The need for social skills training

The development of social skills, specifically skills in relating to peers, is an important capacity that provides the foundations for life long success. Challenges in the development of social skills impact individual happiness and family function for many children with developmental disabilities, especially those with autism. Indeed, deficits in social behaviors are a major component of the diagnostic criteria for autism. In a survey done at Tri-counties Regional center, parents of children with autism reported that social skills were their number one concern. A study of children with ASD in elementary school showed that children with autism were less accepted and had fewer reciprocal friendships than matched peers at each grade level, and that the deficits increased with advancing age. A detailed review of the theoretical understanding and approaches to social skills intervention is available in the report of The Committee on Educational Interventions for Children with Autism by the National Research Council (NRC). They note: “Interaction with peers is another dimension of children’s social development that becomes increasingly important for children beginning at the age of 3.”

Developmental and Behavioral approaches

Current social skills training interventions are based upon an array of theoretical constructs, generally divided between behavioral and developmental approaches which parallel the divergent approaches to treatment in general. Evaluating research evidence is complicated because different disciplinary fields each have their own knowledge base, conceptual framework, language, and clinical applications. The result is often misperceptions about other approaches, and poorly reasoned judgments about value. As noted by the National Research Council:

“There are several distinct, substantial, and independent bodies of research addressing issues concerning young children with autistic spectrum disorders.”…

“Although several of these literatures appear to be internally well integrated, there is remarkably little integration across literatures. For example, the information from the literature describing characteristics of children with autistic spectrum disorders is often not linked to treatment programs. Likewise, the developmental literature, which is descriptive in nature, has only rarely been integrated into individual intervention practice research, which tends to be behaviorally oriented.”
There are many challenges in evaluating research about efficacy of different approaches to social skills training. One issue is the heterogeneity of the population. As noted in the National Research Council report:

“If young children with autistic spectrum disorders were homogeneous in intelligence, behavior, and family circumstances, and if researchers and educators could apply a uniform amount of treatment in nearly identical settings and life circumstances, then a standard, randomized group, clinical-trial research design could be employed to provide unequivocal answers to questions about treatments and outcomes. However, the characteristics of young children with autistic spectrum disorders and their life circumstances are exceedingly heterogeneous in nature. This heterogeneity creates substantial problems when scientists attempt to use standard research methodology to address questions about the effectiveness of educational treatments for young children with autistic spectrum disorders.”

Measurement of Social Skills

When trying to compare effectiveness of social skills training interventions, it is important to recognize that ‘social skills’ are in fact a large group of many different skills that are inter-related and complex. Not surprisingly, there is a matching challenge in creating useful tools to measure these skills. Yeates et al. report that “A detailed understanding of children’s social interactions cannot be attained using conventional rating scales or questionnaires but instead requires direct observation in a variety of contexts.”

A large review of intervention research for social skills development for children with autism reported that, “Evidence for the efficacy of [behavioral and social learning based social skills training] as measured by quantitative skill-based measures …is inconsistent.” Further, “Generalization and flexible use of skills in natural environments continues to be a challenge.” They observe that “the lack of consensus may reflect the simple fact that appropriate measures are not available.” They conclude, “Despite the pervasive socialization deficits in youth with ASD and the negative impact that such deficits have on other aspects of development, we know relatively little about efficacious psychosocial intervention approaches.”

Description of Developmental Models

With growing appreciation of the complexity of social skill development, there has been a shift from interventions which teach splinter skills to interventions that address more fundamental deficits and their psychological basis. Developmental approaches are founded upon a long history of study in the fields of developmental psychology, mental health, education, linguistics, and other related fields. The main elements of a developmental approach are a primary focus on inner affective psychological processes which determine relational interactions, rather than social behaviors per se, and recognition of the evolving maturational stages of social skills. A distinguished panel noted that a challenge in evaluating effectiveness of interventions is that “effects of both chronological age and developmental level in various areas are probably not linear, and
the magnitude of effects may vary according to where in a developmental trajectory teaching of a skill begins.”

Gutstein and Whitney describe a primary factor in the lack of social competence in Asperger syndrome is a lack of “Experience sharing relationships.” This is defined as desire and skills to be a good reciprocal playmate, value others’ points of view, develop friendships, and conduct other emotion-based transactions. He notes critical skills including social referencing and co-regulation, which must be taught in a developmental progression, guided by experienced adults. “Goals and objectives must shift from survival-oriented social behaviors to carefully developed and sophisticated abilities to socially reference and rapidly adapt, co-regulate, and coordinate actions, perceptions, feelings, and ideas with social partners. Intervention begins with adults functioning in the dual roles of guides and participants, carefully developing the child’s desire and ability to function as an equal partner in experience-sharing interactions.”

