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Approaches for Developing Social Interaction

Chapter overview

Children with ASD face severe problems in social interaction with peers and adults, mainly due to their inability to read and comprehend social cues, social situations and other people's intentions (Bellini and Peters, 2008; Mundy and Stella, 2001). This chapter looks at ways to improve socialisation at home and at school, which in turn may reduce the experiences of social rejection and isolation, and promote social-emotional inclusion, which is as important as academic inclusion. I refer to two approaches that can be employed either at school or at home, Social Stories and the Circle of Friends.

Social Stories

Carol Gray (1994) developed an approach called 'Social Stories' in order to address the social and communicative problems of children with ASD, as well as their difficulties with theory of mind (Hutchins and Prelock, 2008; Iobst et al., 2008; Konstantareas, 2006). A Social Story describes a social situation that may be problematic for a child with ASD, while providing simultaneously clear indications and directions for the manifestation of the proper social responses. It offers a social scenario that the child with ASD can study in order to learn how to react to a situation that causes stress, insecurity, or aggression. More specifically:

a Social Story is written to provide information on what people in a given situation are doing, thinking or feeling, the sequence of events, the identification of significant social cues and their meaning, and the script of what to do or say; in other words, the what, when, who, and why aspects of social situations. (Attwood, 2000: 90)

Since the difficulties that each child faces are unique, it is reasonable to assume that every story is individualised and adjusted to the child's needs and cognitive level. However, Livanis et al. (2007) argue that Social Stories could also be used as a group treatment for adolescents with high-functioning autism in schools. The story usually comprises two to five sentences (Simpson and Regan, 1998), which include:

Descriptive sentences that explain where the story takes place and who the main characters are.

Directive sentences that provide the proper behavioural response (the directions must be very clear, accurate, and consistent).

Perspective sentences that describe the feelings and the responses to other people in a specific situation (to develop the empathy of children with ASD so that they realise that their actions and their words influence the feelings of other people).

Affirmative sentences that express the beliefs that are shared by the child's cultural context.

Gray (2000, 2004) later proposed two more types of sentences:

Control sentences that describe similar acts and responses without using human characters, for example, a turtle moves slowly from one place to another (the stories that use animals as protagonists may be less threatening and more familiar to children, but not all will have the ability to understand the symbolism).

Cooperative sentences that provide information on who will help the child if needed and in what way, to make him feel safer and to provide a reliable reference point.

The Social Story may have the form of a book with a cover. Each page contains usually one or two sentences and a corresponding picture or image, but pictures are not necessary for children who understand written language. Although therapists tend to use all types of sentences, Gray (1994) suggests that sometimes you may omit directive sentences, because the child with ASD can interpret and respond accordingly to a situation with the guidance of the other three types of sentences. Hagiwara and Myles (1999) attempted to present a Social Story with the help of a computer so as to ensure that it would be delivered in exactly the same way every time. They also enriched the presentation with images and visual or auditory effects. The introduction of computers in schools facilitates the training of children with ASD to use computerised Social Stories, which can improve rates of social communication with the

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appropriate access to social reinforcement (Sansosti and Powell-Smith, 2008). Otherwise, you would take out the social element from the Social Story. The process of reading a story is also an opportunity for interaction between the child with ASD and a significant adult (for example, the mother), which is missed if you use a computer, so it might be better to use the computerised version only when you cannot devote time to teach each child individually. I take a similar stance on stories that are presented either through audio equipment or through videotapes (Charlop and Milstein, 1989).

The creation of a Social Story that can produce noticeable change in a child's social behaviour is an extremely challenging task. Therefore, Gray (1994) and Gray and Garand (1993) offer some guidelines for designing and implementing successful Social Stories:

