Social Skills for Students

With Autism Spectrum Disorders

and Other Developmental Disorders

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The authors wish to extend appreciation to the Board of Directors of the Division on Autism and Developmental Disabilities of the Council for Exceptional Children for their continued support for this book on teaching social skills and the previous editions that began over 20 years ago.
There is a bit of a “been there, done that” sense in the field of special education when it comes to social skills instruction. The earliest special education textbooks, dating back to the first decade of the 1900s emphasized social skills instruction. Do we really need another text on social skills instruction?

Yes, of course we do. Teaching social skills to students with autism spectrum disorders and other developmental disabilities has been on the agenda of special educators for a century because they are really important skills for people to learn; that is as true in 2012 as it was in 1912, and perhaps more so. Hanley-Maxwell and Izzo (2012) identified foundational skills for preparing students for the 21st Century workforce and not surprisingly, social skills are identified by these authors as critical components of job success. Eisenman and Celestin (2012) point to the importance of social skills for postsecondary education, independent living, community participation, friendship development… in other words, to a good life.

So, let’s take it on faith (and fact) that social skills are important and we need to pay attention to promoting them. Given that, do we know how to do so? Allwell and Cobb (2009) conducted a metasynthesis of the social skills intervention literature for youth with disabilities. Their conclusion? That social skills training interventions improve the social skills they target and also improve the acquisition, performance, and generalization of prosocial behaviors necessary for positive transition outcomes. So, promoting social skills is important and we know how to do it. Do we need a new text to provide methods, materials, strategies, and lessons to enable us to do this?

Yes, of course we do. Why? It’s not 1912 or 1952 or 1998—which was when the first edition of Social Skills for School and Community (Sargent, 1998) was published—it’s 2012. What hasn’t changed in the past 100 years is that teaching social skills is important and that we know how to do it. What has changed dramatically, is the context in which such instruction must occur. In the past, social skills instruction was
implemented to achieve improved social skills; today, that is not enough, evident in the long awaited update to Social Skills for School and Community, now titled *Social Skills for Students With Autism Spectrum Disorders and Other Developmental Disorders*. As noted in the preface, this edition places a greater focus on teaching social skills in inclusive settings. That’s the 21st Century context that matters . . . inclusive school and community settings.

This two volume edition of *Social Skills for Students With Autism Spectrum Disorders and Other Developmental Disorders* changes more than just the focus on where social skills are taught; it explicitly and implicitly changes the intent of this instruction. Social skills are important in the development of social competence. Social competence is important for social inclusion. The objective of instruction introduced by these books are not only to improve social skills—it is to enhance social inclusion. Without enhanced social inclusion—at work, in the community, in schools—social skills are only isolated behaviors. Friendships. Job and school success. Independent living. Meaningful relationships. Those are the outcomes that are targeted by this new edition. As well *Social Skills for Students With Autism Spectrum Disorders and Other Developmental Disorders* provides educators with the tools they need to enable students to achieve these outcomes and lead a better life. Methods, materials, strategies, and comprehensive lesson plans. Is it really that important? Well, of course it is.

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References


Many descriptions of autism and Asperger’s describe people like me as “not wanting contact with others” or “preferring to play alone.” I cannot speak for those other kids, but I’d like to be very clear about my own feelings: *I did not ever want to be alone . . .* I played by myself because I was a failure at playing with others.

John Elder Robinson

*Look Me in the Eye: My Life With Asperger’s,* p. 211

The purpose of this social skills teaching framework is to address the social competence needs of students with autism spectrum disorder (ASD) and other developmental disabilities. Today, many students with disabilities are educated alongside their typically developing peers in general education classrooms, with limited pullout for specialized instruction. Many of today’s students receive support from special education teachers and paraprofessionals serving students with a wide range of disabilities. A typical elementary special education teacher might serve one or two students with ASD, two students with significant support needs, four students with mild/moderate intellectual disabilities, four students with behavioral disorders, and additional students with learning disabilities—all part of a 20-plus student caseload.

This updated edition of *Social Skills for School and Community* (Sargent, 1998) places a greater focus on teaching social skills in inclusive settings. Strategies for teaching students with ASD often are also effective in addressing the social skills needs of students with other disabilities and those who are “at risk.” The earlier versions of these materials have been used successfully with young children considered to be at risk, students with...
social and behavioral disorders and learning disabilities, and students in juvenile detention centers. In addition, many of the strategies continue to be useful for teaching social skills in settings where students with similar disabilities are clustered in special classes.

In this volume, geared toward the social skill needs of elementary school students, we present a framework which incorporates a rationale for teaching social skills, a broad perspective on social competence, and methods and content for enhancing social competence. Chapter 1 provides practitioners with an overview of the various strategies and a perspective on the complex processes we refer to as social skills instruction. The remaining chapters discuss procedures for addressing inclusive practices (Chapter 2); teacher- and peer-mediated strategies for engaging students (Chapter 3); and direct instruction of social skills (Chapter 4). The social skill lesson plans in Chapter 5 incorporate specific follow-up activities for facilitating maintenance and generalization, as well as recommendations of technology resources (apps, software, and web links); the Appendix contains assessment and progress monitoring forms.

