

TEACHING SOCIAL SKILLS

Andy Paulson, PhD
Integrated Development Services, President

- Our **focus** is on the family and child.
- Our **intent** is to engage through education and information.
- Our **practice** is guided by the belief that the most effective learning is in the context of interaction. Children and families learn best through:

🎉 Celebration
🎉 Expansion
🎉 Challenge

Guiding principles:

- Families are at the center of decision-making, planning and implementation of intervention.
- A child's growth and learning emerges in a spiral pattern, with each area of development influenced by the other areas. Learning is a continuous, life long process. A child will revisit, expand and build on competencies, as he grows older.
- An integrated model reflects best practice in providing intensive intervention for children with autism and their families. Resources for an integrated model used in the IDS program include: Relationship based therapy strategies; Applied behavior analysis for assessing child behavior and for teaching methods for specific skills; Sensory Integration Therapy strategies to address the child's regulatory competencies and challenges.

Guiding Practices:

- **Competencies in five developmental areas** provide a guide for identifying individual goals for each child. (Emotional/Sensory Regulation; Communication; Relationships; Learning; Daily Living).
- Individual goals are identified through initial and ongoing **Assessment**. Assessment methods include parent interview; structured assessment methods and Portfolio Assessment.
- An individual **Curriculum** is developed for each child and family. Assessment information determines specific child objectives. Child goals are identified based on the child's strengths and needs, with emphasis on competencies that are developmentally appropriate (i.e. similar to what other children the same age are learning) and have functional outcomes. Intervention is provided in environments that are important to the child and family
- A collaborative **Team** of parents and providers guides the IDS program. Additional support is provided through IDS psychologists, educators and speech and language pathologists through mentoring of the Senior Therapists and family consultation.



ACTion Planning



Through initial and ongoing **ASSESSMENT** an **ACTion** Plan will identify:

- Individual child strengths and learning challenges through focused observation; parent interview and structured assessment methods (e.g. Vineland; Playbased Assessment; Intelligence Testing; Achievement Testing; Psychoeducational Profile-Revised.)
- Family strengths, dreams and concerns.

Through individual **CURRICULUM** development an **ACTion** Plan will identify:

- Child goals based on Developmental Competencies in five areas:
 - Emotional/Sensory Regulation
 - Communication
 - Relationships
 - Learning
 - Daily Living
- Family goals based on parent's concerns and needs and their child's goals.
- Teaching programs that describe:

Goal	What the child will be learning. Observable child behavior that can be seen and/or heard.
Outcome	Why learning this behavior is important for this child.
Environment	Where the child will play, learn and practice this behavior.
People	Who will be involved in teaching and Interacting with the child to learn and practice this competency.
Methods	How this behavior will be taught.
Documentation	Quantitative and qualitative data on child progress toward learning this objective.

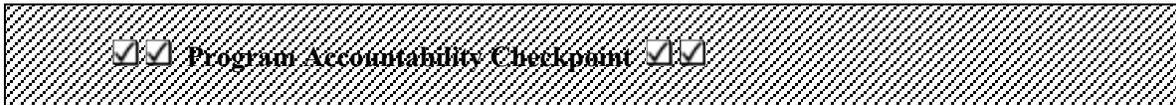
An **ACT**ion Plan will provide for a collaborative intervention **TEAM**:

- Guidelines for developing a collaborative team including communication and feedback strategies.
- Strategies for conflict resolution.

The **ACT**ion Planning Resource Guide also includes:

- Program Accountability Checkpoints – A method for therapists to self-assess inclusion of critical program components.

Example:



In all aspects of the Intensive Program Therapists provide leadership for each child's team. Consider the following components and note how and how well you think you are doing in providing these to your teams. Add next steps if there are areas that you identify as in need of change or improvement.