1. Identify the problematic behaviour or situation that you wish to change by working together with the parents or other adults who spend a lot of time with the child with ASD and know where he faces particular difficulties. Then identify the social behaviour that must change in order to increase the child's positive social interactions, to create a safe social environment and to provide additional opportunities for social learning. It is important to ensure that you have understood the child's personality, so that you can adjust the Social Story to his specific characteristics or traits.
2. Collect information on the behaviour that you want to change, for an extended period of time so that you observe if it occurs under specific situations. You will need to know who is involved, how long the social situation lasts and which events signify its beginning and its end. Data collection usually lasts between three and five days, or longer if deemed necessary (depending on the frequency of the behaviour). Ask parents or other individuals who know the child to share their information with you.
3. Write a Social Story using descriptive and directive sentences that offer a perspective and a sense of safety. A good guideline for writing an effective Social Story is the creation of two to five descriptive, perspective or affirmative sentences for each directive sentence, that is, the basic social story ratio. Gray (1995, 2000) also recommended the complete Social Story ratio that resembles the basic ratio, but which also includes control and cooperative sentences. No matter which Social Story ratio is adopted, the aim of the story is to describe a social situation and not to direct the actions of the child with ASD. The stories will vary according to the cognitive level of the child, and this dictates the writing style, the vocabulary and the content of the story (Reynhout and Carter, 2007). The stories must be written in the

first person and either in the present tense (in order to describe a situation as it occurs) or in the future tense (in order to predict something that may happen). Include one to three sentences in each page. One sentence per page is ideal, so that the child can concentrate on the words and process their meaning. If there are more sentences per page, the child may experience overload and misunderstand some information. Make your choice according to the child's level of understanding. Gray (1994) proposes that you use photographs and sketches or printed pictures, as visual representations might help the child perceive the appropriate behaviour better. However, pictorial representations might not describe a situation adequately or accurately. It is difficult, for example, to depict visually the expression of an emotion that is not reflected in the facial expression or the bodily posture.

4. After writing the story, check its content with the parents or the educators of the focus child with ASD. Then read the story to the child and show him the desirable behaviour; alternatively, let him read the story on his own. You can encourage him to share the story with his family and peers, so that they all have a common understanding of the appropriate behaviour and can help him stick to the scenario. The child must not be distracted when he reads the story, especially the first time. It might be a good idea to ask some clarifying questions in order to make sure that he understood the story correctly (Chan and O'Reilly, 2008). Gray and Garand (1993) proposed that you could ask the child to role play the social situation in order to assess his comprehension of the story.
5. In order to explore whether the Social Story has brought about the expected changes, observe the child's behaviour and record his reactions. To ensure the desirable change, read the story to the child on a daily basis and reinforce him appropriately every time he exhibits the proper behaviour. If the desirable changes in behaviour are not observed within two weeks, then you must revise the Social Story – changing only one aspect at a time. Likewise, identify which part of the story was dysfunctional, change it and try again to use the modified Social Story. When you alter the desirable behaviour, you need to create a programme in order to maintain and generalise it, while you start gradually to withdraw the Social Story. Finally, if you realise that the child can communicate effectively, then encourage him to identify the social targets that he wants to change and help him construct his own Social Story.



Question for discussion

Identify a behaviour of your own that you would like to change. How will you choose it (based on how easy it is to change it, how much it bothers you, what others think)? Whom would you ask for help? What alternative behaviour would you choose? How would you reinforce yourself to endorse the change? If it were that easy, why have you not changed it before? Consider the answers to these questions when contemplating preparing a Social Story for a child with ASD.

Social Stories and autism

Gray (1994) and Gray and Garand (1993) mention that Social Stories are more appropriate for high-functioning children with ASD but also for those with other learning disabilities. Kalyva and Agaliotis (2009) used Social Stories to enhance the interpersonal conflict resolution skills of children with learning disabilities, and Schneider and Goldstein (2009) used them to improve on-task behaviours of children with language impairment. In the framework of TEACCH, they are also used with low-functioning children with ASD. Scattone et al. (2006) argued that the population that Social Stories can best serve has not yet been fully identified. However, the use of pictures facilitates children with ASD who react positively to visual representations (Crozier, 2009; MacDuff et al., 1993; Pierce and Schreibman, 1994).

Gray (1994) reported that Social Stories can be used to fulfil the following goals:

- to describe a situation by providing simultaneously clear indications for the child's appropriate behaviour and reaction in a non-threatening way;
- to personalise and individualise the teaching of social skills;
- to teach the child adaptive routines and to support him in an effort to change certain behaviours;
- to teach the appropriate behaviours in a realistic social setting so that the child can generalise them more easily;
- to help the child face a variety of problematic behaviours, such as aggression, obsession with keeping routines, stress, and anger.