Together, the two volumes of this publication provide 100 different lesson plans to support students in acquiring social skills (see Table 4-3, pp. 60–62); although half are geared toward elementary school students and the others toward middle and high school students, any of the plans can be adapted to suit the needs of a different age group. The accompanying CD includes the 50 elementary school lesson plans; templates of the lesson plan; forms for assessment, progress monitoring, and home-school communication; line drawings and images teachers can use in creating comic strips or social stories; and an Excel template for progress monitoring and graphing.

The social skills lessons in this publication should be used on the basis of need and do not necessarily represent a sequential or developmental curriculum. We encourage teachers to apply the seven-step lesson design described in Chapter 4 when teaching social skills that are not specifically addressed in this publication.
Teaching social skills to elementary students with autism spectrum disorder (ASD) and other developmental disabilities can be both a vexing and a rewarding endeavor for educators. Social skills instruction is a complex process requiring individual and group strategies, repetition, and persistence. Despite its challenges, social skills instruction holds promise for improving the social competence of children and youth with ASD and other developmental disabilities; sufficient evidence demonstrates that social skills can be taught and the lives of these students enhanced. Although the title of these books focuses on students with ASD and developmental disabilities, these lesson plans are also extremely effective and appropriate for students with intellectual disability and are thus referenced throughout the text.

**Rationale**

For most children, social competence develops through incidental learning and intellectual maturation. Unfortunately, children and youth with ASD and intellectual disabilities are notoriously inadequate in their incidental learning ability (Freedman & Silverman, 2008; Gumpel, Tappe, & Arki, 2000; Hume, Bellini, & Pratt, 2005; Simpson, 2005). They commonly exhibit learning deficits in areas of reciprocal communication, discrimination, attention, memory, and generalization (Ellis, 1963; Fisher & Zeaman, 1973; Zeaman & House, 1963) which contribute to impaired social affect, social skills, and social cognition. Consequently, children with ASD and intellectual disabilities fail to accrue acceptance by peers and adults. Moreover, many children with these disabilities incur social rejection as a result of exhibiting awkward, interfering, and socially unacceptable behaviors.

The long-term consequences of social rejection and poor social competence are many. Early studies indicated that individuals identified during childhood as social isolates
were likely to have difficulty during adulthood (e.g., run-ins with the law, alcohol, divorce, and other social ills; Gresham, 1981). Further, rehabilitation literature indicates that most individuals with intellectual disabilities who lose jobs do so primarily because of a lack of adequate social skills and other socially inappropriate behavior (Gumpel et al., 2000). In addition, individuals with ASD are prone to develop social anxiety, which exacerbates their isolation (Bellini, 2004; Bellini & Hopf, 2007). Due to the great importance and lasting effect of social competence, programming provided for these students must include efforts to build this skill set—and that programming should be carried out in positive and nonpunitive ways.

**Proactive Instruction**

*Proactive instruction* provides learners with opportunities to gain acceptance by others, develop friendships, and lead healthier and happier lives. Improving social competence helps people with ASD and other developmental disabilities to avoid debilitating social rejection, poor self-concept, social anxiety, inappropriate or potentially offensive social behavior, and a diminished quality of life.

Proactive instruction is preferable to reactively treating perceived social deficits. Addressing social competence from a proactive perspective, students learn new skills in a positive milieu through positive techniques before any negative consequence of social rejection occurs. In contrast, a reactive approach waits for individuals to fail and then tries to fix their problems. Too often, reactive responses to social inadequacy result in punishment as a way to suppress undesirable behavior.

Students with ASD and developmental disabilities often have difficulty recognizing and interpreting social cues and nuances that are integral to social interactions. In addition, some of these students are unable to discriminate acceptable social norms. Because of such deficits, their individualized education programs (IEPs) throughout their years in public education should include goals to improve their social competence.

Before undertaking proactive instruction, it is helpful for educators to grasp the concept of social competence. What is social competence? What are the goals of social skills instruction?

**Conceptual Framework of Social Competence**

It is critical for professionals trying to address the needs of students with ASD and intellectual disabilities to understand the notion of social competence. *Social competence* is a mix of interacting and overlapping variables. A conceptual framework (Figure 1-1) assists in making sense of these variables, as well as helps guide how to address
Figure 1-1

Conceptual Framework of Social Competence

**Inputs**
- Cultural determinants

**Processes**
- Social affect
- Social skills
- Social cognition

**Outcomes**
- Desired outcomes
socially related problems. This basic framework—consisting of inputs, processes, and desired outcomes supports formulating actions that will enhance the social competence of students with ASD and other developmental disabilities.