As a Therapist do I:

- Discover how to bring the child to that "just right place" for learning through his or her emotional and sensory system.
- Explore how to make and maintain pleasurable interactions and shared experiences with a child.
- Join parents in learning how to interact and communicate with their child to enhance the quality of their daily lives together.
- Plan for identifying the child's next learning steps and interests as they emerge and through chances for exploration.
- Build the foundation of comfort, familiarity and safety so the child can best use the skills he or she has and be open to challenges to learn new skills.
- Consider the child's development in light of what we know about typical development in children and use that as a guide to next developmental steps, not a developmental scorecard.
- Do the detective work to find out causes and solutions to unusual or challenging behavior.
- Support families in the coordination of a collaborative team of providers.

COMPONENTS OF AN IDS INTENSIVE INTERVENTION PROGRAM

- Four Program Phases
- Five Developmental Competencies

PROGRAM PHASES

Traditional educational interventions focus on changing the behavior of the child and bringing his/her abilities closer to the standard for a child of similar age. The IDS Integrated Intensive Intervention Program offers an alternative. This intervention model emphasizes movement through **four program phases** and **developmental competencies** identified for the individual child and family. Intervention is

then focused on individual child strengths and differences and child specific changes and development. Support is also available for parents and family members to identify their own objectives for learning about their child and developing their own resources.

In this model, emphasis is on the child and family's strengths. Children are not described by "functioning level" and labels are not used to predict best outcome. The child's program changes at a pace and timeline that fits individual and family need. How, what and how fast a child learns is measured against the child's own benchmarks with expectation of best outcome for that child. Attention is paid to developmentally appropriate competencies and age appropriate experiences and interactions to support learning. The goals that are targeted are focused on functional outcomes; that is, increasing the child's abilities to interact with family, teachers and friends, and to take in information and share their strengths and gifts.

In the IDS Intensive Intervention Program each child moves through four program phases on an individual timeline. Most children and their families participate in the program for 1-3 years. The IDS Program Phases provide a guide for the progression of intervention from simple, intensive interactions between a child and an adult (parents and therapists) to more complex interactions, use of skills and practice with family and friends during everyday activities at home, school and in the community.

Phase I: Beginning relationships:

In Phase I, parents and therapists place intervention emphasis on creating a child-friendly environment for play and interaction. In this environment the child learns how to regulate his activity and mood and find pleasure and comfort in interaction. The focus of interaction is on the child's sensory and emotional regulation, getting in tune with one another, discovering the child's interests and preferences. Intervention happens primarily in a contained play space to allow for intensive 1:1 interactions. During this phase, the child's team is being organized and assessments are conducted to gather information for targeting goals. Roles and responsibilities of parents and providers, methods of communication, and ideas about visions and dreams are major points for discussion.

Phase II: Sharing the agenda:

In Phase II, parents and therapists focus on activities and interactions that support the child in expanding his attention and decision making during play and daily activities. The child is learning to communicate feelings, share decision-making and the play agenda, share attention and solve problems. Individual children may be practicing more complex ideas during play, experiencing and recognizing more complex emotional expressions, and building competence in communication and relationships. Intervention happens in both a contained play space and in family activities. Earlier competencies are revisited (e.g. regulation) as needed by the child. The team meets on a regular basis to discuss observations and effectiveness of strategies and to continue ongoing assessment of child and family objectives.

Phase III: Consolidating and reaching:

In Phase III, parents and therapists are supporting the child in applying developing competencies and skills in more complex interactions and relationships and into the community. The child can now use his increased abilities to expand and sustain interactions, relationships and activities. Some children will begin building bridges between their ideas and other's ideas and take on more complex problem solving. Many children are now ready for more independence in daily living activities and making choices for their lives; joining into interactions with peers and many different environments and activities. The team is gathering information about child and family progress, continuing concerns, and beginning to think about next steps. Program focus includes: shared goals across environments; communication and coordination with community providers.

