

Improving Social Skills for children with Learning Disabilities and Autism

Why socialization programs are so
valuable

By: Vanetta LaRosa, M.A., B.C.B.A.

Components of a social skills intervention program

- Carefully specifying and operationalizing goals
- Reviewing prerequisite skills needed to achieve the goals (by using...)
 - Social stories
 - Related scripted dialogue (e.g., responding to a peer’s comment “ I just got a new video game” with eye contact, social smile and related statement such as “that’s cool!”)

Components of a social skills intervention program (con't)

- Modeling & reviewing skills being taught
- Role-playing scripts (can use videotapes)
- Teaching self-monitoring and self-reinforcement skills to improve self-awareness (re: impact one can have on others)
- Explain & review carryover assignments with team (including peers) to promote GENERALIZATION across people & environments

Why include typical peers?

- They provide most appropriate social role model
- They can catch more prosocial acts “in the moment” and have more opportunities to reinforce them
- Can include the natural environment of the child’s social interactions
- Work with adults will not naturally generalize to peers
- * But Learning will not occur unless the models are attended to & perceived accurately

Facts related to use of peer models

- Early approaches by B.F. Skinner focused on the use of adult direction using social & token reinforcers
 - This was criticized b/c the work did not transfer to same aged peers (Rogers, 2000)
 - Mere presence of typical peers will no lead to an increase in social interaction (Myles, et.al, 1993)
 - Models must be attended to & perceived appropriately
In integrated classrooms, children with Autism may not naturally attend to peer models, and NT peers prefer to interact with other NT peers (Bandura, 1977) ** So trained adults are necessary to teach peer models to help teach social skills.

Facts continued

- Self-fulfilling prophecy research supports the notion that the peers' efforts can be influenced by their expectations about the children with Autism (Rosenthal, 1963)
 - If they believe they can help and influence them, they will..
- Therefore, training, information and support for peer mentors is crucial

Role Playing

- To practice communication in natural social situations that arise in daily life
- Phase 1 – include a discussion of the goal of role play activity and appropriate pragmatic behaviors to be used throughout the activity (e.g., Pragmatic behavior is making introductions & initiating conversations)
- Role play scenarios (e.g., meeting & talking to a new student at school)
- Discuss opening lines/personal information questions to ask in that situation

Role Play

- Phase 2 – Actual role play (best if done with a peer)
- Most accurately represent a natural situation (do in the situation if possible)
- Practice with different people & across settings to plan for generalization

Role Play Phase 3

- Evaluation and discussion of accuracy of informational exchange.
- Recall the operationalized goals? Review them. Ask student to “grade” themselves (this is teaching self-management & self-reinforcement)
- Chart progress each time role play is enacted and ask student to visually see progress.

Role play information

- “Role Play Cards for Social Skills”
(developed by Sue Jennings, Ph.D)

Are useful in individuals or group settings by simulating real-life situations that are acted out in a game format. Information may be obtained at www.therapeuticresources.com

Focal areas

- Presupposition (perspective taking) is defined as “ the ability to understand emotions, thoughts, beliefs, personal motives, and intentions of yourself as well as others” (Winner 2003)
- Use “Thinking About You, Thinking About Me” by Michelle Garcia Winner.
- www.socialthinking.com

Focal areas continued

- **Peer mediation training**
- Pair student with typically developing peer
- Peer becomes “social skills coach” giving opportunities to practice & master pragmatic skills within natural social settings (similar to incidental teaching models)
- Trained adult is needed to provide peer with tools to understand communicative attempts and to prompt the student to respond to cues

Peer mediation training continued

- Prompting (typical hierarchy, VP, GP, PP) should be provided by adult supervisor when gradually faded.
- Plan for generalization by practicing social scripts in natural settings with other peers.

