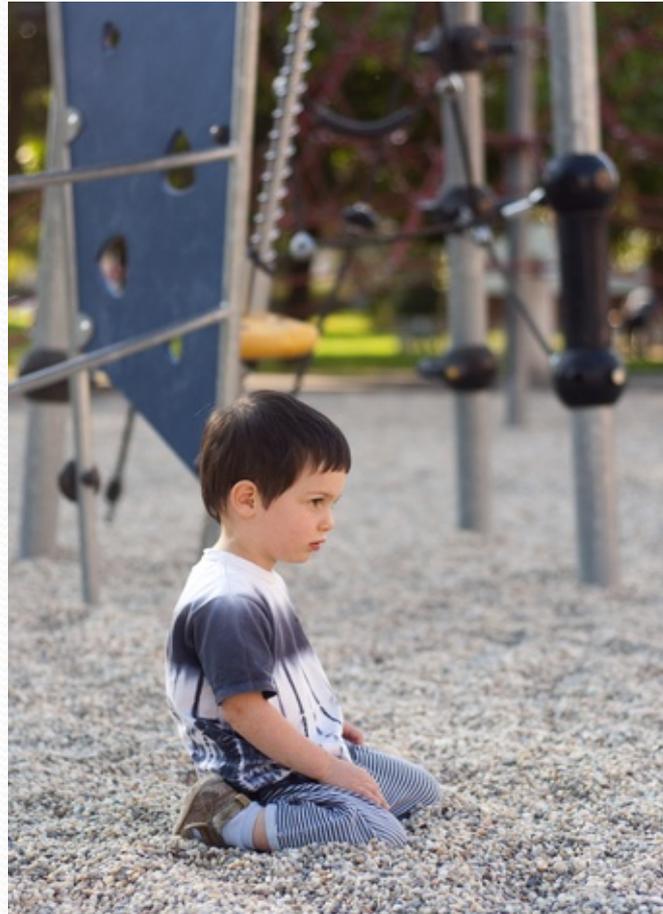
Social Skills

Social impairments – as a defining characteristic of autism can have devastating consequences without intervention.

- Loneliness (Bauminger & Kasari, 2000)
- Increased rates of bullying (Little, 2001)
- Anxiety
- Depression
(Strang, Kenworthy, Daniolos, Case, Wills, Martin & Wallace, 2012; Simon, Pickles, Charman, Chandler, Loucas, & Baird, 2008)
- Personal safety risks (Myles, Trautman, & Schelvan, 2004)



Social Impairment in ASD



Social Skills Deficits in ASD – Underlying Issues

- Take things literally (“It’s raining cats and dogs”; “Hi honey bear”)
- Difficulty understanding that two words that sound the same have different meanings (e.g., bored vs board)
- Limited use of language – short phrases; or speak in full sentences but leave off words; do not comment on aspects of environment
- Focus on the wrong cues
 - Overselectivity – responding to narrow or irrelevant cues
 - Multiple Cues – child may choose object that meets one but not all of the criteria you are requesting (e.g., ask for blue ball but child gives you a ball of a different color)



Over-selectivity



Over-selectivity



Over-selectivity



Over-selectivity



Social Deficits in ASD – Underlying Issues

- Don't know rules of reciprocal conversation
- Limited use of and misunderstanding of social cues leads to misperception and misinformation
- Lack of play skills (e.g. cooperative & pretend play); play is important predictor of social behavior
- Child does not understand or pick up on
 - Body language
 - Other's feelings
 - Other's point of view
 - Situation Cues – e.g. men's bathroom
 - Contextual Cues - e.g. ask personal questions; comment rudely on person's weaknesses or physical imperfections
(Coucovanis, 2005)



Social Deficits in ASD- Underlying Issues

- Lack of understanding of personal boundaries
- Engage in one sided conversation about narrow or unusual interests
- Lack of flexibility
- Lack of initiations
- Preference to be alone
- History of failure -
Learned Helplessness
(Coucovanis, 2005)



Social Skills Intervention

- Necessary !!!!
 - Physical proximity to children alone does not lead to behavior change
 - Maturity - children do not automatically learn these skills over time
 - Skills need to be taught across multiple environments



Where to Start

Assessment – observe your child’s skills as compared to his/her peers

- What are his/her strengths
 - What does he/she need to learn?
-
- Can use formal Social Skills Assessments/Checklists
(See Reference list)



Narrowing Down Behavior/Skill

- Select a very specific behavior or skill to ensure that you and your child are successful.
- Ensure that it is easy to collect accurate data.
- Evaluate easily the success of your intervention



Choosing Your Target Behavior/Skill

- Behavior/Skill Must Be Observable
- Behavior/Skill Must Be Described Specifically

What does it look like?