**Inputs: Cultural Determinants**

*Cultural determinants* are individuals’ values and social standards. They are the dynamic “raw materials” of social competence and vary according to community size, ethnic mix, geographical region, and community traditions. Failure to function within these cultural boundaries can inhibit both social acceptance and development of self-efficacy. Major cultural determinants include community values, standards for adult/child relations, family member role expectations, privacy standards, standards of decency (e.g., taboos), work ethic, standards of fairness, independence expectancy, temporal standards (e.g., how long to chitchat, how late is acceptable), standards of social responsibility, community tolerance of differences, aesthetic conventions and values, and situational conventions (e.g., table manners, classroom manners).

Cultural determinants are the ingredients of social competence which must be acted upon to arrive at the desired outcomes. These actions occur through the three process elements of the model; individuals adjust and match their behavior to these myriad values and rules.

**Processes**

The three *process components* of this framework are social affect, social skills, and social cognition. Each component warrants attention, and failure to address all three areas represents inadequate effort to achieve desired outcomes.

*Social affect* is not only an overt process component of social competence; it is also an *outcome*. In our framework, *social affect* relates to how the individual appears to others. Positive social affect includes cheerfulness, enthusiasm, confidence, optimism, risk-taking, independence, good posture and grooming, sense of humor, affection, and assertiveness.

There are a number of teaching materials and methods designed to improve student affect (see, e.g., *Hot Wings Skills and Activities* from www.wingsforkids.org, *Games and Activities for Children with Autism* from Children Succeed); these can be incorporated throughout activities and instruction. Most of the components of social affect are best addressed during teachable moments. It’s important to note, however, that attention to affect alone does not create a more socially competent individual.
Social skills are behaviors, the most obvious aspect of social competence. Behaviors can be learned by being taught directly or taught through infusion into life experiences, or can be acquired incidentally through modeling of competent peers and adults. There are hundreds of social skills in a variety of categories: interaction initiation activities (e.g., starting a conversation), interaction responses (e.g., responding to a complaint), personal social behaviors (e.g., dealing with embarrassment), and setting-specific skills and behaviors (e.g., riding a school bus, waiting in line). Specific settings include school, home, and public arenas.

Instruction on the observable aspects of social proficiencies holds great promise, but is insufficient if it is the only element of social competence on which the instructional team focuses. Techniques used to teach social skills must incorporate strategies to enhance social cognition.

Social cognition encompasses an individual’s ability to understand, interpret, and take appropriate actions relevant to different social settings, personal interactions, and complexity of situations (Greenspan, 1979). Greenspan (1979) identified social cognition skills as including role taking/empathy, social discrimination and inference, social understanding/comprehension, understanding others’ motives, moral and ethical judgments, referential communication, and social problem solving. Whereas many typically developing students acquire these abilities as they mature, this process component is by definition the most difficult area for students with ASD or intellectual disabilities.

Despite the inherent difficulty in this area of personal growth, students with ASD and developmental disabilities can make progress when provided interventions. They can learn strategies for social problem solving and gain social discrimination skills from arranged experiences; it’s important to reinforce their moral and ethical judgments, and to provide opportunities to practice social problem solving.

Outcomes

The outcomes from successfully developing social competence are some of the most positive aspects of life itself: self-esteem, self-confidence, peer acceptance, acceptance by family and others, friendships, strong personal relationships, community acceptance, social independence, and a supportive social milieu. They represent the fulfillment of the needs and desires of the individual with a disability as well as the aspirations of parents, professionals, and care providers, who'd like to see that individual become a productive and happy adult.
These outcomes are attained through the interaction of life experiences and the efforts of professionals acting on the lives of students with ASD and other disabilities. To achieve success, interventions must occur during the student’s entire developmental period, from preschool through secondary education settings.

**Preparing for Inclusive Settings: What Works Best**

One significant reason to support students in developing social competence is that modern educational practices are focused on providing instruction in the least restrictive environment, which for many students is the general education classroom. Social competence is essential for success in inclusive school and community settings. Another reason for addressing social competence is that structured learning activities are educationally more fruitful than previous instructional techniques, which relied on skill acquisition through tangentially related experiences (Lloyd & Carnine, 1981). Thus, programming for social competence should not be left to chance if it is to be effective. Social interaction skills are learned and mastered through practice and performance, and they must be taught (Bellini, 2006b).

