A SOCIAL SKILLS CURRICULUM FOR STUDENTS
WITH HIGH FUNCTIONING AUTISM

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A SOCIAL SKILLS CURRICULUM FOR STUDENTS
WITH HIGH FUNCTIONING AUTISM

A Project

by

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Abstract

of

A SOCIAL SKILLS CURRICULUM FOR STUDENTS
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After carefully defining and providing current information concerning children with Autism Spectrum Disorder [ASD], this project offers guidance designed to assist school psychologists as well as special and general education teachers interested in behavioral modification strategies for an undefined group of children--those with high functioning autism [HFA]. The project defines HFA, how it differs from other Pervasive Developmental Disorders [PDD], and how a specific group-based curriculum focusing on social skills can be effective. Information was collected primarily through journal reviews and the UC Davis M.I.N.D. Institute. The development of a group curriculum for children with HFA was created. Based on recent research in the area of ASD and social skills, group-based curricula and teachings of communication and social competence appear to be effective forms of early interventions. Hopefully, readers will better understand the nature of a child with HFA and how to better intervene and serve this population of students.

________________________________________, Committee Chair
Stephen E. Brock, Ph.D., NCSP, LEP

________________________________________
Date

iv
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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Acknowledgments</th>
<th>v</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter</td>
<td></td>
</tr>
<tr>
<td>1. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>Background of the Problem</td>
<td>1</td>
</tr>
<tr>
<td>Statement of the Research Problem</td>
<td>6</td>
</tr>
<tr>
<td>Purpose of the Project</td>
<td>7</td>
</tr>
<tr>
<td>Assumptions</td>
<td>8</td>
</tr>
<tr>
<td>Justification</td>
<td>9</td>
</tr>
<tr>
<td>Limitations</td>
<td>9</td>
</tr>
<tr>
<td>Organization of Remainder of Project</td>
<td>9</td>
</tr>
<tr>
<td>2. REVIEW OF LITERATURE</td>
<td>11</td>
</tr>
<tr>
<td>Overview of Diagnostic Criteria</td>
<td>11</td>
</tr>
<tr>
<td>Autism Spectrum Disorder/Pervasive Developmental Disorders</td>
<td>11</td>
</tr>
<tr>
<td>Social Skill Interventions for Students</td>
<td>15</td>
</tr>
<tr>
<td>Social Skill Curriculum for High Functioning Autism</td>
<td>17</td>
</tr>
<tr>
<td>Theoretical Framework</td>
<td>20</td>
</tr>
<tr>
<td>3. METHODOLOGY</td>
<td>21</td>
</tr>
</tbody>
</table>
4. SUMMARY OF CURRICULUM AND RECOMMENDATIONS .... 22
   
   Summary .............................................................. 22
   
   Recommendations ............................................... 23
   
Appendix    Special Skills: A Social Skill Curriculum for
   Students with High Functioning Autism ................. 24

References ............................................................ 62
Chapter 1

INTRODUCTION

Background of the Problem

Autism Spectrum Disorders [ASD] are a collection of neurobiological disorders found in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* [DSM-IV-TR] (American Psychiatric Association [APA], 2000), which appear to affect one out of every 150 children (APA, 2000). The term Pervasive Developmental Disorder [PDD] is often used to characterize children with delays or impairments in three primary domains: Social, communicative, and repetitive or stereotyped behaviors (APA, 2000). The term “Autism Spectrum Disorders” includes a range of disabilities: Autistic Disorder [AD], Asperger’s Syndrome Disorder [AS], Rett’s Disorder [Rett’s], Childhood Disintegrative Disorder [CDD] and PDD Not-Otherwise-Specified [PDD-NOS] (Steyaert & De La Marche, 2008; Witwer & Lecavalier, 2008). Currently, the term “autism” encompasses very mild to severe forms of ASD. This wide range of disabilities creates an ASD umbrella, under which varying categories and subcategories are becoming more prominent. For example, High Functioning Autism [HFA] has recently become a popular term within this ASD category. Because no standard set of criteria has been determined for HFA, it becomes difficult to set valid and reliable measures under this category of ASD (or PDD).

Additionally, the various presentations of ASD symptoms create challenges when defining specific and individualized intervention tactics for each case (Mackay,
Nott, & Dunlop, 2007). It is generally acknowledged that children with ASD benefit from early intensive interventions. Therefore, a focus on language, communication, and social skill development become key elements for any method of intervention addressing ASD (Blane & Borden, 2008; Brock, Jimerson, & Hansen, 2006; Owens, Granader, Humphrey, & Baron-Cohen, 2008; Witwer & Lecavalier, 2008). Although language usage and pragmatics is an imperative approach for young children on the autism spectrum, social communication skills are helpful for children of all cognitive and functional levels.

