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Friendship 101:

Helping Students Build Social Competence

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Introduction

Understanding Social Competence and Its Importance

Juliet E. Hart Barnett and Kelly J. Whalon

Friendships constitute a significant social experience for children and youth and enable them to develop and practice fundamental pro-social behaviors, such as mutual caring, emotional support, empathy for others, and sharing (Bauminger & Shulman, 2003). Friendship can be defined as "a social relationship based on interactions that are reciprocal, stable, and serve the functions of intimacy, companionship, emotional support, and affection" (Freeman & Kasari, 1998, p. 343). Consequently, friendship requires basic elements of social competence such as effective communication, cooperation, the capacity to understand and reflect on another's perspective, emotional regulation, and strategies for problem solving (Asher, Parker, & Walker, 1996). *Social competence* refers to the ability to integrate cognitive, affective, and behavioral states to accomplish goals in social contexts; more simply, it is how well children and youth get along with peers and adults in order to establish successful relationships and realize social goals (Odom, McConnell, & Brown, 2008). Dynamic and developing over time through repeated interactions, social competence is often considered the result of effective social skills (McCabe & Altamura, 2011).

Most children and youth develop social competence as they naturally interact with others across a variety of school, familial, and community contexts. However, children and youth with developmental disabilities (DD; e.g., intellectual disability, ID; autism spectrum disorder, ASD) experience difficulty developing social competence skills (American Association on Intellectual and Developmental Disabilities, 2013; American Speech-Language-Hearing Association, 2006; Guralnick, 2010; Lord & Jones, 2012) that are essential to establishing lasting friendships and relationships with others as well as enhancing quality of life outcomes (Carter, Sisco, Chung, & Stanton-Chapman, 2010; Stichter & Conroy, 2006). Although the extent to which students with DD have trouble acquiring social skills varies (Abbeduto & Short-Meyerson, 2002; Cook & Oliver, 2011; Hart & Whalon, 2011), their interaction skills differ from their typically developing peers (Carter, Ornstein Davis, Klin, & Volkmar, 2005; Guralnick, Connor, Neville, & Hammond, 2006), and they often experience lower levels of peer acceptance and fewer friendships (Carter et al., 2005; Odom et al., 2006; Rotheram-Fuller, Kasari, Chamberlain, & Locke, 2010). For some subgroups of individuals with DD such as children and youth with ASD, problems developing social competence skills are inherent (National Research Council, 2001). These challenges related to social competence often continue throughout the school years (Carter et al., 2005; Eaves & Ho,

Chapter 1

Assessing Social Competence: A Step-by-Step Approach

Maureen Conroy, Kelly J. Whalon, and Jose Martinez

Joseph, a student with autism spectrum disorder (ASD), attends a third-grade class at his local elementary school. Because Joseph does fairly well academically in school, he spends most of his time in this general education third-grade class, but he also receives some additional support from Ms. Coffey, a special education teacher. One of the areas that Joseph struggles with is social competence. Joseph often has difficulty reading social cues and engaging in social interactions with peers. When he does interact with his peers, the conversations are one-sided and peers often lose interest when Joseph fails to engage them in the conversation. Joseph wants to make friends, but lacks the appropriate social competence skills needed to interact successfully with his peers.

Riley is a 4-year old with significant developmental delays in the areas of communication, cognition, and social skills. In addition to receiving itinerant support through her local school district, she attends Ms. Rosie's class in a community early childhood program five mornings a week to help facilitate her social-communicative skills and assist her in making friends. Riley likes her classmates, but often prefers to spend time alone. At this time, Riley has limited communication skills and typically uses motor behaviors (e.g., touching or pointing), but is beginning to learn to use some simple signs to communicate her needs and wants.

For many teachers, including Ms. Coffey and Ms. Rosie, teaching social competence skills is a relatively new area of educational emphasis. Although Ms. Rosie has certification in early childhood education and received instruction on the importance of social development and play skills in young children, and Ms. Coffey is a certified special education teacher and received instruction in remedial education, neither teacher was taught how to facilitate social competence skills and individualize instruction for students with developmental disabilities (DD), such as Riley and Joseph. Fortunately, researchers have been making substantial gains in instructional techniques to help students with ASD or other DD learn the skills they need to become socially competent. This chapter highlights a step-by-step approach that teachers and other school staff can use to assess social competence skills for instructional purposes.