Ex: Turn Taking is defined as **handing the dice to the person on his right after he has moved his marker the correct number of spaces on the board. Each turn, starting with rolling the dice and ending with handing the dice to the person to his right, is counted.**

- Behavior/Skill Must Be Measurable – Is your training working? Count frequency; quality; duration of target skill



Selecting A Skill

- Think about the following Questions:
 - Is the behavior/skill observable?
 - Is it narrow enough to be successful?
 - Is this something your child would be capable and interested in working on?
 - Is this skill something that you as a parent feel confident in teaching?



Which Skills to Target

Target skills which are:

- Effective – open door to more opportunities in the future
- Meaningful – enrich your child's quality of life
- Functional – skill can be used every day

(McKinnon & Krempa, 2002)



Which Skills to Target

- Requesting
- Question Asking
- Commenting
- Asking for help
- Complimenting
- Responding to social questions
- Joining in play/conversation
- Initiating play/conversation



Which Skills to Target

- Types of activities engaged in with peers
- Length of time engaged with peers
- Number of peers child interacted with



Setting the Stage for Successful Social Skills Intervention

Intervention strategies are based on the principles of Applied Behavior Analysis and are evidence based

1. Teach skills in natural environments where your child comes into contact with other kids - playground; recess; girl scouts
2. Everyone should be on the same page – ensures consistency
3. Maximize number of learning opportunities
4. Use language everyone understands
5. Use your child's strengths and interests



Setting the Stage for Successful Social Skills Intervention

6. Know what makes your child anxious
7. Match your child's skills with appropriate interventions – language, reading, writing abilities
8. Identify any sensory issues that may interfere with social interactions
9. Begin early



Setting the Stage for Successful Social Skills Intervention

10. Identify mutually reinforcing activities that both your child and peers can participate in
12. Skills should be socially valid- based on age, culture, gender, and peer appropriateness
11. Use behavioral momentum
12. Teach one skill at a time and then build upon success
13. Provide repetition and practice



Mutually Reinforcing Activities

- Select an activity that is interesting and motivating to both children
- Helps maintain proximity
- Creates fun environment for kids
- Increases likelihood that both kids will interact with one another
- Increases likelihood of future engagements



Setting the Stage for Successful Social Skills Intervention

14. Use prompts to teach skills

Prompts
Verbal
Gestural
Modeling
Physical



Setting the Stage for Successful Social Skills Intervention

15. Reinforce behaviors you want to see more of
16. Use natural reinforcers to ensure skills maintain over time
17. Provide support to child in natural environments
18. Generalize to other settings/people once skills acquired

(Myles, Trautman, Schelvan, 2004; Koegel & Koegel, 2006; McKinnon & Krempa, 2002; Coucouvanis, 2005)



Practical Strategies to Increase Social Interaction

- Peer Mediated Intervention
- Scripts
- Conversation Starters
- Video Modeling
- Priming
- Cooperative Arrangements
- Supported Play Dates



Peer Mediated Intervention

- Socially competent peers are used to model and reinforce social behavior of children with ASD

(DiSalvo & Oswald, 2002; Morrison, Kamps, Garcia, & Parker, 2001)

Peers are taught how to:

- Initiate conversations
- Respond to conversation
- Comment
- Use complimentary and affection statements
- Provide Instructions
- Record peer's behavior
- Provide reinforcement to their peer with ASD



Peer Mediated Intervention

In study of children with ASD in grades 1 -5, training of classmates resulted in an increase in the rate of initiations and rate of responding. Also, the children with ASD spent less time alone on playground and were named as a friend more often by their peers

(Kasari, Rotheram-Fuller, Loecke, & Gulsrud, 2012)

Advantages:

- Peers readily available – lunch; recess; playgrounds, after school programs; cub scouts
- Provide good role models
- Peer mediation implemented in pairs or small groups



Scripts

- Script is a model of what to say or do in a specific social situation
- A script is faded systematically as child learns to respond