Tony Attwood (1998) reports that Social Stories are extremely effective in helping the child with ASD realise how he should react in certain circumstances and identifying which behaviours he should avoid.

Rowe (1999) studied the influence of Social Stories on a 3-year-old child

with high-functioning ASD who faced many difficulties in social interaction and communication. Visual stimuli distracted him, while he reacted with aversion to specific sounds and reported that certain auditory stimuli caused him pain in the ears. Rowe (1999) followed this procedure in order to collect information for the child in question:

1. She identified the social situation that posed a problem and asked the teaching staff to define the conditions under which the child felt anxious and did not function properly; for example, he refused to go to the cafeteria to eat with other children.
2. She interviewed the staff in order to explore the nature of the problem, the exact response of the child, and the frequency of his reactions. She discovered that he shouted that his peers were disgusting and noisy and he put up a fight with the assistant who tried to take him into the cafeteria. All the children were affected by this behaviour and the assistant wanted to quit.
3. The next step was to ask the teachers to brief her on the strategies that they had implemented in the past in order to solve this issue.
4. She then observed the behaviour of the child with ASD and kept detailed notes of the events that took place during lunchtime.
5. At the end, she asked the child to describe how he felt at lunchtime. It is very important to ask for the child's opinion and perspective, if he is able to communicate effectively. If he cannot talk, then you can ask him to draw the problematic situation.

Rowe (1999) wrote a Social Story entitled 'Lunchtime' in order to help the child cope with this situation. The teaching staff read the story to him just before he went to lunch. The first change in his behaviour was observed right after the introductory session, since he took his lunch basket, walked into the cafeteria, sat at the edge of the table and ate his lunch. He was under constant supervision for a period of approximately 12 weeks during lunchtime and everyone made positive comments about his improved behaviour (Rowe, 1999). Gray (1994) believes that Social Stories are successful because they are visual, they offer accurate information, they describe the expected behaviours and they remove the social dimension in order to maximise learning.

The Social Story simplifies and applies the cognitive schemas that the child holds for each social situation, and is based on his existing knowledge base. The story tries to expand this knowledge base so that the child can accommodate more cognitive schemas – namely, new ways of response. You can also use the Social Story in order to create a new cognitive schema, so that the child knows how to react in novel situations.

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Simpson (1993) mentions that Social Stories have been used successfully to introduce changes and new routines at home and at school, to explain the causes of other people's behaviours or to teach new academic and social skills. Although some children follow the scenarios immediately, other children react only after the introduction of additional prompts and motives. Social Stories can teach the child how to control his tone of voice while singing together with other children (Fullerton et al., 1996); share his toys (Swaggart et al., 1995); learn new routines and respond appropriately to changes in his routines (Gray and Garand, 1993); develop his play skills (Barry and Burlew, 2004); overcome problems in sleeping behaviours (Burke et al., 2004; Moore, 2004); improve communication skills (Adams et al., 2004); increase positive and decrease negative behaviours in the classroom (Ozdemir, 2008; Spencer et al., 2008) or at school (Toplis and Hadwin, 2006); and promote independent behaviours in novel events (Ivey et al., 2004). Furthermore, Smith (2001) showed that Social Stories can be used to teach management of inappropriate sexual behaviour (Tarnai and Wolfe, 2008), as well as risky behaviour, and to address physical inactivity (Zimbelman et al., 2007).

Thiemann and Goldstein (2001) studied the effects of written text and visual cues on the social interactions of five children with ASD and social inadequacies, aged between 6 and 12 years old. They also included two typically developing peers as social partners of each child with ASD in order to form five triads. The intervention was applied twice weekly and included 10 minutes of systematic instruction with the use of visual stimuli, 10 minutes of social interaction and 10 minutes of feedback through video. They found that the social skills of children with ASD were increased and generalised to other settings. Therefore, it is advisable to use visual directions to guide the social language development of children with ASD who interact with typically developing peers – for example, in the inclusion setting. Finally, Brownell (2002) explored the effectiveness of Social Stories that have been used as song lyrics and were accompanied by music, and concluded that they were as effective as Social Stories that had the form of a book. This could be explained by the observation that children with ASD respond positively to music.