A flaw often seen in ASD research lies in labeling all children under the ASD umbrella as “autistic”; more specifically, using autism, Asperger’s syndrome, and high functioning autism interchangeably (Koegel, 2007; Rao, Beidel, & Murray, 2007). This is in part due to the many interconnected symptoms related to each disorder. Doctors often vary in their diagnosis of each, in part because HFA is not a DSM-IV-TR classified disorder. Thus, HFA is used as an unofficial description for individuals who display “autistic like” symptoms, all of which are not as severe in their presentation. Therefore, the need for more interventions focusing on a group tailored to more specific needs for children with higher functioning autism (i.e., a school-based group curriculum) appears evident.

Because both Asperger’s syndrome and HFA have overlapping characteristics, it is important to further note and distinguish the two. We may even consider HFA as falling on the autism spectrum or continuum somewhere between severe forms of autism and higher functioning Asperger’s syndrome. For instance, children
demonstrating HFA characteristics contain average to above average cognitive intelligence, although their academic achievement is frequently below that of similar aged peers (Rao et al., 2007). These students often have impairments in language, either developing late or lost after a period of established development. Similar to children with more severe autism, individuals with HFA lack emotional detail in conversations and show deficits in the inflection and intonation of their pronunciation. Additionally, these particular students appear to struggle with both receptive and expressive forms of non-verbal cues, thus presenting more challenges within the classroom environment and even with the standard curriculum (Solomon, Goodlin-Jones, & Anders, 2004). Therefore, interventions for HFA individuals should target more social skill procedures, with emphasis on communication through both verbal and non-verbal gestures.

Similar with HFA cases, classification of Asperger’s syndrome is becoming more popular under the ASD diagnosis categories. Despite similar symptoms of presentation as in HFA, students with Asperger’s syndrome greatly differ in their intervention needs. Like HFA, the diagnosis, treatment, and prognosis for a high level Asperger’s syndrome child is very different than those approaching classical autism. However, unlike autism and certain cases of high functioning autism, students with Asperger’s syndrome do not appear to demonstrate delays in cognitive development or language. Generally, their development is considered within normal limits (i.e., begin speaking and walking between 8 and 12 months of age) despite their atypical language skill usage and motor skill clumsiness.
(Macintosh & Dissanayake, 2006). Hence, intervention tactics geared towards more socially appropriate cues, transitions, and exposure to social skill edict would be the primary objectives.

For both children with Asperger’s syndrome and HFA, social interactions appear to be the greatest challenge. Children with Asperger’s syndrome show many limitations in their expression of empathetic behaviors (Downs & Smith, 2004), which causes children with Asperger’s syndrome to often fail in developing friendships. Children with Asperger’s syndrome “... do not take pleasure in achievements or spontaneous activities with others, lack in emotional and social reciprocity, and have impaired non-verbal communication behaviors such as facial expression, eye contact, postures, and overall gestures” (Macintosh & Dissanayake, 2006, p. 1066). Children with HFA will not withdraw from others as commonly appears in more severe form of ASD (such as Autistic Disorder). Rather, they will engage in social situations, but they are often awkward in their approach and discussion. Regardless of their linguistic competence, children with poor pragmatic skills often display deficits in socialization, thus resulting in social isolation and depression (Crooke, Hendrix, & Rachman, 2008). These deficits will often affect a child’s emotional well being, which can lead to issues with academic achievement. Therefore, aiding a child’s social and emotional well being may help to alleviate additional adversity affecting his or her academic performance.

Regardless of the specific classification and placement of a child on the ASD scale, it is no question that individuals with some form of autism communicate,
interact, behave, and learn differently than children of typical development. Even
within this area of concentration, each individual on the autism spectrum develops
thinking and learning abilities in varying capacities (Vickerstaff, Heriot, Wong,
Lopes, & Dossetor, 2008). With this understanding, it then becomes imperative
that each individual under the ASD umbrella is treated in accordance to his or her
specific needs.

The overlapping of many ASD characteristics creates high demand for
individualized services, often on a case-by-case basis. According to research, current
medications do not treat core symptoms of ASD, rather they address associated
difficulties (i.e., anxiety due to social interaction, depression, etc.) and do not “cure”
this neurological disorder (APA, 2000; Centers for Disease Control & Prevention
[CDC], 2009). Therefore, behavioral interventions are the method of choice and, as
such, must be direct and explicit according to the specific area in which the child
needs. For that of a child with HFA, the intervention mode will need to be tailored
to his or her needs based on many factors of his or her intelligence and overall
behavioral history. In sum, no one intervention tactic will suit all children classified
with ASD. For instance, children with HFA, unlike children with severe autism,
require self-improvements focusing on social functioning. Under all ASD
classifications, it is important to understand that structure, direct instruction,
modeling, and organization are key elements to any intervention. However, a
child’s developmental status and educational needs should be the primary focus
for all education and behavioral implementations.
Statement of the Research Problem

The research problem reviewed and addressed within this project focuses on social skill development for children with High Functioning Autism [HFA]. Currently, there is a lack of sufficient research for the development and implementation of social skills for HFA students (Vickerstaff et al., 2008). Current research has studied ASD and Asperger’s syndrome characteristics associated with proper communication and social skills development; however, lesser research has focused on that of children with HFA (Rao et al., 2008).