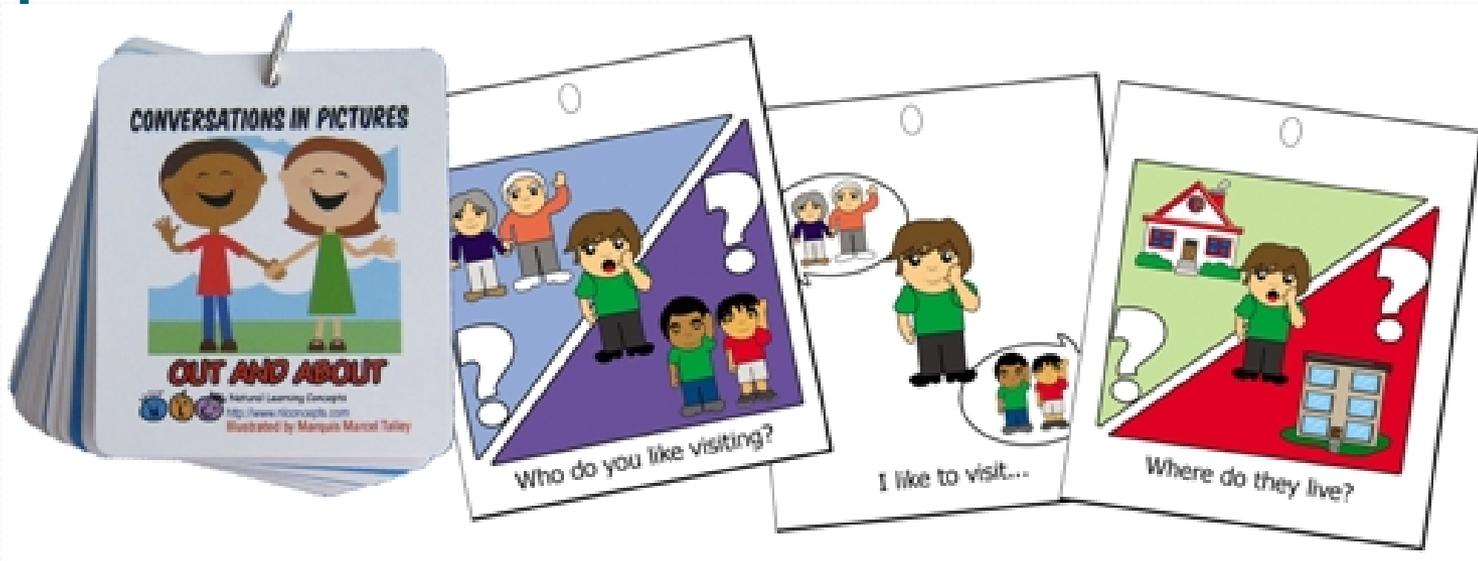
Examples:

1. What to say when you ring the doorbell at a friend's house
2. What to say when inviting a friend to play "cars"
3. What to say when you see a friend at the park

- Use language that is appropriate to child's ability
- Use content that is age appropriate
- Prompt child to use script
- Reinforce correct use of script

(Reagon & Higbee, 2009; McClannahan & Krantz, 2005; Brown, Ryan, & Rozenblatt, 2013)

Scripts



Scripts

Fading Scripts – fade from end to beginning

Asking friend to play ball:

1. Let's play ball.
2. Let's play
3. Let's
- 4.
5. Remove script card



Conversation Starters

An easy way to prompt social interaction and conversation

- Provide a visual – photo; remnant; a souvenir and have child “show” at school; recess
- The visual provides a cue for peer, teacher, or parent to ask questions and for the child to comment

Examples: Movie ticket stub; wrapper from favorite candy; photo of child surfing; photo of new bike; photo of child at petting zoo

(Koegel, 2011)

Video Modeling

Effective in teaching children with ASD new skills by watching a model on a video performing the desired “social” behavior (Charlop, & Milstein, 1989)

- Child watches model on video perform a desired behavior
- Following the video, child is then told “Do the same”, “Let’s do the same” or “Do what you saw in the video”
- Child is reinforced for following the model
- Child practices until desired behavior learned

Beneficial for children who learn visually.

Great for children who enjoy watching television and who are able to understand basic cause and effect



Video Modeling

Prerequisites:

- Child must have familiarity with TV watching
- Child must have attention skills
- Child must have nonverbal imitation skills
- Child must have verbal imitation skills

Start with basic behaviors first – e. g. say “Good-bye”; social commenting; or turn taking

Filming:

- Can use child or adult models
- Use plain open space
- Few distractions
- Target behavior should be made very clear
- Only necessary props present

Video Self Modeling

Child watches video of himself/herself engaging in desired social behavior and then is expected to perform desired behavior in natural environment.