There are a variety of approaches to teaching social skills. Although there is no single “best” way to teach social skills for all students with disabilities, structured procedures and sequences hold promise for supporting developing social competence. After reviewing research on academic instruction, Stevens and Rosenshine (1981) concluded that the most successful teachers were those who selected and directed activities; approached the subject matter in a direct, businesslike manner; organized learning around questions they posed; and occupied the center of attention. Since that time, a number of education researchers have agreed with Stevens and Rosenshine’s findings (Marzano, 2007). Further, researchers have concluded that the most efficient process for teaching is a three-step sequence of demonstration, prompting, and practice. During the practice phase students must experience a high level of success to sustain learning gains, and learning is enhanced when pupils receive feedback on their efforts. This structured sequence is often referred to as *direct instruction*. Several researchers have reported successful use of direct instruction approaches to successfully teach social skills to students with ASD (Flores & Ganz, 2007; Kroeger, Schultz, & Newsom, 2006; Lopata, Thomeer, Volker, & Nida, 2006; Webb, Miller, Peirce, Strawser, & Jones, 2004).

Research has also illustrated that academic instruction for students with disabilities is often best offered in a systematic, sequenced format. Close, Irvin, Taylor, and Agosta (1981) found that *instructional assistance* (verbal cues, modeling, and prompting),
systematic feedback, and repeated correct practice ensured learning. They used a variation of direct instruction techniques to teach life skills to individuals with intellectual disabilities. Similar structured learning approaches (e.g., introduce the skill, model the skill, practice skill, and facilitate generalization) appear to be successful with pupils with varied disabilities when teaching social skills (Gresham, 2002).

**What to Teach**

One of the major determinants of social acceptance appears to be perception of interfering behavior. Greater social rejection occurs for misbehaving children than for children with mild disabilities who are simply perceived as intellectually challenged (Gottlieb, Semmel, & Veldman, 1978; MacMillan & Morrison, 1980; Siperstein, Leffert & Widaman, 1996). Similarly, children with learning disabilities who tended to be rejected by peers were found to emit negative verbal behaviors in general education classrooms (Bryan, 1974). Some of the behaviors most important to gaining social acceptance in the general education classroom are attending, complying, volunteering, following directions, speaking positively about academic material, and remaining on task (Cartledge & Milburn, 1980). The National Association of School Psychologists (NASP; 2002) provided a list of important social skills that include listening, following directions, ignoring distractions, sharing, asking for permission, joining an activity, waiting your turn, asking for help, apologizing, accepting consequences, dealing with teasing, losing, accusations, being left out, and peer pressure.

In addition to facilitating acceptance among peers, positive behaviors encourage greater acceptance on the part of general education teachers and other school personnel, and result in the child with a disability having more positive interactions with these adults. Therefore, learning teacher-pleasing behaviors is an important part of developing social competence. For young children, a good place to start is with one of several lists of “kindergarten survival skills” (Brigman & Webb, 2003; McCormick & Kawate, 1982). To set the stage for personal growth, negatively perceived behaviors—such as aggression and acting out—must be reduced through teaching children how to interact in a socially acceptable way.

**Personal interaction skills** are equally important to ensure success in school settings; in fact, Bellini (2006b) asserted that these are the most important skills for students with ASD to develop friendships. Other authors have identified behaviors such as helping, sharing, smiling, greeting, joint attention, speaking positively to others, joining in conversations, and controlling aggression as necessary for adequate social interaction (NASP, 2002). In addition, recognizing emotions, complimenting, positive
physical contact, asking for information, extending invitations, giving information, taking turns, listening, positive eye contact, participating, expressing enthusiasm, and good grooming have all been found to contribute to positive social interaction (Cooke & Appolloni, 1976; Gottman, Gonso, & Rasmussen, 1975; Gronlund & Anderson, 1963; Mesibov & La Greca, 1981; Odom & Asher, 1977; Travis, Sigman, & Ruskin; 2001).

Individuals with ASD, developmental, or intellectual disabilities are often perceived as egocentric and therefore require concentrated training in social cognition—understanding what others are perceiving, thinking, and feeling. A major characteristic of individuals with ASD is that they lack the ability to perceive and understand the thinking of others (Simpson, 2005). Students with intellectual disabilities are often deficient at social inference, the ability to interpret what is happening around them, decision making, and problem solving. Students with ASD and other developmental disabilities also may lack understanding of social processes such as friendship (Greenspan, 1979).

Elias & Maher (1983) recommended a social-cognitive problem-solving skills framework as a foundation for school-based programming. They contended that social skill competence comprises a specific set of skills: an expectation by individuals that they can take personal initiative in a situation and gain a favorable outcome; sensitivity to others’ feelings and perspectives; the ability to set a clear goal and consider various possible consequences, to plan specific steps to reach a goal, and the behavioral repertoire needed to implement their plans; and the persistence to continue using their problem-solving skills in the face of obstacles, and the ability to refine their problem-solving strategies in light of experience.

