

## Web-Based Radio Show

### Social Groups Part I

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Good morning and welcome to today's broadcast. Thank you for joining us. Today we are going to talk about a very important topic; one that we get lots of questions about and one that is of great interest to every one: Social groups for children with autistic spectrum disorders and with other special needs conditions.

Now the first question is why are social groups important? The goal of the social group for children with special needs, especially for children with autistic spectrum disorders, is to provide a way for the children to practice and enjoy and thrive on relating to peers in the same ways that many of the children learn to really enjoy relationships with their caregivers, especially mom, dad, and other adults or sometimes older siblings that they relate to and are familiar with. The social group is essential because it is much more difficult for all children, but especially children with special needs and autistic spectrum disorders, to learn to relate to peers. It is not a surprise to all of those wonderful educators and clinicians who work with children with special needs for many years that peer relationships are difficult for the children they work with. For many years it has been thought that that is one of the signs, for example, of an autistic spectrum disorder, i.e., the difficulty in the relating to peers and that somehow it is intrinsic or part of the "condition."

My own clinical experience suggests otherwise. Children with special needs and especially autism have many differences in the way they process experience in the world. Many are sensory over reactive to things like touch and sound. Many crave sensation and seek it out. Some are under reactive and hardly notice sensations around them. Many have motor planning and sequencing problems and it is hard for them to relate beyond their own bodies to other people's moving bodies in space.

Now picture a child, for example, who is over reactive to touch and sound and has a hard time figuring out where his own body is in space let alone in




relationship to three or four other moving bodies that may be moving rapidly around him or her. That is a very confusing environment for that child. It might be overwhelming; it might cause a lot of anxiety. It wouldn't be surprising if that child resorted to some ways of self-calming which could involve what appears to others to be self stimulation, but for the child is a way of calming themselves so they might be staring off at a fan or staring at a light or moving their arms in a repetitive fashion or lining up cars. They might withdraw from the social milieu around them and seem to be in their own inner worlds. They might get impulsive and become aggressive because they become, in a sense, dysregulated and that might also be a way they are trying to cope with the confusion and the overwhelming environment around them.

Or, consider the child who is sensory craving. He or she may be banging into the other children around them and seem to be aggressive when they are actually just craving lots of contact and then they get overwhelmed and overloaded by the very opportunities for lots of sensory input and overload themselves because many children who are sensory craving are also sensory over reactive in certain ways as well. Or the child who is under reactive and doesn't seem to notice what is going on around them. It may seem unusual and they may appear to be ignoring or not wanting to interact with their peers when, in fact, they may want to greatly but are unaware that there are people talking to them or that people are making physical overtures with their hand gestures or sounds or trying to talk with them.

So in short, there are many reasons why the world of peer relationships can be overwhelming and overloading or underwhelming and under inspiring or confusing and anxiety-provoking for children with special needs and especially children with autistic spectrum disorders.

This description I just provided would suggest, however, that this need not be intrinsic to the condition because many children with what we describe as regulatory sensory processing disorders, who can relate warmly and have excellent language development and have excellent cognitive development and excellent social skills and emotional coping capacities in one-on-one relationships, also find peer relationships very difficult for the same reasons I just gave you – because they may be sensory very reactive, have motor planning challenges, and the combinations of those or either one alone makes the peer relationship much more difficult.




Even children without any challenges – regulatory or special needs conditions - may find peer relationships more difficult because they are less predictable. There are the needs of the peer which is not quite as easy to figure out as the patterns of the adult caregiver that you spent your whole life with. It is easy to know what mom and dad expect or what to expect from them than Mark or Suzie – a new person. Some children effortlessly progress through peer relationships and seem to love them which seems likely, and others it's a harder time.

Children with regulatory sensory processing differences and challenges, whether a product of an autistic spectrum disorder, other special needs condition, or just part of a regulatory sensory processing set of challenges will generally find peer relationships much more difficult. Yet while more difficult, it is an essential part of enduring a full, rich, and meaningful childhood.