As a result, the ongoing debate of whether AS and HFA are distinct and externally valid syndromes or part of a severity-graded continuum continues (Lopata, et al., 2008; Solomon et al., 2004). Additionally, Vickerstaff et al. (2008) argue over the current difficulty in distinguishing between conditions of AS and HFA based on the results of empirical studies. Due to these varying social communication and language characteristics, pinpointing the proper duration and intensity of interventions for HFA students is still under review.

Often, the characteristics associated with HFA children lie in social skill adaptation and transitioning from varying social environments and situations. Typically, children with HFA show difficulty in communicating, occupational functioning, and conducting “proper” behaviors that are considered to be socially acceptable (Lopata et al., 2008; Rao et al., 2008). The frequency and persistence of some characteristics, however, are continuously evident. Children displaying such distinctive behaviors would benefit from direct instruction, modeling, and social skill
modifications through a group-based setting. Here, the individual with HFA would learn social and language skills needed to sustain relationships within and outside the designated group. It is hoped that the specific and concrete group techniques tailored to fit individuals with HFA will enable children throughout their daily environment.

Purpose of the Project

Social skills are critical functional abilities for social success. Being able to interact and adapt to various settings is key to academic success, creating friendships, and thus becoming a well adjusted adult; furthermore, becoming a contributing member of one’s society. The developmental training of social competency enables an individual with HFA to better communicate across a wide range of social contexts.

The primary purpose of this project is the product of a social skills curriculum targeting primary grade school students who have HFA. This program’s focus is appropriate language and syntax usage in the context of acceptable social conventions. Through this project, it is hoped that students will gain the necessary knowledge to display appropriate behaviors within a variety of social situations.

The secondary purpose of this project is to aid students who have yet to develop functional social communication skills. It is anticipated that, through the development of this curriculum, teachers or other group facilitators will implement the 7-week program, thus providing students with HFA the foundational tools to communicate and socialize effectively within their daily environments. It is hoped
that, through this curriculum, children with HFA will learn adaptive social and language skills.

Assumptions

The premise through which the researcher bases logical arguments is in accordance with empirical research supporting effective behavioral modifications for students on the Autism Spectrum. Current findings suggest psycho-educational or cognitive behavioral approaches that “... focus on helping persons analyze and organize their thinking, through emphasizing cause and effect relationships between events, on problem solving, and on stress reduction” (Solomon et al., 2004, p. 651). Especially when viewing individuals with higher functioning autism, “... the group therapeutic modality allows members to practice skills in a reasonably naturalistic environment” (Solomon et al., 2004, p. 651). Children with HFA have the cognitive capacity to read social cues from modeled behaviors, and thus learn the skills to adapt accordingly to their environment (Matson, Dempsey, LoVullo, & Wilkins, 2008; Rubin & Laurent, 2004). Therefore, it is assumed that children with HFA will benefit most from interventions focusing on their language deficits and social skill adjustments displayed through a highly structured group training program (Mackay et al., 2007). By developing a comprehensible educational curriculum, children with HFA can develop effective and useful social communicative competence.
Justification

This research project will benefit the profession of school psychology as well as special and general education by creating a highly structured social skills group curriculum for students with high functioning autism. Through the implementation of this training program, it is anticipated that children with HFA will increase their skills in social competence and communication. Skill acquisition will be accomplished with the use of teaching strategies such as repeated practice, scaffolding, and positive reinforcement.

Limitations

Even in the early stages of the social skills curriculum development, limitations were largely found in screening for students with HFA. Because there is no “official” designation for this subgroup on the ASD scale, it becomes challenging to screen and target this specific group. Therefore, the group chosen for the curriculum intervention should have cognitive abilities and behavioral characteristics aligned with HFA profiles. As evident in similar studies, not all high functioning children with autism function in the same capacity and/or possess relatively equal strengths and challenges (Solomon et al., 2004). In understanding this hindrance, efforts to identify appropriate HFA students becomes an important element in the production of this and any social skills group curriculum.