Vaughn, Ridley, and Cox (1983) identified several skills that fit into the social cognition category, and designed an instructional program around them. Their instructional program for young children includes

- Fundamental language concepts (e.g. *same*, *different*, etc.).
- Cue sensitivity: Awareness of key factors in social situations and how to react appropriately to the situation.
- Goal identification: Proceeding from goals to action.
- Empathy: Taking the role of another.
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- Consequential thinking: Strategies for predicting likely outcomes of problem-solving methods.
- Procedural thinking: How to get from a chosen alternative to a desired goal.
- Integrating skills: Incorporating all of the components of the interpersonal problem-solving approach into a single process.

It’s clear that there are many skills and behaviors that must be taught to increase the social competence of individuals with ASD and intellectual disabilities; the timing of instruction is also important.

When to Teach

In some form or another, social competence must be taught at all times in a child’s life. Reinforcement of social affect and socially appropriate behavior will always be warranted. However, not every social competency must be addressed as soon as it is perceived as a deficiency. Decisions on when to teach a particular skill are related to the characteristics of individual children. Browning and White (1986) emphasized that instruction should be matched to children’s ages and their cognitive abilities. For example, a child with a mental age of 4 is not likely to have a well-developed concept of what is “fair” and what is “not fair.” Young typically developing children often acquire these concepts with little intervention. In contrast, some students have so many deficits that it is necessary to tackle the most obtrusive problem or the potentially most valuable skill first. In other words, it’s important to establish a system of priorities.

For students with ASD, social communication must be a priority at all levels of development. The SCERTS model (Prizant, Wetherby, Rubin, Laurent, & Rydell, 2006) posits that children with ASD develop in three stages of social communication: (a) social partner stage, (b) language partner stage, and (c) conversational partner stage. Many of the lesson plans we provide and the strategies we discuss in this book assume students are at the language partner or conversational partner stages of social communication development.

Determining when to teach a particular skill can be accomplished by responding to a series of questions. Affirmative answers to these questions may lead to the conclusion that the skill should be taught immediately; if an answer is negative, the skill may be taught at a later date. In some cases, the response to a behavior may have to be shaped through the use of behavioral analysis techniques rather than through instruction that requires the learner to apply cognitive strategies (see box, “When to Teach”).
How to Teach

No single approach to building social competence appears to be totally satisfactory. The approaches selected for use depend on a wide range of variables including age, mental ability, practice opportunities, communication skills, and a host of concerns related to the student’s unique needs. Further, improving social competence is a longitudinal matter: Efforts must be made throughout the student’s entire school career. It is unlikely that a lesson or two on how to make friends will result in the individual establishing close personal relationships. Children must have sufficient self-esteem, confidence, and risk-taking ability to make friends. At the same time, they must have the ability to understand how their friend feels and thinks, the moral and ethical judgments to be respected by a friend, and the ability to solve social problems that assist in sustaining friendships. To state this more broadly, the individual must attain sufficient social affect, adequately perform social skills, and exercise social cognition to become socially competent.

Improving Social Affect

In the mid-20th century, authorities believed that simply dealing with the self-concept of children with mild disabilities (by removing them from the frustrations of general education) would result in socially maladaptive behaviors disappearing (Kirk & Johnson, 1951). Several studies have indicated that students in special education class settings tend to have somewhat better self-concept than similar students with similar disabilities in general education classes (Bear, Minke, & Manning, 2002). However, this does not mean that they have better social skills or that they are better liked by others; it only means that they think better of themselves.
With the current federally legislated mandate to educate children in the least restrictive environment, it is very important to approach social affect in a variety of ways. Because affect is part of all social behavior, this aspect of social competence is best taught when integrated into all instructional areas, as well as being taught directly. Many sound practices may be infused into everyday academic and personal development instruction.

Building a healthy social affect begins as soon as a child enters school. Attempts to shape effective behaviors such as cheerfulness, good posture, good grooming, independence, and optimism should be ongoing throughout the student’s school career. General and special education teachers can positively impact social affect in a variety of ways, including providing instruction and activities in which the individual student can be successful, reinforcing smiling, making eye contact, expressing enthusiasm, and demonstrating assertiveness. Further, simple corrective feedback on behavior such as posture and grooming assists in developing an affect which contributes to social acceptance.

In many cases, efforts to build social affect require the efforts of more than just a single special education teacher. Success can be achieved by through peer reinforcement and prompting interactions (Strain & Odom, 1986), adult confederates (Sargent, 1983), and classmates (McGinnis & Goldstein, 1984). Strain and Timm (1974) were able to increase cooperative play of children with disabilities and their typical peers by reinforcing the children without disabilities for initiating interactions and cooperative play.