Now the second question is need the challenge of learning to really enjoy peer relationships and becoming skillful at having not just peer relationships but true friendships, need that be something that is beyond the reach of many children with special needs and autistic spectrum disorders, or can it be within their grasp and within their reach? Can they learn to enjoy it as much as any child enjoys it? In my clinical experience, the answer is a resounding “yes” to that question. At the issue is one of, and here I'm going to underline this word and put it in quotes, “practice.” Practice, practice, practice. Like any skill that is hard, the more we practice it, the better we become at it, and the more we begin to enjoy it. So at first it seems not to be enjoyable or very difficult and the child may experience it that way too, they'll avoid the experience. All children avoid experiences that are hard or difficult or not immediately enjoyable whether it is fine motor control involved in penmanship, whether it is throwing or catching a ball, whether it is dancing, whether it is marching or doing other things with music like playing the drums. Many things that will eventually become enjoyable may not be enjoyable at first because they are difficult. Reading for some kids is an effortless activity. They pick it up, they love it, they like to be read to, and love to begin looking at pictures and then reading the stories under the pictures. For other children, this is a difficult, arduous task and they avoid it and not until they become good at it do they begin enjoying it. It is almost a truth of childhood that what is hard is not initially enjoyable and is avoided.

So the first lesson to learn about peer relationships and friendships is that like any skill – walking, talking, reading, even watching TV or listening to a record – until that becomes something that is easy for the child to do and something that



they can master, it won't be enjoyable. But once they become good at it, it can be a lot of fun. So the key is practice. Now practice is not easy and unfortunately in many educational settings there is not enough practice at interaction among peers on the playground in a regular preschool or regular kindergarten – often there is a lack of supervision and a lack of facilitation of interaction among children so the children who are gifted at it and start having fun together, running, jumping, giggling with one another, they may develop games they play or they may play organized games; other children may be on the periphery or wandering around kind of aimlessly. Those are the children who are having more difficulties with peer relationships whether they have special needs or they have an autistic spectrum disorder or a regulatory sensory processing set of challenges. Here it is very important for our colleagues as well as caregivers to facilitate interaction; pull two children off to the side and create a game where they interact with one another to facilitate peer relationships. So the key is practice. We have to create opportunities where there this practice can occur.

Now before talking more about the social group as a way in which we can provide opportunities for practice and opportunities for children to learn to enjoy peer relationships, let's talk about one more feature of relationships of children and peer relationships, which is how they develop and what series of stages we usually observe in the development of relationships among peers or friendships, and how they are similar to or different from relationships we observe between children and caregivers, and we will come to that in a second. We might not just be givers and shared laughter, but there might be opportunities with facilitation by an adult to roll a ball back-and-forth or to seem to babble at one another about who is going on the slide first as though an argument were happening. What was interesting, though, was the shared laughter, shared humor, and the pleasure that we began seeing evolving, and that occurred by 18 months or for some it was 15 or 16 months and some 20 months, but whether it was accessing this opportunity was beginning to be signs of real friendships and pleasure with one another. As they became more able to use ideas along with their gestures, we began seeing “no,” “yes,” or “me” or “me first” and actually talking to one another as well as the caregiver, but it occurred often with the caregiver. This then developed into pretend play where children could begin feeding each other's dollies with facilitation by a caregiver, and then on their own often. By ages 2-4, elaborate pretending in one-on-one peer relationships and then in small groups with two or three peers, one being the baby, one being the mommy, and one being the schoolteacher, and we would see soap operas and that would evolve




into grand epics, particularly by ages 3-4 as children became capable of more and more language. And then they would have discussions with one another, jokes with one another, and true friendships developed like we see in many preschools.

The key here was that the timetable was different. It occurred later than it occurred in the infant or child/caregiver relationship. As we look at social groups, we see a similar phenomenon, whether it is with children with autism or other special needs conditions, or children without any challenges. One only has to look at a birthday party for 3 year olds or 4 year olds who are very interactive and related and logical and creative in their child/caregiver relationships and in one-on-one peer play to see that the children often go off on their own and seem to be not interacting or talking much to one another; each one doing their own thing, so to speak. That occurs at these first birthday parties because of the complexity of the social group. There may be 8 or 10 or even more children together in a room and for all the reasons I described earlier, even for children without regulatory sensory processing challenges or with special needs conditions, the social environment is a bit overwhelming. So the children do the best they can which means they do their own thing and some may become disregulated and aggressive, some may withdraw a little bit, some play off in the corner by themselves, some just try to participate in the goodies, and some get upset and run to their mommies or daddies.