Organization of Remainder of Project

Following this introductory Chapter 1, a review of literature and detailed definition of terms comprise Chapter 2. Data-gathering methods are outlined in
Chapter 3, and a summary and recommendations make up Chapter 4. The focus of this project, a special skills curriculum, appears in the Appendix. A list of References concludes the project.
Chapter 2

REVIEW OF LITERATURE

Overview of Diagnostic Criteria

Valid classification and determination under Autism Spectrum Disorders [ASD] has become a continuous debate among researchers, clinicians, and psychopathologists. Reliable and specifically stated criteria at each level only enhances early and effective treatments (Brock et al., 2006). Therefore, definitive categories are an important factor before developing any ASD intervention. Moreover, diagnosis of developing children and adolescents with any Pervasive Developmental Disorders [PDD] is a process rather than a final determination for clinicians who are continuously testing and hypothesizing whether individuals with ASD continue to have related symptoms. For these reasons, it is imperative that we understand the nature of diagnostic criteria for ASD at each specified level.

Autism Spectrum Disorder/Pervasive Developmental Disorders

Autism spectrum disorder is a group of Pervasive Developmental Disorders [PDD] caused by innate neurological development. Currently, ASD includes Autistic Disorder [AD], Asperger’s syndrome [AS], and Pervasive Developmental Disorder-Not Otherwise Specified [PDD-NOS, including atypical autism]. The three conditions, along with Rett’s syndrome and Childhood Disintegrative Disorder [CDD], make up the broad diagnosis category of Pervasive Developmental Disorders (APA, 2000; Brock et al., 2006; Matson et al., 2008; Steyaert & De La Marche, 2008; Theoharides et al., 2009). Considering the manifestations and prevalence of
the aforementioned PDD, this project will focus on the three primary classifications--AD, AS, and PDD-NOS--with emphasis placed on the “non-classified” ASD disorder of high functioning autism.

At any point on the spectrum, an individual with ASD is seriously affected in his or her social interaction capabilities (i.e., verbal/nonverbal communication and repertoire of activities and interests). According to the Center for Disease Control (CDC, 2009), approximately one-third of individuals with autism are nonverbal. Language disturbances are frequently marked by echolalia, pronoun reversal, monotonic voice, and pragmatic deficits (Blane & Borden, 2008). Individuals with autism (which research shows affects four times as many boys as girls) also commonly exhibit unusual behaviors, interests, ways of learning, and reactions to certain sensations (Witwer & Lecavalier, 2008). Moreover PDD, which includes autism, Asperger’s syndrome, and PDD-NOS, is diagnosed based upon a combination of areas (i.e., attributes seen in socialization, communication, and behaviors associated with perseveration and preoccupations). However, it is important to note that the range of behaviors, associations, and intellectual ability varies within each category of PDD.

*Autistic Disorder*

Autistic Disorder [AD] is the most concrete and evolved PDD to date. According to DSM-IV-TR (APA, 2000), AD must encompass three domains, wherein six primary symptoms are present: Socialization; communication; and restricted behaviors, interests, and activities. The term “Autistic Disorder” has been coined
as the contemporary name for the most extreme form of autistic disorders (Brock et al., 2006). More thoroughly, the primary symptoms of Autistic Disorder are “... markedly abnormal or impaired development in social interaction and communication and a markedly restricted repertoire of activity and interests” (APA, 2000, p. 70). Due to the broad range and placement on the continuum, the prognosis for individuals with Autistic Disorder varies greatly. In general, as with any developmental disorder, the more extreme the cognitive and language delay, the poorer the long-term outcome (Brock et al., 2006; Nicholas et al., 2008).

Asperger’s Syndrome

The prevalence of Asperger’s syndrome [AS] is a highly diagnosed syndrome within the United States, with an estimated occurrence of one in 500 (Adams, 2006; National Institute on Deafness & Other Communication Disorders [NIDODC], 2009). The primary symptoms of Asperger disorder are “... severe and sustained impairment in social interaction ... and the development of restricted, repetitive patterns of behaviors, interests, and activities” (APA, 2000, p. 80). Brock et al. (2006) also note, with the exception of not requiring symptoms of delayed communication, Asperger disorder criteria requires “... no clinically significant general delay in language” (p. 84). Autism and Asperger’s syndrome are highly correlated in their presentations. Therefore, autism is required as a “rule out” before Asperger’s syndrome is considered a possible diagnosis (Brock et al., 2006; Witwer & Lecavalier, 2008).
**PDD-NOS**

The third classification is ownership of individuals who experience two of the three symptoms in the aforementioned AD cluster, although do not meet the "diagnostic" criteria under DSM-IV-TR (Brock et al., 2006; CDC, 2009). Generally, PDD-NOS is commonly diagnosed, by "... presentations that do not meet the criteria for Autistic Disorder because of late age at onset, atypical symptomatology, or subthreshold symptomatology, or all of these," and includes atypical autism (APA, 2000). Ordinarily, these individuals have average to above average intelligence, with social competence as an area of weakness. Overall, persons classified with PDD-NOS typically have milder symptoms than those on the more extreme end of the ASD scale.