The goals for social skills intervention vary according to the developmental level of the child. For children with greater challenges, the goals may include non-verbal communication, joint attention, and initiating interactions. Joint attention is a foundational element of social skills. It has been demonstrated that improvement in joint attention and symbolic play in preschool children leads to improved cognitive and language skills. Children at early stages of social skills development need strategies which focus on affective attunement and shared attention. At the next level, the child’s initiative is the foundation of building reciprocal interactions. Gernsbacher provides an excellent review of the research concerning strategies to achieve reciprocity, which emphasize the importance of following the child’s lead and use of imitation to achieve social responsiveness. At the next level, a sustained flow of co-regulated interactions lead to a consolidated sense of self, and an ability to engage in social problem solving. Non-verbal affective signaling and pragmatic skills contribute greatly to the sustained interaction. As children develop the capacity for symbolic thinking and language, these skills are utilized in pretend play, and cognitive skills are applied creatively to negotiate more complex social interactions in an adaptive and flexible way. Social skills training, in a developmental framework, supports not only social competence, but provides the capacities needed for more responsive and adaptive behaviors. Implicit goals within a developmental approach are the enjoyment of social interaction, the creation of trusting relationships, and formation of friendships based upon mutual interests and genuine caring. For too long social skills have been taught without a belief that children with autism were capable of these basic human experiences.

The primary criticism of developmental models is that they are dependent upon the motivation of children, which was believed by some to be deficient in children with autism. Many now recognize that children with autism clearly desire social interaction and friendships. Greenspan has shown that a developmental approach which connects affect with language and motor planning helps children to harness nascent motivational systems with great success, and develop warm, intimate relationships.
Use of play

In a developmental approach to social skills training, play is used as the primary medium for intervention, especially with younger children. Play has long been recognized as the context for developmental growth for children, beginning with Anna Freud, Melanie Klein, Piaget and Vygotsky. Vygotsky said “Play is the source of development and creates the zone of proximal development.” A meta-analysis of 93 controlled outcome studies showed strong effectiveness of play-based interventions for changing behavior and improving social adjustment. In addition they found that humanistic, non-directive approaches were more effective than directive methodologies. The National Association for the Education of Young Children in a 2009 position paper describes play as an “important vehicle for developing self-regulation as well as for promoting language, cognition, and social competence.” They describe how research shows “links between play and foundational capacities such as memory, self regulation, oral language abilities, social skills, and success in school.”

Integration of Social-cognitive strategies

Cognitive-developmental strategies are used with children who have attained the capacity for higher level thinking skills. Crooke et.al. (2007) note, “While traditional social skill interventions are heavily rooted in the principles of behaviorism, advances in cognitive and social sciences have sparked a shift in attention to social cognition.” As one piece of a larger study, they report teaching social cognitive approach to a small group of high functioning boys, 9-11 years of age and indicate significant changes positive results.

Cotugno (2009) showed the efficacy of a cognitive-developmental approach in social skills groups:

“The results of this study provide strong support for the hypothesis that a group-based intervention which focuses specifically on deficient social competencies and skills can benefit children with ASD by reducing anxiety in social situations, increasing the number of and attention to positive peers’ social interactions, and increasing flexibility and willingness to change, as observed by parents. The study also provides evidence that improved stress and anxiety management, joint attention and flexibility and transitions in group situations can contribute directly to improvements in teacher-preferred and peer-preferred social behavior and school adjustment.”

Stichter et.al. (2010) reported that children age 11-14 with high functioning autism or Asperger syndrome showed significant improvement in social skills using cognitive behavioral principles. Their curriculum included:

- Use of greetings, and acknowledging others
- Recognition of facial expressions
- Sharing ideas with others
- Turn taking in conversations
- Recognizing feelings emotions of self and others
• Problem solving and collaboration

These skills were taught through instruction, group discussion, modeling, and opportunities to practice in structured and naturalistic activities, with incorporation of all concepts together over time.

Conclusion

A regularly scheduled peer social group provides the necessary structure, consistency, order and predictability which are optimal for building social skills. A developmentally based social skills group intervention program typically incorporates a variety of strategies adapted to the developmental level of the child as well as important consideration of individual mental health concerns. McKay et. al. (2007) report significant and sustained gains in key areas of social interaction and understanding using a “groupwork” approach, for high functioning children, age 6-16, using games, group discussions, role play, and independent choice. This study included three key themes: social and emotional perspective-taking, conversation skills, and friendship skills. Content was tailored to individual needs per parent report and included work at home, and community outings with the group. Although it is difficult to measure the complex human interactions involved, social skills training provides valuable opportunities for children to advance their development and thus greatly impact their quality of life.

The socialization training program at PCDA utilizes a developmental methodology based on the DIR® approach. This provides a framework for incorporating intervention strategies tailored to individual differences of each child, and building on developmental milestones. The groups are divided into 4 levels: the first focuses on shared attention, and building pleasure in trusting relationships. The second level focuses on reciprocal two way affective communication, across a range of emotional experiences; the third level focuses on shared problem solving and more complex co-regulated interactions; and the fourth level focuses on symbolic and abstract thinking, and utilizes more social-cognitive skills, while maintaining underlying capacities. A wide array of research supports the various strategies used across this spectrum. Using evidence based practice derived from research, clinical experience and individual factors, each group at PCDA is uniquely suited to the children who participate.

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