

Exploring Relationships and Social Skills

A Developmental Map to Social Success

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Unusual, strained, or scarce social interactions often constitute many of the visible and distinct indicators of Autism Spectrum Disorder (ASD). Formal diagnostic descriptions, professional resources, and firsthand accounts delineate innumerable examples of ASD-associated interpersonal behavior. Yet, if prompted to synthesize the general challenges faced by individuals on the spectrum throughout the years leading up to adulthood, responses from caregivers, service providers, and individuals with ASD would inevitably reflect stark variations. In the absence of a uniform trajectory to guide expectations and interventions, how might one gauge the social implications of ASD when it comes to daily functioning, educational attainment, career aspirations, and overall wellbeing?



Furthermore, is it even possible for individuals with ASD to acquire the foundation of social understanding that precedes meaningful interactions and relationships?

Across levels of language development, cognitive ability, and age, the journey of social development within the context of ASD is riddled with pronounced peaks and

valleys (Baron-Cohen, 1988; Bhatia, Rajender, Malhotra, Kanwal, & Chaudhary, 2010; Ormond, Krauss, & Seltzer, 2004; White, Keonig, & Scahill, 2007). However, conceptualizing the interpersonally-based impact of ASD as stemming from *differences* rather than *deficits* serves to thwart obstructive myths, facilitates realization of individual strengths, and serves as a primer for applying evidence-based strategies to promote social learning.

An individual's profile of assets and challenges must be assessed, constructed, and integrated within the frame of the dynamic social world so that skills may be cultivated in a way that consistently matches potential. For example, social motivation varies immensely across children, adolescents, and adults with ASD. The common perception that individuals on the spectrum are invariably devoid of empathy and experience minimal desire for social connectedness is misleading, if not outright inaccurate. Differentiation must be

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made between possessing a true preference for solitude versus wanting – and possessing potential – to form relationships but lacking the skills for doing so. In addition, descriptions of “friends” by those with ASD may range from being purely motivated by mutual interests to entailing deep and heartfelt discussions that occur solely in the forum of an internet-based group. Thus, an individual's views around expectations, preferences, and understanding of social connectedness must be explored as a component of planning for social intervention.

The flip side in attending to the individual social ideals is the reality that adequate skills for engaging in interpersonal exchanges and relationships, regardless of the form that they may take, are essentially unavoidable components of daily functioning. Trials of various social interventions have consistently highlighted the value of preparation, repetition, and explicit teaching as an alternative to social learning strategies that are naturally acquired by neurotypical peers (Bellini, 2008). As a result, devising an educated, proactive approach is strongly recommended for the purpose of instilling prerequisite skills and generating tactics to manage the shifts in social demands that correspond with respective developmental stages.



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In cases that involve identification of ASD during early childhood, a slew of therapies and proactive services may be available and, as supported by outcome research, are best utilized to the fullest extent possible. That being said, the time



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and attention spread across a range of concerns often results in the omission of considerations around some of the most basic social learning experiences in childhood. One of the most prominent examples takes the form of play skills. It may sound

counterintuitive to place emphasis on recreation when there are so many deficits that are prioritized based on urgency, yet a “downward social spiral” often has underpinnings in peer rejection during these critical years (Bhatia et al., 2010). Using experiential learning techniques to build a preschooler's understanding of the physical cues, expectations, and suspended reality that may be encompassed in play lays the groundwork for positive perceptions of interpersonal exchanges. As one may deduce, early experiences that result in a generally positive attitude towards socialization comprise the basis for increased motivation to interact, stronger self-esteem, and, yes, even having fun!

Advancement to middle childhood and the elementary school years is characterized by a shift from friendships based primarily upon shared interests to involving stronger emotional and conversational demands. Furthermore, the concepts of popularity and cliques slip into the social framework and carry heavy implications for children already susceptible to social exclusion. Whereas typical development allows for detecting subtle cues and mastering the expansive bank of unwritten

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situational rules, clear directives regarding the *specifics* of acceptable versus inappropriate behavior constitute an essential component of the learning process for children with ASD (Bellini, 2008). The level of specificity that some children may require is exemplified by the 10-year-old boy who had recently learned about empathy during social group participation. He proudly greeted the facilitator upon arrival to the following session with, "Oh, hello, I am sorry that you're having such a bad hair day today!" A lesson on social filtering was subsequently added to the agenda.