**High Functioning Autism**

As mentioned earlier, clinicians and researchers have used PDD-NOS in the following diagnostic situations: (a) As a "default" when case history information is unavailable or inadequate to make a more specific diagnosis; (b) to describe impairment in which one of the core areas (social, communication, restricted interests) is mild or absent; (c) when there is a late age of onset; and (d) for conditions other than autism where there is a prominent impairment in social relatedness (CDC, 2009). Additionally, psychopathologists and clinicians may categorize individuals with PDD-NOS who share similar features of Asperger's syndrome persons in a more current as yet non-classified subtype called high functioning autism [HFA]. Often, these individuals display a deficit in social skill,
which creates a lack of behavioral repertoire necessary to interact with others according to social convention. Unlike children with other subtypes of Pervasive Developmental Disorders, children with AS/HFA have intelligence and language within the normal range of functioning (APA, 2000). Social skill deficits identified in children with AS/HFA include “…lack of orientation towards a social stimulus and inadequate use of eye contact, problems initiating social interactions, difficulty interpreting both verbal and nonverbal social cues, inappropriate emotional response, and lack of empathy to others’ distress” (Crooke et al., 2008, p. 591). However, even when general cognitive functioning is similar to the norm, impairment in social skills generates additional struggles for students with HFA in areas of emotional, academic, and social achievement. Children with AS/HFA do not simply “outgrow” these social skills deficits; rather, these difficulties persist into adulthood, where they continue to negatively impact social and occupational functioning (Rao et al., 2008). Therefore, despite the limited research available on individuals within the HFA subcategory, identification and early intervention may prevent and help alleviate subsequent social dysfunction.

Social Skill Interventions for Students

Social skill competence and development is the foundation for maintaining healthy and long-term relationships. An inability to regulate one’s behaviors and communicate properly can lead to a variety of difficulties, especially in school. Behaviors resulting from maladaptive communication are often reported in school settings as delinquency, inattentiveness, peer rejection, emotional difficulties,
bullying, difficulty in making friends, aggressiveness, problems in interpersonal relationships, poor self-concept, academic failures, concentration difficulties, isolation from peers, and even depression (Baker & Crnic, 2009). Baker and Crnic (2009) also note that social competence has been linked to greater learning, emotional maturity, and strong personal identity. Often, many children with and without disabilities have never learned appropriate behaviors for social situations in which they are required to interact and cope with others. Therefore, school settings are often a primary venue for children in various social capacities. As a result, the educational environment becomes the initial setting for teachers and educational leaders to manipulate a child’s environment and directly teach social skills.

It is often difficult to fully comprehend the complex integration of skills and motivation required to uphold meaningful peer relations. Unfortunately, even for the most socially adept individuals, this type of interaction requires persistence and involved social comprehension. However, for those with an innate behavioral and/or cognitive impairment, such as a PDD, the complexity of acquiring even the most basic skills increases tenfold (Rao et al., 2008).

Currently, research shows that students who experience difficulties in the ability to manage their emotional arousal and associated behaviors benefit from highly structured social skills training [SST] intervention (Richardson, Tolson, Huang, Lee, & Tolson, 2009). Early and intensive developmental interventions enable students with social disabilities to become more flexible in their thinking and willingness to invent creative solutions (Vickerstaff et al., 2007). Additionally,
through proactive social instruction, children can acquire a sense of self-efficacy (i.e., a feeling of being in control of their own emotional and interpersonal experiences).

Unfortunately, adapting SST methods to children with PDD is particularly troublesome because a social impairment in PDD is qualitatively different from that encountered in other childhood psychiatric disorders (Rao et al., 2008). Commonly, a distinction is made between acquisition deficits (the child has not acquired the skill) or performance deficits (the child possesses the skill but does not apply it appropriately when it is needed), and treatment methods are guided by this distinction. However, in PDD, acquisition and performance deficits in social skills are compounded over the course of development, and the impairment is further complicated by multiple factors—including the child’s level of cognitive functioning, language impairment, the presence of behavioral rigidity, and the presence of additional co-morbid conditions (Koenig, De Los Reyes, Cicchetti, Scahill, & Klin, 2009). Koenig et al. (2009) also regard that social reciprocity and impairment in social functioning are complex constructs, which require a multi-dimensional, multi-method approach to intervention. Therefore, social skills trainings, such as that in the form of a training curriculum, may serve as an effective measure of support.