Now let's turn our attention to the social group itself, particularly the social group with children with autistic spectrum disorders or other special needs conditions or very severe regulatory sensory processing disorders, and look at the features of the social group.

First the goal of the social group: the goal, as I mentioned above is to create an opportunity for practicing relationships with other children who are more or less in the same age range. The second issue to address is how do we facilitate these relationships in the social group and what is the expectation for the children and what is the role of the educator, therapist, or caregiver in facilitating the relationships and the friendships?

If children would progress to the same stages that they did, and some of them are working on it actively as they are in the social group, are doing with their caregivers - from attending to others and to staying calm and regulated, to engaging, to exchanging some simple communications through gestures and vocalizations, to eventually doing some real problem solving together where they




open and close many circles of communication with one another where there is a lot of back-and-forth interactions with gestures or vocalizations, to eventually actually talking to one another or doing creative pretending with one another or enjoying games with one another, and eventually being logical with one another and answering each other's questions or having real joyful discussions or doing shared pretending that has logic to it where the dollies are being fed because they are hungry or they are taking turn on the slide because "it's my turn now." So we expect children to go through these stages, but we also expect it to take much longer in the social group just like it does for peer relationships in general to develop, but even longer because the children do have the added challenge of often severe sensory regulatory processing difficulties, whether it is part of an autistic spectrum disorder and other special needs conditions, or just regulatory sensory processing challenges in their own right. Even very verbal children who are verbal with adults or other caregivers and can answer "why" questions may have to start at the beginning when it comes to the social group in peer relationships. They may start with simply looking at other children or occasionally getting close to another child and taking an interest in what they are doing. Parents often describe this phenomenon with a child in a regular preschool – "Well, he's finally looking at the other children; he's finally taking interest in what they are doing" and "Gee, little Mark (who has special needs or an autistic spectrum disorder), he is trying to draw them in! He doesn't know how to do it yet, but he is trying to get in the middle of the other children on the playground." So that interest is often that first step.

The social group becomes the vehicle for practicing these steps which will occur slowly and at different rates for different children, but will happen if the adults who create the social group – the educators, therapists, caregivers, or parents – can set up a proper physical environment and be constructive facilitators of social interaction.

Let's briefly discuss the physical environment, then we will talk about the role of the educators, therapists, or caregivers in facilitating these interactions among the children, and we will also talk a little bit about the kind of position of children - what makes up a social group that will work as opposed to one that doesn't work.

1. **Physical Environment:** The physical environment needs to have first the features of safety and regulation – it shouldn't be in a very noisy setting that is going to overwhelm children, or a setting that is frightening for any reason, or a setting that doesn't have enough adults available, or a setting that has any kind




of equipment or features such as sharp edges that might be hazardous to children's health or any substances that could be toxic through fumes or through ingestion. So it needs to be a setting that is a safe, regulating environment.

2. Proper Playthings: It needs to be an environment that has proper playthings for children. Many children because of their sensory regulatory processing challenges and differences require an environment that has opportunities for movement and lots of regulated sensory input. So it should include little mini trampolines, a ball pit, a slide, a swing, and toys children can use for symbolic play like dolls and trucks as well as very soft Nerf balls that can be rolled back-and-forth or other toys or games appropriate to the children in the group. So the physical environment needs to be tailored to the composition of the group and the interests of the children.

3. Composition of Children: The composition of children needs to be right. We don't want so many children that it will be too noisy or too overwhelming, but we also don't want there to be too few children where there will be lack of opportunity for selecting a friend or two or interacting. So first we want children who will balance each other. We may have a few children who are more outgoing and a few who are a little more shy, but it would be a mixture destined for difficulties if we had all children who were impulsive, for example, or so outgoing that they were competing with one another all the time, or all children who were so self absorbed and withdrawn that it would be hard to relate to one another. So you want some complementarity to the personalities and natural tendencies to the children but not too extreme. If we have children who are very, very impulsive or very, very withdrawn, we may be able to work with that child first in the adult-child relationship to help them come under better regulation and help the withdrawn child become a little more available; help the impulsive or sensory seeking child who is at the extreme of impulsivity or sensory seeking become a little more regulated before we challenge them with relating to a peer. Or we would have to work in a very careful one-on-one relationship with another peer with careful adult supervision with that child for awhile in the social group. So let's create balance and complementarity among the children.