Simply integrating students with ASD and intellectual disabilities into general education classes is unlikely to improve social affect and social skills (Bellini, 2006a; Gresham, 1982; Jenkins, Speltz, & Odom, 1986; D. Johnson, Johnson, & Maruyamma, 1983). However, interventions can facilitate interaction and improve self-concept. A procedure that works well in general education class settings is cooperative learning, where students engage in cooperative goal setting. Students with intellectual challenges engage in twice as much interaction in cooperative learning environments than in competitive learning situations; they also have better self-esteem and maintain relationships during periods of free play (R. Johnson & Johnson, 1983; Pierce & Schreibman, 1997). Another benefit of cooperative learning is that typically developing students become more accepting of their peers with disabilities (Ballard, Corman, Gottlieb, & Kaufman, 1977; Cushing, Kennedy, Shukla, Davis, & Meyer, 1997). To be successful in cooperative learning activities, however, students with ASD often need to learn how to behave in those settings (Bock, 2007).

Using peer tutors is another approach to teaching social skills. McMahon, Wacker, Sasso, Berg, and Newton (1996) demonstrated that peer-mediated social skills instruction impacted learning of social interaction skills. Sasso, Mundschenk, Melloy, & Casey
(1998) found that peer-mediated instruction worked best in dyads rather than in triads. (See Chapters 2 and 3 for further discussion of grouping students for instruction in inclusive settings and peer-mediated instructions and interventions.)

In most cases, direct instructional techniques to improve social affect are combined with attempts to improve social cognition. A variety of materials were published in the late 1960s and early 1970s to teach children behavior such as understanding feelings and being optimistic. This older methodology for teaching skills such as social problem solving usually adhered to a story-followed-by-discussion format (Goldstein, 1974); current practice is to follow any classroom discussion with role-playing and modeling to reinforce the desired skill. Using video and video modeling with students with ASD has proven successful due to students’ strengths in visual learning; Browning and White (1986) were among the first to use interactive video media to deal with affect concerns including “being positive” and “being responsible.” The methodology of teaching social affect directly resembles other aspects of direct instruction. This often includes presentation of a story or video and then discussing the important learning points of the media used. Role-play and practice typically follow discussion.

**Impacting Social Cognition**

Social cognition and social affect are so closely linked that most authors do not separate the two. Much of what the professional literature describes as affective instruction is what we define as social cognition. Interventions in the area of social thinking are worthwhile, but research indicates that they must be accompanied with specific skill instruction to be successful and have long-term benefits for individuals with ASD and intellectual disabilities (Bellini, 2006b; Castles & Glass, 1986). Although not as powerful as social skills training, instruction in the arena of social cognition addresses some important elements of social competence untouched by most specific-skill training approaches. An additional positive attribute of training in social cognition is that students are given strategies for dealing with a wide range of problems and conditions. In contrast, specific-skill training tends to focus on narrowly defined operations. The majority of the research has been conducted in areas such as role-taking ability and social problem solving.

Elias and Maher (1983) developed a model for teaching social-cognitive problem solving skills. To teach these skills, they used videotapes, discussion, and role-playing. They stressed the importance of knowledge of children’s cognitive ability at different ages. According to the authors, use of video and film is especially valuable because:
• Video activates a range of sensory modalities; it also stimulates motivation, attention, and is easily recalled.

• A synergistic learning effect occurs when video is combined with discussion that promotes learning of a general cognitive strategy.

More recently, researchers have used video modeling, self-video, and computer-based strategies to improve social skills and social cognition of students with ASD and intellectual disabilities (Bernad-Ripoll, 2007; Bernard-Opitz, Sriram, & Nakhoda-Sapuan, 2001; Browning & Nave, 1993; Crites, & Dunn, 2004; Embregts, 2003; Nikopoulos & Keenan, 2007; Wang & Spillane, 2009). In addition to book-video combination resources (e.g., James Stanfield, 2010; Knapczyk & Rodes, 2001), there is a variety of video programs specifically designed for teaching social skills. Videos work well with a variety of learners and many are specifically designed for students having ASD and intellectual disabilities. Ogilvie (2011) provided a step-by-step model for using video modeling to teach social skills to students with ASD. Wang and Spillane (2009) performed a comparison meta-analysis of promising practices and found that video modeling qualifies as evidence-based practice.

Vaughn and colleagues (1983) validated their problem-solving training with children with intellectual disabilities and preschoolers. The procedures included discussions, modeling, and rehearsal. Through these processes, students demonstrated significant gains in interpersonal problem solving compared to controls. Students increased response repertoires to include trading, sharing, getting assistance from others, and waiting.
Another useful approach for enhancing social cognition is cognitive behavior modification; Meichenbaum (1977) recommended a five-step approach (see Figure 1-2). Similarly, Bash and Camp’s (1980) thinking aloud procedure encouraged children to verbally rehearse responses and alternative solutions to social problems.