Chapter 2

Let's Play! Teaching Play Skills to Young Children

Mary Frances Hanline and Jennifer Riggie Ottley

Sachh is participating in a playgroup of twelve 4- and 5-year-old children in an outdoor area of an inclusive community early childhood education program. The program's monthly theme is water animals. Sachh and his peers are seated in a group on a wooden deck listening to the teacher, Jackie, read and talk about the book, Do Like a Duck Does! (Hindley, 2007). *Sachh, seated at Jackie's feet, points to the book and says, "Quack, quack, quack." Jackie imitates the quacks and says, "See, the duck is biting the fox."*

While Jackie reads, Bethena (an instructional aide) sets up play areas. One table on the deck has big plastic bins of water labeled with pictures of the items inside, a variety of plastic boats and water animals. Another is covered with books related to water animals, paper, and crayons. A sand play area contains shovels, buckets, and blocks; plastic alligators, turtles, and salamanders; and a hose to provide water to create mud. Another area is set up with two rows of four chairs and a single captain's chair to resemble a glass-bottom boat. A table near the boat contains two telephones, two computer keyboards, and a basket of tickets to be purchased for a boat ride. Bethena also makes dress-up clothes available, such as sun hats, sunglasses, boots, and flannel shirts.

After Jackie finishes the book, the children go to a play area of their choice. An airplane flies overhead, and Sachh covers his ears. When the plane is gone, Jackie says, "The airplane is gone, Sachh. You are fine. You can go play now." Sachh runs to Bethena, flapping his arms, and is helped to put on a flannel shirt. He runs off the deck, then returns when Bethena calls, "Come back, Sachh." When Sachh returns, Bethena reads a social script for the boating activity. Then she says, "Go buy a ticket and get on the boat" and points to where tickets can be purchased.

Sachh gets a ticket from the basket and says, "Ticket." Bethena encourages him to play, saying, "Give your ticket to Alexis and ride the boat." Sachh complies and seats himself on the boat along with two peers. Alexis brings a toy turtle to Sachh and asks if he wants the turtle. Sachh replies, "Ticket." Alexis says, "I'm going to be the driver," and returns to the captain's seat,

Chapter 3

Peer-Mediated Learning Strategies

Joshua Plavnick and Mari MacFarland

Peer-mediated learning strategies (PMLS) are evidence-based practices for teaching social interaction to individuals with developmental disabilities (DD; Reichow & Volkmar, 2010). PMLS involve teaching typically developing peers to interact with individuals with DD; peers and individuals with DD are then given opportunities to engage in social interactions (McConnell, 2002). The benefits of PMLS for children with DD include improved social competence, increased opportunities to interact with typical peers across multiple environments, positive models of social interaction, and independence (Sperry, Neitzel, & Engelhardt-Wells, 2010). These features often lead to the generalization of social interaction among individuals with DD, which is not an easily obtained outcome for this population (Bellini, Peters, Benner, & Hopf, 2007; Odom, Chandler, Ostrosky, McConnell, & Reaney, 1992). Peer-mediated learning strategies can also lead to academic gains, increased sensitivity to others, higher self-confidence, and expanded social networks among the typical peers involved in the intervention (Carter, Cushing, & Kennedy, 2008).

In addition to the benefits for children, PMLS provide a practical benefit for educators of individuals with DD (Carter et al., 2008). As the number of students with DD continues to increase, it is not practical to expect that one adult can provide all the instruction necessary for this group of learners. In addition, demands on teachers to deliver academic instruction decrease the amount of time educators have available to explicitly focus on social interaction skills, although learners with DD often require explicit and frequent instruction in social interaction. By training peers in the child's environment to be social skills teachers, an educator can embed explicit instruction in social interaction throughout a child's day without compromising requirements to provide requisite academic instruction. Thus, the optimal outcome of PMLS is that all parties benefit from being involved in the process (Carter et al., 2008).