Phase IV: Transition and Next Steps: In Phase 4 parents and therapists are focusing on reviewing and celebrating the child's successes and accomplishments, planning for next steps and considering activities and services beyond the Intensive Program. These activities might include other community

supports and programs, therapies, mentoring, and/or IDS recreational groups. The child's learning will continue, though he has achieved his Intensive Intervention Program goals or no longer receives maximum benefit from an Intensive Program. The team has considered continuing options for services, supports and activities for the child and family and has made connections with other providers who may be providing those services. A final team meeting will summarize child and family gains and accomplishments; ongoing needs for support and create a way celebrate the end of the Intensive Program.

DEVELOPMENTAL COMPETENCIES AREAS

The IDS program focuses on individual child and family growth and development, and family concerns and needs. As a child and his/her family moves through the four program phases, emphasis is on practice and learning of Developmental Competencies in five areas:

- **Sensory/Emotional Regulation**
- **Communication**
- **Relationships**
- **Learning**
- **Daily Living**

Developmental Competencies from these areas form the foundation of a child's individual program. Specific intervention goals are planned for each child within each competency area.

The IDS Intensive Program is guided by a model of development that supports growth and learning in the context of interaction and relationships. Learning is a life long task. A child will learn, practice and revisit skills in the competency areas through a combination of natural growth and intensive interactions that join, expand and challenge the child. There is an ongoing relationship between the competency areas, and development in one area supports each of the other areas. Most children need to develop competence in regulation, to support development their skills in communication and relationships. Instead of a traditional developmental ladder, the Developmental Competencies emerge in a **spiral pattern**. As the child builds competencies there continues to be a relationship and interaction between those competency areas. A child is never done learning in any of these areas, just moves to a more practiced place on the spiral. All Competency Areas need to be considered in goal setting, and the order is important. For example, a child who is quiet and happy with his own thoughts and activities will practice connecting and interacting (S/E Regulation and Communication) before he is encouraged to be independent in Daily Living activities. Program emphasis is placed on developmentally appropriate experiences and interactions that provide the child practice in skills that will increase his/her opportunities for learning, interactions and participation in daily life.

Competence in **Sensory and Emotional Regulation** supports the child's ability to be open to a variety of experiences and express a range of emotions. This openness to sensory experiences and the ability to feel and express a range of emotions builds the child's desire and abilities to **Communicate**. Communication competence opens the door for the child to build **Relationships**. Once the child is communicating, he or she is then better able to initiate and sustain relationships. Stability in relationships and interactions provides the basis for sustained attention for increased competence in **Learning**. In the context of interaction and relationships, the child is then more able to participate in more structured learning and focused attention. Learning competence leads the child to develop focused attention and to participate in more structured learning activities to acquire information and knowledge. This information and knowledge, and mastery of the previous competencies are then practiced in academic and **Daily Living** activities. Participation in daily living activities is one of the ways a child contributes to family life and community life.

DEVELOPMENTAL COMPETENCIES DESCRIPTIONS

1. SENSORY/EMOTIONAL REGULATION

This Competency area describes a child's ability to shift sensory and emotional states (e.g. upset to calm) through interest in people and their activities. Regulation is a process through which a child then reaches that "just right place" for interaction and learning. We have learned that this process is best supported through the child's participation in interactive and sensory motor activities.

a) Sensory Regulation Competence allows a child to maintain an accessible calm mood, and recover from upset, pain or discomfort, intense emotion, or under reactions to interactions and activities. The child's regulatory system is key to his ability to make the connections needed to promote healthy relationships. Those relationships and interactions are key components of this model of intervention.

Interest in the world, people and their activities contributes to a child's ability to be happy and attentive, soothed when upset and able to focus on interaction. The young child can come to this calm regulated state because people and their activities are interesting and pleasurable. When the child is in this engaged, calm, yet alert state, the child will be most open to learning. Regulation of a child's state (mood, emotions, activity level, physical comfort) is a natural part of development and a maturing nervous system.