By watching edited footage of appropriate social behavior, preschoolers increased their social interactions (Bellini, Akullian & Hopf, 2007)



Portable Video Modeling Intervention

Use of portable video modeling can be effective intervention to teach social skills

Kids with ASD watched video model on Apple iTouch demonstrating persistence in asking kids to play. Persistence in asking multiple peers to play was observed across kids in the study. (Grosberg & Charlop, 2013)

Priming

Priming – involves previewing information or an activity with the child before the child comes in contact with the actual event/activity (Koegel, 2011; Wilde, Koegel & Koegel, 1992)

Advantages of Priming:

- Helps child familiarize the material, rule, an activity or game, or appropriate behavior before it is used in real life situation
- Increases child's competence
- Minimizes probability of problems occurring
- Introduces predictability into information or activity
- May reduce anxiety and stress
- Serves as reminder
- Increases child's success

Priming

Priming statement should be short and concise

Prime day before; day of or immediately before activity/event

Provide reinforcement for performing desired behavior or attempt

Examples:

- Inform child about a transition from preferred activity
“You can put the car down the ramp 3 more times and then we’re all done, and we can pick another toy”/ “Two more and then all done”
- Inform child of the expected behavior in upcoming activities/ tasks
“Remember, when you walk up to peer, say “Hi”
“Okay, we can play play-doh, but the play-doh stays in your hands or on the table”
“Remember to wait for your friend to take his turn like we practiced”



Cooperative Arrangements

Activities or games with multiple components that create interdependency – in other words, children need each other to complete the task/game (Koegel, 2011; Viasmara, Gengoux, Boettcher & Koegel, 2006).

- By dividing up pieces of a game such as pieces of Mr. Potato Head or components of a task such as baking cookies, we can increase social interaction.
- Children learn to request pieces/components from another; learn to share; and to take turns



Cooperative Arrangements

Suggestions:

- Art and crafts
- Decorating cookies with sprinkles, chocolate chips, gum drops;
- Making creative pizzas
- Making ice cream sundaes
- Making bead jewelry
- Balloon painting
- Ladder golf
- Treasure hunts
- Bocce ball
- Water balloons
- Tie dying
- Making candles
- Carving pumpkins
- Gingerbread houses
- Decorating bikes/scooters for a parade



Supported Play Dates

Supported= more likely to be successful, fun, and kids are more likely to gain skills

Unstructured = less likely to have social interaction and less invitations to hang out

(Koegel, 2011; Viasmara, Gengoux, Boettcher & Koegel, 2006)



Supported Play Dates

Goals of a Play Date:

Children should be engaging in an activity together

- Proximity
- Reciprocity (i.e. interacting back and forth with each other); if either child initiates with adult, redirect interaction back to peer
- Minimal support from adults
 - Fade yourself out as quickly as possible
- Both children participate and have role in the activity
- Both children should have FUN!
 - Motivating activities that encourage the children to spend time together in the future

Picking Your Play Date

- It is important to only select 1-3 peers for your child.
- Ask your child's teacher
- Observe children at school
- Observe children in the community
- Talk to neighbors and family friends



Planning the Play Date

- Need to have a plan for the children
- Prepare materials ahead of time
- Use structured activities
- Select activities that will be FUN for everyone
- Initially use short activities
- Select activities that your child is already familiar with to promote success
- Explain the rules and what you are working on to all the children (i.e. we're practicing taking turns today)



Planning the Play Date

- Avoid “down time”
 - Keep individual activities short
 - When there is a break during an activity have another activity planned
 - Plan additional activities and lots of choices
 - Have a concrete ending time for hanging out
- Cooperative Arrangements
 - Make them need each other
 - Each brings something
 - Exchanging/helping/requesting

Planning the Play Date

- Prepare child by priming for activity and social behavior (e.g. eye contact; greetings; sharing of snacks)
- Set up mutually reinforcing activities – design play date around activities children both like
- Set up cooperative arrangements – divide out games; toys; baking good ahead of time; or have children bring needed materials to play date

Congratulations!! You prepared a successful play date!! Do you need to change anything next time around?



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* Includes Social Skills Assessment