Most studies that have examined the effectiveness of Social Stories have recorded positive changes in behaviour (Rowe, 1999; Simpson, 1993; Simpson and Regan, 1998; Swaggart et al., 1995). Cullain (2002) reported that Social Stories were effective in reducing the intensity of temper tantrums and anxiety levels experienced by the participants of her study. In order to reach the desired outcome, the story that was created for each child was read to him twice every day for a fortnight.

Feinberg (2002) claimed that Social Stories increased four desirable social behaviours: greeting behaviours; requests for participation in play activities; asking for the play preferences of another child and choosing another child as a play partner.

Kuttler and Myles (1998) conducted a study aimed at decreasing the temper tantrums experienced by a girl with ASD when she was studying in the morning and during lunchtime. These tantrums were accompanied by inappropriate verbal expressions and lying on the floor. The girl's behaviour improved and remained more positive after the end of the intervention, although the results were not spectacular. More specifically, according to Norris and Dattilo (1999), the girl did not manage to improve her behaviour while eating, but she did decrease her negative behaviour by 50 per cent. The fact that she stopped singing loudly or talking to herself probably made her a more attractive playmate.

Despite the encouraging results, I ought to point out that most studies on the effectiveness of Social Stories have methodological limitations or use incorrect story structures (Rust and Smith, 2006; Sansosti and Powell-Smith, 2006; Sansosti et al., 2004; Scattone et al., 2002). Simpson and Regan (1998) and Reynhout and Carter (2006) draw attention to the fact that studies assessing Social Stories are not strictly experimental and combine Social Stories with other interventions. They are usually done unofficially, in the school setting, and they are teacher-friendly, so that they can produce desirable changes that will help the participants achieve successful inclusion. Quilty (2007) found that paraprofessionals can be trained easily to write and implement Social Stories for children with ASD. Ali and Frederickson (2006) reviewed all the studies that were conducted on Social Stories between 1994 and 2004 and concluded that their effects show positive potentials. Sansosti et al. (2004) in a smaller relevant review reached a similar conclusion. Moreover, more recently, there have been a lot of studies that used experimental designs with a substantial number of participants and testified to the effectiveness of Social Stories (Crozier and Tincani, 2007; Delano and Snell, 2006; Dodd et al., 2008; Hutchins and Prelock, 2005; Quirnbach et al., 2009; Sansosti and Powell-Smith, 2006).

Lorimer et al. (2002) reported that the unwanted temper tantrums decreased during the implementation of Social Stories, but increased when the intervention ended. This could be explained by Staley's (2002) speculation that it is possible that it is not the Social Stories that are so motivating, but the reinforcers that are associated with positive behaviours. If the child does not discover a secondary reward in carrying out a certain behaviour, when the immediate reward that is

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presented in the Social Story is withdrawn, the child abandons this behaviour. Crozier and Tincani (2005) reported that maintenance probes that were conducted two weeks after the end of the intervention showed that the Social Story had become a regular instructional routine for a disruptive girl with ASD.

I strongly believe that Social Stories constitute an effective intervention that has the potential to help children with ASD overcome some of the difficulties they face, mainly in the area of socialisation. However, it is not possible to describe all the situations that may pose a problem in just one story. Social Stories can have even better results if they are combined with video modelling (Scattone, 2008).



Questions for discussion

How could a Social Story help a child with ASD who is verbally abused by a peer on a daily basis and as a consequence gets very upset and refuses to go to school? What should the Social Story model – to respond in a similarly aggressive way, to ignore his peer or to seek adult help every time the incident occurs? Will this solve the problem permanently? How could the story target the emotional element of verbal abuse?

Now consider an adolescent with high-functioning ASD who experiences symptoms of depression because he has difficulty trying to create friendly or romantic relationships with peers. If this situation does not create tension, disputes or negative behaviours within the family or school setting, it is likely that it will remain unnoticed. The adolescent, however, will probably suffer since the difficulties that he faces seem unsurpassable and can lead him to depression. Therefore, the risk involved in a certain social situation is subjective and it is important to direct your attention to problematic behaviours that are not always overtly expressed. It is easier to discern and identify the behaviours that cause disturbance at home or at school, while you might often fail to locate the social conditions that cause internal turmoil or pain to the child with ASD experiencing them.