Overview of the Evidence for Peer-Mediated Learning Strategies

PMLS are supported by an extensive research base for children with DD and can be used across a range of ages or settings and to teach a variety of target behaviors (Sperry et al., 2010; see also Goldstein, Kaczmarek, Pennington, & Shafer, 1992; Odom & Strain, 1986; Sainato, Goldstein, & Strain, 1992). Research has shown the efficacy of the intervention for children from preschool

Chapter 4

Employing Teacher-Mediated Social Skills Strategies

Monica E. Delano and Liz Stone

The professional and lay literatures describe dozens of social skills interventions for children with autism spectrum disorder (ASD) or other developmental disabilities (DD). Researchers and practitioners often sort these interventions into a variety of categories, such as peer-mediated, adult-mediated, and comprehensive interventions. This chapter describes four teacher-mediated, child-focused social skills interventions. Similar to McConnell's descriptor, "child-specific interventions" (McConnell, 2002), the term "child-focused" in this context means that the interventions are designed to increase the social skills repertoire of a specific target child or of a small group of target children with ASD. These interventions generally involve an adult modeling, prompting, and reinforcing specific social behaviors in a natural or contrived context during initial training to provide children with multiple opportunities to respond, but peers must be included during the intervention process to ensure generalization. After introducing three vignettes that will be used throughout the chapter, four teacher-mediated strategies will be described: joint attention training, adult-mediated prompting and reinforcement, video modeling, and social skills group training.

Robert is 5 years old and has been enrolled in an early intervention preschool program since he was diagnosed with ASD at age 3½. He speaks in two word utterances and can request some preferred toys and edible items with prompting. He is fascinated by round objects (e.g., balls and wheels) and likes to play under a table and away from peers. He responds to adults' bids for joint attention inconsistently and rarely initiates joint attention.

Jalayla, a middle school student with ASD, has successfully learned many social skills (e.g., greeting familiar peers, ordering lunch in the cafeteria, requesting a break) from the video modeling tapes made by her teacher, Mr. Timbing. Jalayla's parents contacted Mr. Timbing for advice about how to help Jalayla participate more fully in the drama production at school. Mr. Timbing suggested that they use video modeling. After discussing the routines of daily practice sessions with the drama coach, her team decided that teaching Jalayla to greet her peers at the beginning of the practice sessions would be a good starting point. Individual students greet each other by saying things such as "What's up?" or "Good to see you." Usually, Jalayla arrives at the practice session and sits at the snack table without interacting with others.

Chapter 5

Using Embedded Instruction to Enhance Social-Emotional Skills

Tara McLaughlin and Patricia Snyder

Most children in Ms. Roberts' preschool classroom are able to follow the daily schedule, participate in routines and activities, and play well with their peers. A few children in her classroom need extra help to play, be part of a group, and make friends. Ms. Roberts wants to identify strategies for teaching social-emotional skills for two children in her classroom: Sue and Damien. Sue is a 4-year-old diagnosed with Down syndrome. She uses a few single words and signs to express her wants and needs but does not interact with other children in the classroom. Damien is 4 1/2-years old and exhibits developmental delays. Damien is able to express his wants and needs using short phrases, but he does not interact or play with his peers and during free-play spends most of his time lying on the floor pushing a truck back and forth.

Developing or strengthening children's social and emotional competence has been identified as an important curricular focus in contemporary preschool programs, especially in programs that include young children at risk for learning and behavioral challenges or those with disabilities. Developmental and behavioral scientists generally view social-emotional competence as a multivariate construct (Denham, 2006; Domitrovich, Cortes, & Greenberg, 2007; Fantuzzo, Bulotsky-Shearer, Fusco, & McWayne, 2005; Odom, McConnell, & Brown, 2008; Vaughn et al., 2003). Examples of knowledge and skills associated with this multivariate construct include social competencies (e.g., understanding social cues, social problem solving); emotional competencies (e.g., emotion knowledge and expression, empathy and perspective taking); and, in some cases, self-regulation and executive functions (e.g., attention and impulse control, planning skills).