Let's also have children that are roughly in the same broad range in terms of their, what we call, functional emotional developmental capacities – their ability to engage, interact with gestures, get into shared social problem solving, or use ideas – so that they have opportunities as they go through the stages of development together now, even though they may have mastered this in the relationship with caregivers, to master it with peers. So the fundamental ability is




there. You might want to have all children who are working on using ideas in pretend play but will first go through learning to attend with one another and engage with one another before they get to the point where they actually can participate in their highest level of functioning with their peers.

Now the important question is what is the role of the educator, therapist, caregiver, or parent in facilitating interactions and actually constructing the social group? First, there needs to be a very good ratio. For most social groups with children with autistic spectrum disorders or other special needs conditions, there needs to be one adult for every 2-3 children. One to two is better, but children who are already functioning at a very high level of verbal expression and self regulation, sometimes 1:3 ratios can work. It is best to have anywhere from 3-4 children to 7-8 children in a physical area at a time, but I would say no more than 7-8 and many of the social groups will be in that 3-4 to 7-8 range. As long as you have two children, you have the beginnings of a “social group.” So want enough opportunity for some selectivity and choosing and spontaneous friendships, but not too many children so that the physical environment becomes too overwhelming because the amount of movement, noise, and visual stimulation can overwhelm many of the children.

Now we have adults, a fun and safe physical environment, a number of children who are roughly at similar developmental ages in terms of their functional emotional developmental capacities for attending, relating, engaging, opening and closing circles of communication with gestures, shared social problem solving, and beginning to use ideas or using ideas already, and even connecting ideas together or logical thinking or higher levels of logical thinking.

Now in this environment as you can picture it, what do we do? How do we get things cooking, as we call it? The first principle for the adults is to watch and observe what the children’s natural interest is. It may be an aspect of the physical environment – the slide, the swing, the ball pit, the mini trampoline, the mattress on the floor, or the Nerf ball – or it may be another child making an overture or gesture or making a sound at them or wanting to go over and touch their hair. Or you may see a child who becomes self absorbed in a corner and another child who is running around from object to object. So the first goal is helping the children, through their natural interest, begin attending to at least one other child. One-on-one relating is a good beginning. Look for opportunities where a child seems to look at another child or a toy another child has or two children are interested in the same activity like jumping on the trampoline. Look for that first opening where you don’t move in too quickly, make sure everyone is




safe, make sure no one is pushing somebody or pulling somebody's hair or being impulsive, make sure a child isn't too self absorbed in a corner for more than a few minutes before you go over and start engaging and helping the child attend to you.

You'll notice often an interest in something in the physical or something in the person - an emotional or social environment. As you notice that, take advantage of that. For example, little Mark notices Sally, who is playing with a dolly and he is playing with a truck moving it back-and-forth but he looks over at what she is doing. That is the opportunity. "Should we take the truck over to Sally and her dolly?" might be the question if the child is verbal. Or with gestures, "Should we move the truck over here?" Or if Sally is more available with her dolly, we might go to Sally and say, "Sally, I think Mark and his truck want to give dolly a ride" and we might even gently take dolly with Sally trailing along. "Can I put dolly in the truck?" and look to Mark for a yes or no. Now at this point, the therapist or the educator is doing most of the work. But what he or she is trying to do is have Mark and Sally pay attention to each other and each other's play object or favorite toy and we are getting shared attention cooking; we are getting it going.

If that works, then we'll look for some pleasure there and some engagement and the beginning islands of some real relationship beginning to form. If that goes well, then we will see how much they can sustain on their own with Sally (assuming she is already opening and closing many circles of communication with adults) we will see if Sally is willing to put her dolly on the truck on her own or Mark is willing to move his truck over and point and say "dolly in here" if he is verbal. If that goes well, we now have communication with shared social problem solving evolving into pretend play. This sequence I just described to you which sounds like it could occur over a few minutes could take many, many months.