Teaching response strategies that students can apply helps students gain social problem-solving skills. Students learn the strategy of verbal self-instruction to deal with problem situations by verbalizing their thinking during simulated problem solving and decision making sessions. Strategies are rehearsed and then applied when needed. Browning and White (1986) used this procedure in conjunction with videos focused on areas including “being positive,” “relating to others,” and “being responsible.” In addition to verbal rehearsal of strategies, they used self-talking, workbooks, homework, role-playing, and expansion games. Rosenthal-Malek & Yoshida (1994) found that meta-cognitive strategies could be used to teach social problem solving to students with intellectual disabilities. The difficulty with these procedures is that they are highly reliant on language that many individuals with ASD and cognitive delays have little skill using. However, with adequate practice, cognitive behavior modification can be used successfully with students with ASD and mild intellectual disabilities.

Bellini (2006b) recommended using self-monitoring techniques to assist students with ASD acquire and practice appropriate social behaviors. He indicated that these strategies were effective for a number of externalized behaviors such as work completion and disruptive behaviors.

Teaching Specific Social Skills

There is some evidence of success using direct instruction methods when teaching social skills (Cartledge & Milburn, 1980; Kroeger et al., 2006; McGinnis & Goldstein, 1984; Mesibov & La Greca, 1981; Sargent, 1983; Stephens, 1978; Strain, Shores, & Timm, 1977; Strain and Wiegerink, 1976; Webb et al., 2004). The procedures used for the various direct instruction approaches are all very similar. They rely heavily on modeling, role-playing, practice, and feedback.

Social skills differ slightly from social thinking. Social skills are overt behaviors related to specific social needs such as making an introduction, sharing, or staying out of fights. The instructional procedures for the lessons included in Chapter 5 are, in effect, direct instruction of specific social skills with adaptation and consideration for the characteristics of learners with ASD and intellectual disabilities (see Chapter 4). Albeit powerful, direct instruction is most effective when accompanied by additional instruction and practice.
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Figure 1-2

**Behavioral Approach to Teaching Social Skills**

- **Teacher** models the approach, saying aloud the steps to follow to reach a solution to a problem or situation.
- **The student** models independently approaching a problem or situation with adult guidance, saying the steps aloud.
- **The student models self-guidance independently without guidance, saying the steps aloud.**
- **Modeling with faded self-guidance, the child whispers the steps to his or her self.**
- **Using covert self-guidance (self-speech), the learner solves the problem independently.**

## Individualized Social Skills Instruction

Several approaches are available to teachers wishing to provide individualized treatment for a social skill deficit (see Chapter 4), such as social stories (Gray & Garand, 1993), scripts, power cards (Gagnon, 2001; Spencer, Simpson, Day, & Buster, 2008;) and individualized behavior plans.

Gray and Garand (1993) introduced the process of using stories to teach social skills to students with autism. In this model, social stories involve four basic types of individually prepared sentences used to guide behavior change, written for a specific student and related to a specific behavioral need (Gray, 2000):

- **Descriptive** sentences provide information about the setting, constellation of people, and what they are doing.
• **Perspective** sentences describe the state of other people to encourage students to learn how others might perceive a situation.

• **Affirmative** sentences refer to a law, rule, or common belief to reassure the student.

• **Directive** sentences tell the student what to do to be successful.

Using the social stories strategy, researchers have reduced crying, screaming, and hitting by young children (Adams, Gouvousis, VanLue, & Waldron, 2004); increased participation in novel events (Ivey, Hellin, & Aberto, 2004); and reduced disruptive behavior (Crozier & Tincani, 2005; Graetz, Mastropieri, & Scruggs, 2009; Kuttler, Myles, & Carlson, 1998). In addition, Kuoch and Mirenda (2003) demonstrated positive effects beyond initial training. Although Scattone, Tingstrom, & Wilczynski (2006) improved appropriate social behaviors using social stories, participants did not become fully competent; they concluded that social stories were effective for some children with ASD. Although many successful uses of social stories have been reported for selected groups of students, this technique has not yet achieved classification as a research-based strategy across the entire autism spectrum (Test, Richter, Knight, & Spooner, 2011).

Some social skills are so intensely important that we must address them in the most sophisticated and scientific means that we have. The use of function-based assessments and individual behavior support plans (see Chapter 4) may be appropriate for some students (for a teacher-friendly description of behavior intervention strategies, see Jones, 1998).

**Follow-Up: Coaching**

For typical populations, coaching as a teaching method has proved to be as effective as modeling (Odom & Asher, 1977), although La Greca, Stone, and Bell (1983) found that modeling was more successful than coaching alone for teaching social skills. Although slightly weaker as an initial teaching strategy, coaching remains a powerful maintenance and generalization strategy. Based upon the Teaching Family Model (Phillips, Fixsen, Phillips, & Wolf, 1979), the Boys Town curriculum and teaching strategies originally focused on improving the social behavior of institutionalized adolescents. The Boys Town social skills curriculum and training model (Black, Downs, Bastien, & Brown, 1984) incorporates some components that can be effectively adapted for use with students with ASD or intellectual disabilities. The Complete Teaching Interaction component is a structured and useful tool for facilitating maintenance and generalization of learned social skills, using feedback and reteaching (see Figure 1-3). This
### Boys Town Model for Teaching Social Skills