Although consensus exists about the importance of developing or strengthening young children's social-emotional competence, there is less agreement about related knowledge and skills that should be targeted for intervention or instruction. Recent conceptualizations from a social-emotional learning perspective, however, are useful for (a) identifying social, emotional, and self-regulatory or executive function skills needed to strengthen the social-emotional competence of young children at risk or those with identified disabilities; and (b) optimizing early learning experiences through promotion, prevention, and intervention strategies that will support preschool children to learn and use these skills (Dodge, 2011). In addition, because social-emotional

Chapter 6

Maximizing Social Competence Through Family and Caregiver Interventions

L. Lynn Stansberry-Brusnahan, Terri Vandercook, and Kelly J. Whalon

Meaningful relationships were identified as one of five valued life outcomes that families indicated as critical to achieving a high quality of life for their children (Giangreco, Cloninger, Mueller, Yuan, & Ashworth, 1991). That meaningful relationships are important to both adults and their children should come as no surprise. Friendships in particular are a special type of relationship. "Friendship is about choice and chemistry and cannot even be readily defined, much less forced. This is precisely its magic" (Van der Klift & Kunc, 2002, p. 23).

> *The overwhelmed parents of a young child, Collin, expressed to his educator that the social challenges resulting from their son's disability undermined their confidence in their caregiving abilities and generated doubts about being able to meet Collin's needs. One of the hardest things for these parents to come to terms with was that their son might never have friends. The school professionals knew that Collin spent most of his waking hours at home under his parents' care and that as professionals they transition in and out of his life. Thus, these educators recognized the need to support Collin's parents in their desire for him to make friends.*

Collin's educators recognize the benefits of partnering with families. Caregivers are instrumental to their child's social development, and their influence begins from the earliest parent-child interactions (Guralnick, 2010; Sheridan, Knoche, & Marvin, 2008). Similar to teachers, caregivers deem friendships are important (Hollingsworth & Buysse, 2009), which make them helpful partners in addressing social goals. Partnering with families may even be essential to the social development of children with autism spectrum disorder (ASD) or other developmental disabilities (DD) because caregivers arrange many of the social opportunities that can lead to friendships and greater peer networks (Freeman & Kasari, 2002; Guralnick, 2010). In addition, children with ASD or other DD need multiple opportunities to interact socially (McCollum & Ostrosky, 2008), and by partnering with families it is possible to create a comprehensive plan that targets the social goals of children with ASD or other DD in a variety of contexts (Sheridan et al., 2008).

Chapter 7

Developing Effective Peer Networks

Erik W. Carter, Heartley B. Huber, and Matthew E. Brock

Devin would make a great friend. He has a quirky sense of humor, a knack for pulling clever pranks, a love of country music, and a passion for sports. But few other students at Columbia High School even know Devin, let alone are aware of his many strengths. Like most other students with severe disabilities at his school, Devin spends relatively little time in the same classes or clubs as his peers without disabilities. Although his teachers and parents want to involve him more fully in the life of the school, they wonder how best to support such participation.

During the fall semester, Devin attended two general education classes: American history and computer science. The special education teacher assigned a new paraprofessional, Ms. DeStazio, to support Devin in both classes. Initially worried about disrupting other students, Ms. DeStazio chose to sit with Devin near the back of the classroom. This also made it possible for them to arrive a few minutes after the bell rang and leave a few minutes early to more easily navigate the often-crowded hallways. Ms. DeStazio was focused on ensuring Devin completed his daily assignments in class, and she worked individually with him even as other students in the class worked in small groups. She hoped other students in the class might reach out to get to know Devin, but they rarely did. By the end of the semester, Devin had learned quite a bit about American history and how to navigate a computer. But he rarely had talked with anyone other than Ms. DeStazio, and he had no friends.

Ms. DeStazio sensed her constant presence might be a barrier to interactions with other students and to Devin's involvement in some class activities, but she wasn't sure what alternatives might exist. Moreover, she was somewhat reluctant to fade back her direct support because she might be viewed by the classroom teacher as "not doing her job." Besides, if she didn't help Devin, who else would?