For many children with developmental challenges, this is an important competency to develop because they may not find interactions and the sights, sounds, movements, and feelings of other people and their activities very pleasurable. Sights may be too harsh, movements too fast or too slow, feelings too rough, sounds too loud. When a child is in this protective state it is difficult for him to be open to interaction and therefore open to learning. Sensory overload can create withdrawal, fight or flight responses in the child. The child needs to discover what he can control and predict. For some children under responsiveness may be the issue. Sensory input, the actions and sounds of other people may not register or bring a reaction from the child.

Regulation competence is not a single skill to be mastered. As a child moves through the four program phases he will revisit and practice the process of regulation through strategies of his own, and those learned through the support of parents and therapists.

When working on regulation competence we want the child to create a connection between his own sense of well-being and the adult who is interacting with him. The adult's ability to predict and provide the right type and level of interaction and sensory input creates the foundation for a trusting relationship.

In these predictable interactions, the child begins to experience and express a wider range of emotional responses and affect. He becomes open to the emotional expressions and responses of others.

Emotional Regulation Competence, provides the child with the ability to move beyond behavior that limits him to interactions that have the main goal of keeping himself safe and stable. An increased flexibility and sense of comfort in interaction leads to an increase in the experience and expression of emotion. Next comes the increased ability to recognize and respond to emotions in others.

Children learn and base their actions and behavior and make judgments on which behavior is appropriate based on how they feel inside. For young children emotions often lead the way and greatly influence the outcome of each and every interaction.

For a child with developmental challenges this is especially important to focus on once he is feeling more comfortable in his body and mood (regulation), and is then ready to experience and explore a wider range of emotions. Emotions are accompanied by feelings that may be new and different, and create

situations that are uncharted territory. The child may be learning to explore feelings he has not had before, or to notice emotions in others that he could not notice before (the good and the bad.) The child is now more open to influence, and more likely to assert his own influence. This requires a new map for daily life and interactions. Children are often learning about how happy they can be during interactions and how frustrated they can become as interactions and the issues involved become more complex.

Through this growth of emotional affect, experience and expression, a child often finds the desire and motivation to make his needs, wants, desires, and ideas known. He is ready to take on communicating at a new level. The tools for mastering his sensory and emotional world will be used to build the next steps to more involved and sustained communication.

2. COMMUNICATION

This competency area focuses on expanding and deepening the child's abilities to engage in ongoing, sustained interactions. Included are a range of skills and abilities that develop from simple, nonverbal cues and gestures (intentional and unintentional) and understanding, too more complex communication (e.g. verbal, pictures, sign, written) in which we share complex ideas and emotions.

Communication Competence allows the child to bring what is inside out, to share with and influence significant people in his life. The child now has an investment in creating comfort through interactions with a predictable adult, getting his needs met, and learning to share pleasure and common interests.

In the beginning, the program priority is supporting the child in the development of intimacy and relationships, shared pleasure with other people, and joint pleasurable attention. Many children will also be working toward learning communicative intent (i.e. I do this to let you know what I want/think) and intentional communicative behavior. A child develops the ability to pair what he is feeling or experiencing with taking action on those feelings. He then moves on to expression of his feelings, wants and interests, moving toward more complex communication. More complex may mean more steps when communicating or more complex ideas. First communications, or opening and closing the circles of communication (Greenspan ref) may even be rejections of what is offered, but any response or initiation is welcomed.

In these interactions, we are moving with the child toward longer and more frequent circles of communication and longer joint attention to an activity or topic. The child may be using two-way communication but often stops after 2-3 turns or shifts topics or attention easily. We want the child to respond in some way when an adult initiates an interaction and to keep that interaction going for 10-20 turns! This requires sustained contact and interest in the same or a related topic.

Any form of two-way communication, verbal and nonverbal (gestural, facial expressions, body position and movements) is useful for the child to practice. Learning to initiate and respond forms the foundation for more complex conversational skills. In this area the child is also developing the ability to attend to topics, materials and activities that are of interest to other people.