Social Skill Curriculum for High Functioning Autism

Socialization has been recollected as the hallmark deficit for children on the autism spectrum. Often, these individuals interact less and do not automatically attend to relevant social cues. Because communication barriers are often considered the key element for children on the ASD scale, social competence is a predictor of
long-term outcome for individuals with autism (Owens et al., 2008). Thus, helping children with HFA to develop appropriate social skills is a crucial element for both their current and future development.

The literature regarding social skills training for children with high functioning autism also indicates that several factors must be considered when designing an effective program. First, the child’s individual requirements and cognitive level should be considered and integrated within the social skills training program accordingly (Chung et al., 2007). Secondly, a system in which instructional components, including introduction and definition of skill, identification of skill rationale, modeling, guided practice, independent practice, performance feedback, review, and skill application in real-life situations are of equal importance (Feng, Lo, Tsai, & Cartledge, 2008). Because children with HFA demonstrate difficulty with communication while simultaneously comprehending verbal instruction, Chung et al. (2007) also indicate these students would benefit from visual cues. Several studies have also suggested that social skills training with visual aids, such as social stories, picture cards, video modeling, and verbal feedback, may result in increased understanding and generalization of targeted skills (Bauminger, 2008; Chung et al., 2007; Eynat et al., 2009). Concurrently, the use of a child’s natural interests to promote learning will increase motivation to participate in these interventions, thus improving generalization (Owens et al., 2008). In retrospect, knowing what motivates a student becomes a key element to encouraging children with HFA to participate and feel comfortable in engaging in group and social settings.
Generally, individuals with HFA are more cognitively competent than children with lower functioning ASD. As such, they often become more aware of social surroundings and encounter greater difficulties when interacting with their peers. Therefore, early interventions for children with HFA are markedly different than for children with more severe ASD and should be tailored accordingly. Bauminger (2007) suggests that behavior modifications for HFA children should focus on social perceptions with attention to and knowledge of relevant social-emotional cues, correct interpretation of verbal and non-verbal information, and the ability to take another’s perspective (i.e., Theory of Mind capability [ToM]). To be optimally effective, teaching ToM strategies should capitalize on the visual learning strengths of students with HFA and allow for repeated imitation of targeted social skills or behaviors (National Research Council, 2001). Three promising strategies that can be combined to meet such instructional best practices are social stories, modeling and instruction, and peer interactions (Sansoti & Powell-Smith, 2008). Tse, Strulovitch, Tagalakis, Meng, and Fombonne (2007) also suggest a number of strategies for SSTs to promote skill acquisition, generalization, and maintenance. This includes teaching social skills in a natural setting, using active modeling of behaviors, and coaching and reinforcement procedures. Delivering social skills training in a group format may facilitate the use of these strategies, thereby allowing children with high functioning autism to practice social skills through interacting and assimilating with their peers, with only minimal guidance from group leaders.
Theoretical Framework

Within this project, an implementation of inter-group contact for students with HFA is outlined. This approach combines empirical research of effective group techniques while focusing specifically on higher functioning children with autism. The proposed social skills group curriculum was created in accordance with current research supporting behavioral modifications and social skills practice for children with ASD. The theoretical basis for social skills group interventions shows positive prognosis in treating children with higher functioning autism (Adams, 2006; Mesibov, Shea, & Adams, 2001).
Chapter 3

METHODOLOGY

The information upon which this project was gathered originated primarily through current educational, psychological, and behavioral research and review. Direct observations of individuals with high functioning autism during peer group interactions and study of an ASD classroom functioning at the primary level played an additional role in the construction of the curriculum. The project's development was based upon recent research and past case studies focusing on effective social skill interventions for children on the ASD scale. Much consideration was on general social skill deficits, verbal and nonverbal communication, and theory of mind [ToM].

Collaboration with individuals in the field consisted of the following: Communication with on-site Special Day Class [SDC-LH] teachers, para-educators, a speech and language pathologist, school psychologists, a behavior analyst, and a specialist in the field of educational psychology. It is important to note that this project was constructed and heavily influenced through most recent demographics, definitions, and criteria used to identify children with autism. As such, the curriculum’s basis was developed accordingly.
Chapter 4

SUMMARY OF CURRICULUM AND RECOMMENDATIONS

Summary

To provide an equal education for all students, school personnel must become
cognizant of their school population in its entirety. In doing so, incorporation of
appropriate tools and measures (i.e., a social skills group curriculum) can help
facilitate teachers and/or staff to better meet the needs and challenges for all children.
Educational leaders need to understand the various labels associated within the
Autism Spectrum Disorder [ASD] and, increasingly, the knowledge of various labels
and diagnoses falling under the ASD umbrella. Since so closely aligned, important
differentiation among Asperger’s syndrome and high functioning autism is also
pronounced within the project.