For students similar to Devin, schools typically present a combination of potential opportunities and clear challenges. Although inclusive education has been advocated for a host of philosophical, legal, and empirical reasons (Jackson, Ryndak, & Wehmeyer, 2008/2009), most schools still

Chapter 8

Let's Hang Out! Facilitating Meaningful Recreation and Leisure

Sharon deFur, Juliet E. Hart Barnett, and Kristen Tarantino

Dave, a strong, 14-year-old teenager with autism spectrum disorder (ASD) and other developmental disabilities (DD), had limited recreation and leisure experiences, particularly with other teens. His family used to enjoy the beach, swimming, and boating, but they had not been able to participate in these activities since Dave was very young. His family admitted that their attempts to take him places, particularly with a group, frequently resulted in a meltdown that was physically and emotionally exhausting and publicly embarrassing. They wanted to find an activity that Dave could do and enjoy along with the family and with friends.

Dave's individualized education program (IEP) added recreation therapy as a related service; assessment revealed that water and swimming were interests of Dave's. Private one-on-one lessons with the therapist in a heated indoor pool worked well for Dave. He even jumped into the water wearing a life jacket and squealed with delight!

Dave's teacher wanted to take the next step and take the class swimming at the outdoor community pool. Although Dave's parents were worried about his safety, they agreed that they wanted him to be comfortable at the pool with a group of teens. They wanted him to learn to "hang out" with friends.

The pool was busy that day with lots of children and teens playing, diving into the water, and playing Marco Polo. Dave began to get agitated shortly after arrival, rocking back and forth and pacing. Dave refused to wear the life jacket because it was red and he wanted a blue one. Dave screamed, "Blue, blue, blue," and threw himself onto the ground. Other teens began to look at him and ask, "What's wrong with him?" Dave's assistant found a blue life jacket, which Dave wore, and he began to calm down.

They found a quieter corner of the pool, and Dave edged in, but then jumped out and yelled, "Cold!" He then sat on the edge splashing the water a little and smiling. Suddenly, the Marco Polo game got close to him, and he began to scream and flap his hands; next he jumped out of the pool and began running out the gate toward the busy parking lot. His teacher caught up just in time. The pool manager came to the teacher and said, "I don't think he belongs here."

Chapter 9

Let's Talk About Sex: Promoting Healthy Relationships and Sexuality

Peggy Schaefer Whitby and Jason Travers

Sara is a 15-year-old girl with intellectual disability. Similar to most 15-year-old girls, Sara desperately wants a boyfriend. She is a very attractive and naïve young lady. She recently has started to act on her crushes. Sara follows the boy she has a crush on, tells others he is her boyfriend, and writes love letters to him. The boys do not always have the same feelings for her, but Sara continues her pursuit until she has a crush on a different boy. Sara participated in the ninth-grade health-education class and a social-skills group. However, her parents are concerned about her ability to implement her knowledge in a real-world setting. They are concerned she will be teased, or worse, sexually exploited.

Sara's parents want her to have meaningful intimate relationships, but they are worried for her safety. Although the thought of Sara getting hurt or pregnant frightens her parents, they realize that Sara has normal desires and a right to have intimate relationships. They discuss their concerns and risks with the individualized education program (IEP) team. To reduce the risks, the IEP team designs an intervention plan targeting appropriate skills for having a girlfriend or boyfriend. After assessing Sara's current level of social and relationship skills, it is determined that she needs to learn how to initiate appropriate social interactions with boys, read their social cues to determine if they are interested, and adjust her behavior accordingly.

Sexual development is an essential part of the human experience, but people with developmental disabilities (DD) have historically been viewed as sexually immature or entirely asexual (Konstantareas & Lunsky, 1997; Lesseliers & Van Hove, 2002; Stokes & Kaur, 2005). Human sexuality involves a person's development of their own beliefs, attitudes, values, sexual knowledge, and behavior as they relate to gender, other roles, identity, and personality (National Commission on Adolescent Sexual Health, 1995). Unfortunately, sex education may often be excluded from intervention programming for students with DD. A narrow view of sexuality, the taboo nature of sexuality, and laws regarding sex education may deter stakeholders from considering and providing sex education to students with DD (Travers & Tincani, 2010). However, this is problematic and may be counterproductive to achieving educational goals.