<table>
<thead>
<tr>
<th>Expression of affection</th>
<th>(e.g., smiles, physical contact, use of the student’s name, statement of affection)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial praise/empathy</td>
<td>(a positive statement related to the student’s accomplishments or a statement of concern about the student’s feelings)</td>
</tr>
<tr>
<td>Describe inappropriate behavior</td>
<td>telling the student exactly what was inappropriate.</td>
</tr>
<tr>
<td>Describe appropriate behavior</td>
<td>or demonstrate an alternative behavior.</td>
</tr>
<tr>
<td>Provide a rationale</td>
<td>to the student, pointing out the benefit or consequences for engaging or not engaging in certain behaviors.</td>
</tr>
<tr>
<td>Request acknowledgment</td>
<td>to check for understanding—some steps may need elaboration or repeating if the student does not understand.</td>
</tr>
<tr>
<td>Practice</td>
<td>to make sure the student truly understands how to perform the skill.</td>
</tr>
<tr>
<td>Provide feedback</td>
<td>to the student to reinforce and/or correct performance (during the practice component).</td>
</tr>
<tr>
<td>Provide consequences</td>
<td>to teach students the relationship between their behavior and the results of their behavior.</td>
</tr>
<tr>
<td>Offer general praise</td>
<td>to end the session positively and reinforce the student for participating in the teaching/learning experience.</td>
</tr>
</tbody>
</table>
procedure can be used as part of a follow-up to direct instruction for students with ASD and intellectual disabilities; it is too reliant on verbal instruction, however, to be used as the only approach to teaching social skills to students with cognitive and communication disabilities.

The Boys Town model is based upon the premise that teaching social skills is most effective when a problem arises. For example, when a student fails to accept criticism, that is the time to teach that skill. To be able to teach a skill, the teacher must be very accurate at observing and describing behavior, and needs to be trained in specific approaches to implementing the process.

**Generalization: The Elephant in the Classroom**

A major failure of many programs designed to teach social skills is that once taught to criterion, the student does not use the skills in different settings, novel situations, with changing constellations of people, or out of sight of the original trainers. Simply teaching the strategies described in this framework without addressing generalization is unproductive and a waste of effort and time. When taught in a classroom or clinic setting without follow-up support, the effect size of these training programs is very small for both individuals with ASD and those with intellectual disabilities (Barry, Klinger, Lee, Palardy, Gilmore, & Bodin, 2003; Collet-Klingenberg & Chadsey-Rusch, 1991; Gresham, Sugai, & Horner, 2001; Helgeson, Fatuzzo, Smith, & Barr, 1989; Webb et al., 2004). Despite the issue of poor generalization, empirical evidence demonstrates that with appropriate social skills instruction, generalization can be attained. After reviewing most of the research on social behavior of children with autism, Rogers

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**Social Competence Components**

**Social affect** represents appearances that the individual presents to others. These behaviors, such as cheerfulness and good posture, can be taught through infusion into other learning activities. They are reinforced through attempts to facilitate interaction and cooperation with others.

**Social skills** represent overt behaviors used in a variety of social contexts. They include groups of skills related to initiating and responding appropriately in personal interactions and numerous skills related to socially acceptable behavior in a variety of environments. Many of these skills can be taught directly, but instruction must include efforts to facilitate generalization.

**Social cognition** represents the thinking or cognitive component of social competence. Some aspects of social cognition can be enhanced through use of techniques such as role playing, training in thinking strategies, and cognitive behavior modification.
(2000) concluded that social behavior can be improved by intervention. Teaching social skills may take several weeks and should include integration with typically developing peers (Ellis, Wright, & Cronis, 1996); generalization effects for children with autism may be enhanced by facilitating interaction with typical peers and use of peer tutors (Laushey & Heflin, 2000; Roeyers, 1996; Wolfberg & Schuler, 1993). Yang, Schaller, Hang, Wang, and Tsai (2003) increased transfer of skills taught in a resource room for children with autism by having adults in general education classes mediate use of skills. Unfortunately, despite the success of students achieving generalization when the matter is addressed through instruction and follow up, some students occasionally regress when faced with emotionally charged situations, reverting to older and stronger competing behaviors (Gresham et al., 2001).

**Summary**

Enhancing the social competence (see box, “Social Competence Components”) of individuals with ASD and other developmental disabilities is a long-term goal of special educators. This goal cannot be accomplished unless the concern is addressed broadly and longitudinally. The breadth of concern includes taking actions to improve social affect, social skills, and social thinking.

No single approach to improving social competence is sufficient, and a variety of techniques for teaching social skills—or a combination of techniques—can be effective. Educators must continually reinforce appropriate social affect, teach social skills, and instruct students on using of thinking strategies to understand and solve problems in social situations.