Areas of social difficulty

- Having varied preferences (for students with ASD)
- Initiating social interactions
- Carrying on a dialogue
- Asking questions related to another person's interests
- Allowing others to change topics of conversation by responding appropriately

Areas of social difficulty

- Talking about topics of little or no interest because they interest others
- Working as part of a team to achieve a goal
- Spontaneous social language
- Generalization of social skills
- Pragmatics (the ways in which speakers and listeners use language in practical social situations)

Pre-requisite skills to have to enhance social behaviors

- Ability to establish & seek eye contact
- Ability to establish joint focus of attention
- Ability to better screen out irrelevant stimuli
- To use descriptive language
- Ability to respond appropriately to initiations by translating, expanding or clarifying a peer's comments, suggesting joint play, prompting requests, re-directing play activities, turn taking, topic maintenance, responsiveness, object related play, pretend play, stop action, and transition activities.

Social initiations that result in positive peer responses

- Play organizing
- Affection
- Assistance
- Sharing
- Rough & tumble play
- Conversing
- Dispensing information
- Responding
- Initiating
- Complimenting
- Information seeking & requesting
- Guralnick & Paul-Brown, 1980)

Remember the peers are kids too!

- Give them ample support
- Provide positive feedback
- Make advice complimentary & constructive
- Praise all attempts at social interactions
- Encourage them to explain their work to peers
- Give special privileges/recognition to peers at school

What does this social training lead to?

- Self Efficacy
- An the obvious more socially acceptable behaviors

Self-Efficacy

- Self-efficacy, one's self-judgments of personal capabilities to initiate and successfully perform specified tasks at designated levels, expend greater effort, and persevere in the face of adversity (Bandura, 1977; 1986)
- Students feel self-efficacious when they are able to picture themselves succeeding in challenging situations, which in turn determines their level of effort toward the task (Paris & Byrnes, 1989; Salomon, 1983; 1984).

A. Bandura & Self-Efficacy

- Bandura (Bandura 1977, 1986) asserts that self-percepts of efficacy highly influence whether students believe they have the coping strategies to successfully deal with challenging situations

Broadening of Self-Efficacy Through Peer Influences

- It is in peer relationships that they broaden self-knowledge of their capabilities. Peers serve several important efficacy functions. Those who are most experienced and competent provide models of efficacious styles of thinking and behavior. A vast amount of social learning occurs among peers. In addition, age-mates provide highly informative comparisons for judging and verifying one's self-efficacy. Children are, therefore, especially sensitive to their relative standing among the peers in activities that determine prestige and popularity.

Peers and Self-Efficacy

- Peers are not selected indiscriminately.
- Children tend to choose peers who share similar interests and values.
- Because peers serve as a major influence in the development and validation of self-efficacy, disrupted or impoverished peer relationships can adversely affect the growth of personal efficacy.
- A low sense of social efficacy can, in turn, create internal obstacles to favorable peer relationships.
- Thus, children who regard themselves as socially ineffectual withdraw socially, perceive low acceptance by their peers and have a low sense of self-worth.

Sources of Self-efficacy Beliefs

- The most influential source of these beliefs is the interpreted result of one's successful performance, or mastery experience.
- The second source of efficacy information is the vicarious experience of the effects produced by the actions of others.
- Individuals also create and develop self-efficacy beliefs as a result of the verbal persuasions they receive from others. These persuasions involve exposure to the verbal judgments that others provide

Sources of Self-Efficacy Beliefs

- Physiological states such as anxiety, stress, arousal, fatigue, and mood states also provide information about efficacy beliefs. Because individuals have the capability to alter their own thinking, self-efficacy beliefs, in turn, also powerfully influence the physiological states themselves. Bandura (1997)

High Self Efficacy

- People with high Self-efficacy approach difficult tasks as challenges to be mastered rather than as dangers to be avoided, have greater intrinsic interest in activities, set challenging goals and maintain a strong commitment to them, heighten their efforts in the face of failure, more easily recover their confidence after failures or setbacks, and attribute failure to insufficient effort or deficient knowledge and skills which they believe they are capable of acquiring.

Low Self-Efficacy

- Conversely, people with low self-efficacy may believe that things are tougher than they really are, a belief that fosters stress, depression, and a narrow vision of how best to solve a problem.

Info

- Helping Hands Behavioral Outreach, Inc.
- 191 Sweet Hollow Rd. Old Bethpage
- 516 659-5041
- 516 330-1207