Another example may be two children eyeing the slide. Again, the educator or therapist can say, "Do you want to go on the slide?" pointing at it and looking at it. We may get a smile from the child or just a look of further interest. "Come on, let's go!" Another child may be looking at the slide and another one of the adults may be doing the same thing, "Come on, let's go!" Suddenly we have two children at the steps of the slide. Who is going to go first? Now we have a negotiation. They look at each other and we take advantage of that. Each one seems eager to go, but we might block the path of both as an adult and say, "OK" and have some social interaction between them to decide who is going to go first.




“Whoever can discover which hand I am hiding this little toy in gets to go first” and we hold out our hands. Or “Whoever pulls on my finger,” the adult says, “gets to go first!” Both children, if they are verbal, may yank on the finger, but one yanks a little sooner. Then we may turn to Mark and say, “Sally yanked first, can she go first? Sally, can you ask Mark if you can go first?” and we might show a gesture such as pointing or give them the word to use “me first” and see if they will at least attend to one another or exchange a simple verbal signal to one another. Pretty soon we might be in a turn-taking game.

The idea is to use the interest in the slide to facilitate some type of social interaction between the two of them where they are attending to one another where they are beginning to engage; beginning to walk up the developmental ladder that we are talking about.

Now we could provide hundreds and hundreds of examples, but the key is to get that shared attention cooking and help that move into engagement. The key is to follow the child’s natural interest to facilitate movement up through the developmental stages where the children are involved with one another and mastering the developmental stages. The key point to reemphasize is this will occur in its own timetable. Don’t be surprised that children who are already verbal, interactive, and imaginative with caregivers are now going to take 6 months or 8 months to develop these same capacities, or even a year, with another child.

Another feature we should expect of the adult in terms of facilitating interaction is to start with interacting with one other child but then expand the interactions to two other children. So a Sally may be attending to Mark, but then also to Stephanie and there might be a game involving the three of them taking turns on the slide or putting dolls into Mark’s truck and talking with one another or gesturing at one another as they do this. Eventually, it may evolve into a large group. Once the child can engage with more than one child at a time, let’s say there is a group of three, the child really has moved into the social group as a social organization in its own right. It is beyond just the one-on-one relating.

Now below, and we’ll go into this more next time, we are going to show many examples of how this occurs in real ongoing social groups for children who start off in different functional emotional developmental levels or levels of engaging or relating or opening and closing circles of communication as well as using ideas. So we are going to give you many examples next time.



But for the moment, I want to emphasize that the therapists, educators, caregivers – which could be parents also – they are going to play an active role initially in facilitating based on the child's natural interests, keeping the children safe, in other words intervening when there is any beginning signs of impulsivity, pulling the withdrawn self absorbed child into an interaction first with them and then with a peer, and they are constantly going to be looking for moving the relationships between the children from attending to engaging to some real communication occurring between them. They are going to look for these spontaneous moments of pleasure, joy, and fun. Next time we will provide lots of examples of where this actually happens.

So the role of the adult is to provide a safe, secure, regulating, and facilitating environment with physical, emotional, and social and the selection of children that will balance each other nicely in terms of their functional emotional developmental capacities and their basic tendency to be outgoing, engaging, or a little more self absorbed so there is balance and harmony in the group. As you are able to see more and more examples of this, a real feel will hopefully emerge for how the social group occurs. As we provide more examples, we'll provide additional principles, but the first and most important one is watching for their natural interests, following the children's lead, but now it's looking for shared interests because now we are in a social group, not just a one-on-one situation, you're not just looking at the interests of an individual child, building on two children's simultaneous interests or three, using that to facilitate movement up through the developmental stages which will, again, be occurring on their own timetable because it is a new capacity. As a general principle, every time a new capacity is learned, children need to develop that capacity through the functional emotional developmental stages starting with the basic bottom of the pyramid – attending and regulating – to engaging and then up through the higher levels of functioning.

That's all we will talk about for today and we will do Part 2 next time. Thank you very, very much.