After specifying reasons for being better prepared to evaluate and serve
students with high functioning autism, this project offers guidance designed to assist
teachers and behavioral specialists as well as other school personnel with a social
skills curriculum for students with high functioning autism.

While striving to address these issues, the project emphasizes the development
of a social skills curriculum as an important psycho-educational intervention. This
project reviews the current definition of ASD and briefly compares these prominent
characteristics with those of children falling within the non-classified label of high
functioning autism. More explicitly, the project identifies the various labels under
ASD and how social skills intervention will greatly benefit this target population.
Areas defined more in depth include ASD, Asperger’s syndrome [AS], High Functioning Autism [HFA], and social skills curriculum.

In addition to recognizing the expression of high functioning autism in school-aged populations, it is of most importance that educational specialists understand the impact this disorder may, and often will, have on classroom performance. Thus, the project provides activities to aid social skill deficits often associated with ASD students; in particular, those with high functioning autism.

Ultimately, the project progresses towards providing educational information concerning specialized communicative and behavior intervention tactics necessary for aiding high-functioning students with autism in a group setting. Specifically, the project focuses on how the application of a structured and highly organized social skills curriculum can become highly beneficial for students, teachers, and peers all associated with the high functioning autism population.

Recommendations

It is recommended that school personnel view the contents of this project with the understanding that no two children are exact in their developmental levels. Therefore, despite the notion that the offered curriculum provides social skills teaching, this curriculum is only a guide and does not guarantee that every child will be ready to learn at the time of implementation. It is the goal of this project that the curriculum produced serves only as a guideline for educational leaders and teachers to support students to be successful one step at a time.
APPENDIX

Special Skills: A Social Skill Curriculum for Students with High Functioning Autism
SPECIAL SKILLS:

A SOCIAL SKILL CURRICULUM

FOR STUDENTS WITH

HIGH FUNCTIONING AUTISM

Renee Teresa Rodriguez

Spring 2010
## Contents

<table>
<thead>
<tr>
<th>Session</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>27</td>
</tr>
<tr>
<td>Methods</td>
<td>29</td>
</tr>
<tr>
<td>Session One: Classroom Rules and Behavior!</td>
<td>33</td>
</tr>
<tr>
<td>Session Two: Everybody Lends a Hand</td>
<td>36</td>
</tr>
<tr>
<td>Session Three: Red Light, Green Light</td>
<td>39</td>
</tr>
<tr>
<td>Session Four: Mirror Me!</td>
<td>43</td>
</tr>
<tr>
<td>Session Five: Reading Body Language: Can Bodies Talk?</td>
<td>45</td>
</tr>
<tr>
<td>Session Six: Butt it is My Turn!</td>
<td>48</td>
</tr>
<tr>
<td>Session Seven: Closure: Learning How to Properly Say &quot;Good-bye&quot;!</td>
<td>50</td>
</tr>
<tr>
<td>Attachment A: Teacher/Faculty Referral</td>
<td>52</td>
</tr>
<tr>
<td>Attachment B: Parent Referral</td>
<td>53</td>
</tr>
<tr>
<td>Attachment C: Screening Interview</td>
<td>54</td>
</tr>
<tr>
<td>Attachment D: Invitation Letter</td>
<td>56</td>
</tr>
<tr>
<td>Attachment E: Parent Permission</td>
<td>57</td>
</tr>
<tr>
<td>Attachment F: Leader Reflection</td>
<td>58</td>
</tr>
<tr>
<td>Attachment G: Teacher Evaluation</td>
<td>59</td>
</tr>
<tr>
<td>Attachment H: Parent Evaluation</td>
<td>60</td>
</tr>
<tr>
<td>Attachment I: Certificate of Completion</td>
<td>61</td>
</tr>
</tbody>
</table>
INTRODUCTION

Social skill interventions have proven to effectively modify behaviors in targeted school-aged children. For students with High Functioning Autism [HFA], early lessons and improvements in social competence are vital components of long-term success (Koenig, De Los Reyes, Cicchetti, Scaglil, & Klin, 2009). Due to the length of time children spend in the school environment, a small group setting that emphasizes each student’s strengths appears to be the most promising method of providing social skill interventions to students with HFA. Most research on youth with HFA indicates role play, modeling, practice, and immediate positive reinforcement are effective methods of teaching social skills (Rubin & Laurent, 2004). For these skills to be generalized to all environments, Owens, Granader, Humphrey, and Baron-Cohen (2008) suggest children with HFA be taught and reinforced throughout their day.

