



Becoming Social:

Interventions with Youth Who Have High-functioning Autism and Asperger Syndrome

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Many adults come up short on social skills. Some of these may be co-workers, friends, or family members who make occasional blunders. Remember Uncle Fred's last visit? But some of these individuals may experience marked social skills deficits throughout life, as is the case with young adults who are diagnosed with High Functioning Autism or Asperger Syndrome (HFA/AS). Indeed, researchers often describe lack of social understanding as one of the core, underlying deficits in autism.

Family members of individuals with HFA/AS can attest to their many unique and sometimes humorous social missteps. Whether it is awkwardness conversing with peers or blunt and loud comments about others, it is obvious that social functioning is problematic. Many times each day, youth with HFA/AS encounter situations that call for social skills. As students at school, they often have difficulty with everyday expected interactions, such as playing group games at recess and using popular slang with peers. Many students with HFA/AS can be found hanging out in the library at break or walking the perimeter of the playground in solitude. The natural ability of their "neurotypical" peers to join groups, make small talk, and joke together baffles adolescents with HFA/AS.

Social consequences of poor social skills

Following years of constantly struggling to make friends, to be understood, and to fit in to a peer group, young adults with HFA/AS have significantly higher rates of depression and anxiety than their typical peers. These young adults speak about their difficulties with social interactions, feelings of isolation, longings for intimacy and connectedness, desires to contribute to their communities, and urgent desires to develop greater social awareness.

Adults with HFA/AS also report that their lack of social skills has a profound impact on their employment opportunities. They say that the social aspect of holding a job dramatically impacts their ability to retain employment and receive promotions. Routine steps that often involve social communication, such as completing a job application, participating in a job interview, adapting to new work routines, and interacting with co-workers are among their perceived obstacles to job success. There is a clear need for successful interventions that begin during childhood or adolescence and that focus on teaching appropriate social understanding and interactions. Are these possible?

Can young people with HFA/AS learn appropriate social functioning?

Much of the research in the area of social functioning and autism revolves around the teaching of social skills. The purpose of social skills instruction for individuals with HFA/AS is to teach them what to do in specific social situations. While social skills instruction is an important strategy for promoting social success, some critics argue that it merely teaches individuals "how to" act in specific social situations, but not how to generate any kind of "social thinking" or problem-solving about how to act in novel or unexpected situations. "Social thinking" has been described by researchers Crooke, Hendrix, and Rachman (2008) as the *why* behind socialization (i.e., why we do what we do). These investigators developed an eight-week treatment and generalization session program that focused on increasing pro-social verbal and non-verbal responses and decreasing anti-social ones. The intervention was based on Michelle Winner's (2005) *Think Social!* curriculum, emphasizing improving social cognition in order to generate more appropriate social behaviors.

The authors just reported pre-post outcomes for the first six male children, aged 9 to 11 years, who participated. Following social thinking instruction, there was a robust increase in pro-social behaviors, including verbal output in social exchanges and non-verbal behavior (e.g., attending to the speaker) that sustained the social interaction. Participants significantly improved their observed social behavior by increasing the extent to which they stayed on topic and sustained conversation. The skills of looking toward a speaker or making eye contact also improved. In addition, the ability to initiate conversation using visual cues, prior knowledge, or shared interests increased significantly. There was also a decrease in indicators of poor social skills, including verbal ones (e.g., rude remarks; perseverating on one topic; off topic comments; talking to oneself) and non-verbal ones (e.g., arm, head, or leg movements; sound effects or noises). Importantly, data collection not only took place during the structured teaching sessions, but in other non-structured settings as well. These findings are encouraging, because the challenge to date has been to teach individuals with HFA/AS to use social thinking strategies and to generate successful social behavior in multiple settings.

Fortunately, parents, too, have noted improvements after their sons or daughters with HFA/AS have participated in intensive social skills training programs. Tse and colleagues (2007) from McGill University developed a 12-week, 1.5 hours/week, social intervention that incor-

porated social skills training with an emphasis on improving social cognition or social awareness. The program included lessons covering the following skills: awareness and expression of feelings; making eye contact; recognition of non-verbal communication; politeness; introducing oneself; listening to others; starting a conversation; maintaining a conversation; ending a conversation; making small talk; negotiating with others; responding to teasing, hygiene, dining etiquette, and dating etiquette. Many of the exercises were adapted from the book *Skillsstreaming the Adolescent* by Goldstein and McGinnis (2000).

The authors reported on the outcomes for 46 adolescents with HFA/AS, whose average age was 14.6 years. They participated in six different groups of seven or eight adolescents each. Parents evaluated the program by completing surveys pre- and post-treatment that assessed children's social cognition, social communication, and social motivation as well as maladaptive behaviors such as irritability, lethargy, withdrawal, stereotypic behavior, inappropriate speech, conduct problems, insecurity, anxiety, and feelings of over sensitivity. Parents perceived significant increases in the social skill domains and significant decreases in areas of maladaptive behavior.

What does the future look like?

Becoming social is a realistic goal for today's young adults with HFA/AS, as long as professionals, teachers, and parents provide them with the appropriate tools for participating in increasingly complex social situations. Such interventions

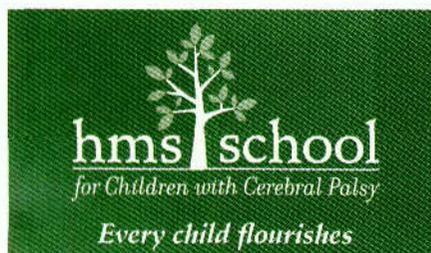
should begin in early childhood and should be incorporated into the curriculum throughout the child's school years. However, even if some of today's young adults missed the social skills boat during childhood, it is hopefully not too late to take advantage of social skills programs. However, as most of these programs have been developed for youth, there is a need for further program development and evaluation focused on socialization and work outcomes for young adults. Becoming more social would enable these young adults to develop better relationships with co-workers and peers who share similar interests, and thus to reduce social isolation.

We should note in closing, though, that there is still no "cure" for the social deficits accompanying HFA/AS, and that one should not expect fully typical social behavior. In addition to seeking out social learning opportunities, families can be most helpful by having expectations that match the skills of their youth with HFA/AS and celebrating his or her specialized interests and unique personality. •

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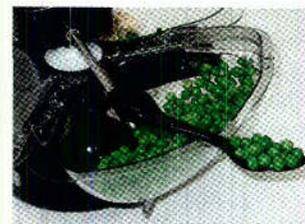
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