Another fact that I need to stress is that if you are not very careful, you risk creating children who depend on Social Stories to such an extent that the stories become stereotypical behaviour. They may reach a point where they need to use Social Stories in every aspect of their life in order to function effectively. It is therefore essential to ensure that once a child with ASD follows a Social Story and resolves the problematic situation, you help him generalise the skills that he has mastered

in a variety of settings. As children with ASD tend to interpret speech literally, it would be interesting to try to teach them the meaning of metaphors or other abstract concepts through Social Stories in order to help them think more flexibly. If you take these points into account, you can create very effective Social Stories that will really help children with ASD overcome some social problems that they face.

Circle of Friends

One of the approaches that has been used to promote the inclusion of children with behavioural and emotional problems in mainstream schools is the 'Circle of Friends' (Newton et al., 1996; Taylor, 1997). It is a systemic approach 'that recognises the power of the peer-group – and thereby of pupil culture – to be a positive as well as a constraining or exacerbating influence on individual behaviour' (Newton et al., 1996: 42). The Circle of Friends has been proven highly effective, since it creates a supportive network in the environment of the child who starts to experience success and receive positive feedback from his peers.

It is possible to focus on a particular aspect of social skills that have not been mastered by the child or that the child did not have a chance to practise. Peers participating in the circle are taught how to handle the inappropriate behaviours exhibited by the child with ASD (Eccles and Pitchford, 1997; Norgate, 1998). This is the main reason why this method has been widely used with children who exhibit emotional and behavioural problems (Frederickson and Turner, 2003; Kelly, 1999). For example, it has been applied successfully to decrease bullying in the school setting (Taylor, 1997) with a 5-year-old child who was in danger of being expelled from nursery, because he had problems in forming and maintaining relationships with peers (Shotton, 1998; Smith and Cooke, 2000).

The aims of the circle are the following:

1. To create a setting where the child can come into regular contact with more socially able peers and receive their support.
2. To provide a framework that allows the teacher to focus on the social interaction deficits of the child.
3. To help typically developing peers recognise that the social impairment of children with ASD constitutes a fundamental and pervasive difficulty.
4. To address certain problems by introducing the notion of creativity to

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the members of the circle and to promote understanding of peer culture in certain educational settings (Roeyers, 1995; Whitaker et al., 1998).

Elliot and Busse (1991) agreed that this intervention could assist the generalisation of some of the skills that children with ASD already possess. However, as they maintain, this can be achieved through teaching behaviours that are normally highly appreciated in everyday settings, establishing training across people and settings where the focus child spends most of his time, encouraging the natural occurrence of target behaviours, reinforcing practise and applications of learned skills to new and appropriate settings, and including peers in the training process.



Sitting in a circle and interacting with adult supervision

Circle of Friends and autism

The Circle of Friends is effective with children with ASD, because it uses the social networks that operate within schools to create an environment that supports the 'vulnerable' child. It helps children with ASD deal with the social deficits that impede their full inclusion. Gus (2000) has successfully implemented the Circle of Friends in order to explain the nature of the disorder to the peers of a child with ASD, and Whitaker et al. (1998) mentioned that the typically developing children who participated in the circle reported increased social and communication skills.

Each session begins with a warm-up activity that is kept constant

during the whole intervention in order to signal its beginning. This ritual offers children with ASD an opportunity to feel safe, as they are in control of the situation. Each of the 12 sessions (one session per week) lasts for 30 minutes and usually takes place after the end of the educational day, so that the children who will participate in the circle have free time and the room is available. The teacher is asked to identify the typically developing children who would be suitable to participate in the circle. The criteria they use for this selection are the sensitivity of these children, the relationship that they have with the child with ASD, as well as the consent of their parents. The teacher briefs the typically developing children about the aim of the circle, and the way in which they can help the child with ASD interact with them. The teacher is usually in charge of the Circle of Friends and gives directions to the remaining members. Whitaker et al. (1998) mention that the teachers who participated actively in the circle reported that they felt more able to 'face' the child with ASD or to resolve a conflict.