The construction of social scripts, particularly for application in scenarios encountered throughout a typical day (e.g., introducing oneself or providing a balanced amount of personal information), may be especially meaningful throughout this developmental stage (White, Keonig, & Scahill, 2007). Encouraging supported participation in a structured group activity, such as martial arts, dance class, or music instruction, creates a low-pressure forum for practice. Furthermore, the confidence and competency that ensues may be strengthened by further incorporation of less structured outlets, such as boy scouts or girl scouts and broader group recreation.

Using the previous reference to the "pronounced peaks and valleys" involved in social development for individuals with ASD, entry into adolescence is frequently viewed as a deep and arduous valley. Amidst the inherent hormonal chaos, rapidly shifting emotions, and pressure for proficiency in adaptive skills, adolescents with ASD frequently show a spike in awareness of their interpersonal difficulties and struggles in "keeping up" with peers. The convergence of these factors, among others, predisposes adolescents with ASD to low self-esteem, traditional and relational bullying, anxiety, depression, and other co-occurring disorders (Gjevik et al., 2011). Consequently, implementing proactive strategies and closely monitoring adjustment and mental health is necessitated.

Maintaining purposeful but open dialogue about the range of impending social and personal challenges instills generalizable understanding, empowerment, and self-advocacy that becomes crucial as continued development unfolds (White, Keonig, & Scahill, 2007). Adolescent engagement in psychoeducation and interventions may be best achieved through use of approaches that cater to the age-related

or person-specific interests; examples may include use of video modeling through clips from popular television programs and roleplaying realistic scenarios while inserting humor or maintaining a light-hearted tone (Bellini, 2008). Transition into late adolescence entails an ultimate push for prerequisite skills in independence, requiring a multifaceted approach that secures buy-in from the adolescent at hand.

Although it would be a disservice to overlook the changes in service eligibility and societal expectations that constitute an inevitable component of the hurdle into adulthood, these changes afford the opportunity to lay the foundation for self-motivated assistance and independent decision-making. Coaching and modeling to delineate goals for higher education, career development, and living arrangements sets the stage for successful attainment. From a practical, yet often overlooked, aspect, shifting concerns around both physical and interpersonal safety must be directly addressed. Research has suggested that independently functioning adults are prone to experience a greater range of difficulties, since they often receive substantially less support (Gantman, Kapp, Orenski, & Laugeson, 2012). Identifying relevant forms of assistance and resources, which may range from services provided by the state Office of Developmental Disabilities, to participation in an ASD network, to ongoing therapeutic involvement, is especially salient.

Despite the variation across individuals and developmental stages when it comes to social findings, expectations, and interventions, a set of broadly applicable key points may be discerned. Early efforts to establish a tight system of specialized supports and care providers create an enduring framework for progress. In addition, much-needed interventions aimed at building self-awareness require *conjunctive* strategies for promoting self-confidence and coping skills. Although, the one-size-fits-all "instruction manual" for growing up with ASD has yet to be created. However, it would unquestionably emphasize the role of unique strengths and careful balance of developmental commonalities with individualized flexibility. Social navigation for individuals with ASD is an ongoing process riddled with innumerable bumps in the road, but navigating the journey becomes much less daunting with a reliable map in-hand.



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ASPIRE Center for Learning and Development is a multidisciplinary practice in Melville, NY that specializes in assessment, consultation, and treatment for Autism Spectrum Disorder; Attention Deficit/Hyperactivity Disorder; disruptive behavior disorders, and other social learning difficulties. Detailed information can be found on our website at www.aspirecenterforlearning.com, by telephone at (631) 923-0923, or by emailing info@aspirecenterforlearning.com.

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