Practice and mastery of a range of early communication competencies opens the door to relationships. Growing communicative competence nurtures, sustains and expands those relationships.

3. RELATIONSHIP COMPETENCE

In this competency area, the child begins to practice and expand the skills in the previous areas, like building blocks, into more complex interactions with family, other children, friends and therapists.

Relationship Competence provides the child with the abilities and confidence to enter into relationships and social interactions that take place in many environments. Beginning at home and 1:1 play sessions, moving into school friendships, playgroup mates, people encountered at stores and in the community. A child may be learning about how to demand your attention, invite a friend to play, share materials and toys, seek information, join in with someone's play theme, ask for help, remember greetings and people's names. A child may also be learning to add social interaction with an adult or playmate during activities that the child already likes to do.

Relationships provide practice in understanding another person's perspective. In these interactions with a significant person, a child may practice staying with the interaction in the face of intense emotion on the part of the child and the other person.

In close relationships we find comfort, safety, a reflection of our self - knowledge. Intense emotions such as anger are often reserved for close relationships, and serve as an indicator of investment in the relationship or outcome of the interaction. In a close relationship a child has to be willing to be influenced. Both partners in a relationship learn to control their actions related to the other person's emotions, a more complex skill than acting on internal feelings alone.

In relationships, we learn about humor, and being flexible with our own agenda to preserve the relationship. The child's willingness and ability to be influenced in a relationship means that he can then be more receptive to the knowledge and information offered in structured teaching and learning.

4. LEARNING COMPETENCE

In this competency area the program focus is on expanding and broadening the child's ability to engage in sustained interactions and shared/joint attention to an interaction, play and/or instructional activity. There are two components in this area: a) Sustained Attention and b) Academic Learning.

a) Sustained Attention

When a child has reached this competency he has previously mastered: shared attention; increased flexibility. He is practicing where to his focus attention; keeping his attention external, becoming less internal in focus; shows curiosity, and a desire to explore.

The child is now more able to welcome and show interest in structured and joint activities offered by the adult. The child is ready to practice organized and structured early academic activities and integrate these early academic concepts during play. For young children this is the competency area that addresses the development of different types of play (e.g. Sensory, Relational/functional, Constructive, Pretend, Roles, Physical, and Games). For older children we may consider leisure or recreational abilities.

b) Academic Learning

The skills in this area cover the early academic skills that allow a child to master higher-level academic skills such as reading, writing and math. In an integrated intervention these skills are practiced in the context of play and daily activities. Functional use of these skills is the key, with integration of concepts into play, interaction and daily activities.

The competencies practiced follow a progression of developmentally appropriate skills. Attention is also paid to the functional use of those skills in ways that increase the child's participation in the activities of family, school and community life.

Each child will master academic competencies at their own developmental level. While some children will learn to read on their own, others may learn to read and spell significant words to communicate.

Adaptations of traditional academic skill will increase interaction opportunities and independence in later Phases of the program. The intent in teaching academic skills is to increase accessibility for the child, to open doors, not as the final outcome alone.

5. DAILY LIVING COMPETENCE

In this competency area, a child practices the activities and routines of daily life in a family and a community, however that is defined for an individual child. Daily Living Competence allows the child to join into family and community activities, and make a contribution in a way he may not have been able to before.

Each child is an important member of his/her family. In this competency area the child is learning to participate more fully in family routines and practice the skills needed for daily living. These skills now allow the child to participate in what other family members are doing, be more independent in self-care and attend community outings and activities. The child may be working through behavioral challenges or learning to master skills that make him safe and responsible in the community. Competencies are targeted that are age and developmentally appropriate and a good fit with the values and culture of the child's family.

Acknowledgement:

This document was written by Molly Murphy PhD and reflects the collaborative efforts of many IDS professionals.

Sunday Closing
Child of Mine, by Carol King