Kalyva and Avramidis (2005) applied the Circle of Friends to nursery children with ASD for a period of three months with the help of one nursery teacher and four typically developing children from each school. The effects of the intervention were systematically examined by means of an observation schedule which recorded the number of responses and initiation attempts – both unsuccessful and successful – of all participating children with ASD during baseline, post-intervention and at the 2-month follow-up. The findings revealed that children in the intervention group had significantly fewer unsuccessful responses and better initiation rates at post-intervention and follow-up than children in the control group. Moreover, children in the intervention group had significantly higher successful response and initiation rates at post-intervention and follow-up than children in the control group. I believe that the increase of desirable behaviours – regardless of its level of statistical significance – has great practical value. In the area of special needs, even the slightest improvement can produce spectacular changes in everyday life, both for the child with ASD and his family (Wilson, 1995). In order to maintain these changes, the Circle of Friends could be implemented at home. A parent could act as the leader and siblings, friends and classmates could be the remaining members of the circle.

I should point out that 'circle time' is an activity that is part of the nursery curriculum and therefore the nursery teacher is familiar with it. This constitutes an important advantage of the Circle of Friends, since the child with ASD learns to participate in an activity that does not cease to exist after the end of the intervention. He is given a chance to practise, generalise and master the behaviours that were reinforced

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through the Circle of Friends. This point is also stressed by Fox and McEvoy (1993), who claim that the behaviours that are maintained and become part of the child's repertoire are those that occur often in his environment.

The children sit in a circle and have a set of similar objects in front of them which they use in order to participate in some activities. Alternatively, they take part in verbal games. It would be advisable to have another teacher or assistant in the classroom who would sit near the child with ASD and intervene in case something serious happened (for example, when the child exhibits stereotypical behaviour and does not pay attention to the circle). Typically developing children who are members of the circle are verbally praised for their involvement in the intervention.

Since the aim of the Circle of Friends is not to teach or practise language but to improve social interaction skills (Roeyers, 1995), children with ASD who do not speak could benefit from it as well. In this case, the activities of the circle should focus more around handling objects or performing motor activities.



Question for discussion

How could the Circle of Friends be modified to allow mute children with ASD to be included?

A problem that can be observed is that many typically developing children who do not participate in the circle might express their dissatisfaction and ask why they cannot be active members of the group. Some of them may express feelings of rejection and ask persistently to remain in the classroom and observe the session (Kalyva and Avramidis, 2005). This problem can be solved with the creation of a parallel circle that operates during school hours without the inclusion of the child with ASD, or you could alternate the typically developing children who are members of the circle so that they can all have the opportunity to get to know the child with ASD. Likewise, the improvement of the provocative behaviour of the child with ASD will not be the responsibility of a small group of peers but of the whole classroom (Shotton, 1998). However, it is important to be extremely careful with the children with ASD who respond negatively to changes and cannot adjust to them easily.

It is worth mentioning that typically developing children seem to benefit from interacting with children with ASD or other disorders, since

they learn to accept and support them (Guralnick, 1990; Hendrickson et al., 1996). They realise that the latter are usually not responsible for their inappropriate behaviours that seem to be out of their control. Frederickson and Turner (2003) claim that the Circle of Friends – when implemented properly – directs attention away from the child with ASD, thus decreasing the danger of stigmatisation, a concern that was also expressed by Shotton (1998).

It is also worth emphasising that the success of this intervention – as well as most approaches presented in this book – is due to the degree of interest and dedication expressed by both teachers and typically developing children. It is better to choose boys and girls of varying abilities to become members of the circle, so that the child with ASD does not stand out.

Moreover, children with ASD communicate more when they engage in activities that they are familiar with and which require less attention. Therefore, it is necessary to suggest activities that are known to the child with ASD, since the aim of the circle is not to teach new skills but to practise communication with peers (Taylor, 1997). This is a very significant challenge for the teacher; it is widely accepted that children with ASD are not easily motivated and cannot sustain their attention for long periods of time. So, it would be preferable to encourage the child with ASD to select the toys that will be used or the activities that will take place during the intervention. This will partly ensure their positive mood and their active participation in the circle.

Calabrese et al. (2007) examined with qualitative measures the benefits of the Circle of Friends for the social inclusion of students with disabilities, asking parents and professionals, and found that: (1) a decrease was noted in the degree of alienation and estrangement among parents of children with disabilities; (2) participants reported increased involvement that was labelled a transformative experience; (3) the intervention provided ecological conditions for the social inclusion of students with disabilities; and (4) additional resources for the Circle of Friends might actually manage to increase its sphere of influence.

An issue that warrants special attention is the fact that children with ASD do not often initiate contact with peers – even when they are high functioning and can communicate effectively. They have a problem approaching a peer and sustaining the interaction (Lewy and Dawson, 1992; Prizant and Wetherby, 1987). Therefore, it is likely that the Circle of Friends represents for these children the framework that they need in order to take the initiative and communicate with another person. The structure of the circle may signify a safe and predictable environment, where children with ASD are given the opportunity to observe

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and imitate the behaviour of their peers, who act as behavioural models. However, it is imperative to make sure that the acquired skills are generalised to other people and settings.

This concern has also been expressed by Sapon-Shevin et al. (1998), who suggested that techniques such as the Circle of Friends do not adequately address the social deficits of children with ASD. The relationships that are created are not reciprocal, since the child with ASD receives continuous support and help from his peers, so not enough attention is paid to the general educational framework (McDonald and Hemmes, 2003). You also need to consider that even if typically developing peers who are part of the circle learn to interact effectively with the child with ASD, other peers will still not know how to behave.

Another significant parameter that I must stress is that the focus children with ASD might get upset if the circle stops as abruptly as it started. They may feel that they are being punished for doing something wrong by losing all the 'friends' that they made recently. Therefore, the teacher or the therapist who is in charge of the intervention should explain to the child why the circle must stop and to reassure him that he will have the opportunity to interact with his friends in other settings – for example, during circle time or during the break. The sudden and inexplicable interruption of a routine may be extremely problematic for children with ASD who depend largely on prediction of the surrounding environment (Jordan and Powell, 1995).

Frederickson et al. (2003) reported that a disadvantage of the Circle of Friends is that it does not devote enough time to teaching cognitive and academic skills. However, the curriculum should place more emphasis on the social aspect of development, which is equally important. Children with ASD have the ability to learn and practise social skills that will help them become more popular and less isolated, aggressive and withdrawn (Beckman, 1983; Cogher, 1999; Koegel et al., 1992; Oke et al., 1990). Therefore, it is essential to include training skills programmes in preschool and primary education.

The Circle of Friends is an intervention that does not aim to create friendly relationships – despite its 'misleading' name – but to develop and improve the communication skills of children with ASD who may grow to acquire friends (Whitaker et al., 1998). James and Leyden (2008) wrote that the Circle of Friends can help a closed and isolated or withdrawn child to open up and to engage in social interactions with peers. The studies by Whitaker et al. (1998) and Kalyva and Avramidis (2005) showed the effectiveness of the intervention in improving the social skills of the children with ASD who participate in the Circle of

Friends. However, Barrett and Randall (2004) said that more studies are needed to detect its effectiveness. Future studies should include more participants and stress the generalisation of acquired social skills across settings. For example, Frederickson et al. (2005) assessed the effects of the intervention on other settings after it ended.

You must also know that the main aim of the Circle of Friends is to help the peers understand the social difficulties that are experienced by the child with ASD; if you modify this environment, the children will be able to meet its demands. However, you must at the same time reinforce the social skills of children with ASD, so that they can function even in settings where people are not sensitive to their condition. Since it is not always possible to inform and prepare the environment to accept a child with ASD, you must equip the child with the basic skills that he needs to face the social challenges that he will encounter. Finally, I ought to stress that the Circle of Friends must be applied either before or straight after the inclusion of the child with ASD in school, so that he does not experience negative feelings and is not stigmatised by his peers. Prevention is better than intervention. In the past decade, there have been limited studies on the Circle of Friends in comparison to Social Stories, for example. This may also be due to the fact that there are other similar interventions that use a different name (Gutierrez et al., 2007) – for example, Carter et al. (2004) called it the friendship club.

Further reading

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