Since the educational setting is a primary venue for children, social skill training [SST] targeting school behaviors is often a natural consideration for educational interventions. Because a systematic and developmental approach is essential for any school-based intervention, an SST curriculum should establish predetermined lessons, while simultaneously allowing children to learn how to be flexible in their thinking and alternative ways of using familiar materials and established reactions (Feng, Lo, Tsai, & Cartledge, 2008). Thus, the focus of this curriculum uses a student’s pre-established skills to improve or compensate for his or her social weaknesses.
Special Skills is a group curriculum designed to assist high functioning autistic students, or those with similar related challenges, in social skill development. This curriculum targets primary grade school students (grades 1 through 6, or approximately age 6 through 12 years) who have been identified as having behaviors associated with HFA. Within this curriculum, children with HFA will learn to emphasize the fun of joint activity and improvise their own role-plays and stories. Additionally, children participating within the group will choose their own distinct variation from limited choices, which are integrated with little help from the leader, thus prompting peer-mediated behaviors.

The aforementioned body of research clearly establishes the importance of well developed social skills in relation to school success for HFA students. In particular, skills that focus on rules and socially acceptable behaviors, sharing, cooperation, and self-control are essential for early childhood success. This curriculum promotes the development of these skills using techniques such as role play, practice, and so forth through targeting school behaviors expressed in a smaller group setting. It is the goal of the Special Skills curriculum to provide students with HFA the skills and tools necessary to gain strong social competence, learn better cooperation tactics, and demonstrate improved self-control to support further social and academic success.
METHODS

Participants

The Special Skills curriculum was designed for boys and girls with high functioning autism. Students in the primary grade level (1st through 6th grades) who would benefit from social skills development would participate in this group for seven sessions lasting about 45 minutes each session. A minimum of four and a maximum of six students per group is recommended.

Referral Process

Teacher

During the initial few weeks of school year, the group leader should make the teacher referral forms (see Attachment A) available to all teachers who have students identified with high functioning autism, or students with autistic-like behaviors. The teacher referral form provides teachers with the opportunity to recommend students for a social skills counseling group. Because the success of a group counseling program is so dependent on faculty cooperation, it is suggested that counselors set aside time as early in the school year as possible to meet with teachers. However, if time does not permit, the referral form may be given to teachers in lieu of a leader-teacher discussion.

Parent

In addition, parents are encouraged to inform the group leader if they feel social skills instruction might be beneficial for their child. During the initial few weeks of the school year, the group leader should work with classroom teachers to
send home the parent referral form (see Attachment B) available to all parents and/or legal guardians. The parent referral form will provide parents with the opportunity to suggest counseling group topics based on their concerns on the basis of the needs of their child. Although parents of children of all grade levels will have the opportunity to recommend topics for the group, this curriculum outlines 1st through 6th grade students with high functioning autism in association with social skills deficits.

Screening

Once the group leader obtains referral forms from either the teacher(s) or parent(s), he or she should then initiate the screening process. Allow ample time, approximately 2 weeks, prior to the start of the first group session. Screening may be conducted by the group leader using the student screening interview questions (see Attachment C). The interview should be individually administered and take approximately 25-30 minutes per child. The group leader should consider the best candidates for successful participation in the Special Skills group. Those with autistic-like behaviors and socially awkward characteristics would serve best for this program. If it is determined that the child is experiencing severe emotional or behavioral challenges, then reiterate to the teacher and parent that the student may benefit more from individual rather than group counseling.

Parent Permission

For student to participate in a group counseling program, it is essential the group leader secure parental permission (see Attachment D). Additionally, parent
input and recommendations for group topics should also be encouraged. For the lessons taught in Special Skills to become generalized to multiple environments, direct communication must be established between the school counselor and parents. This process begins with providing information that informs parents prior to their giving permission for their child to participate in the group. The parental permission form at a minimum needs to contain the following information: Purpose of the group, number of group sessions, duration of the program, program start date, topics and issues to be discussed, as well as group leader and school contact information. It is the author’s suggestion that further details regarding the group’s goals, progress towards those goals, as well as any additional practice or support the family can give the child to help enforce the lessons be provided to parents at different times throughout the 7-week sessions.

Sessions

*Special Skills: A Social Skills Developmental Curriculum for Students with High Functioning Autism* consists of seven, 45-minute long sessions that explore topics such as identifying what it means to be a good friend, cooperation, socially acceptable behaviors, theory of mind, verbal skills, and adapting/transitioning between varying social environments. The sessions are designed as a progression so that each builds on the prior week's lesson and requires participants to engage in increasingly challenging social tasks. Finally, each session concludes with a closing ritual designed to end the group on a positive premise. At the close of each session,
the group leader facilitates the “Check-Out” activity, after which each student

closes with a group cheer.

**Evaluations**

*Group Leader*

The group leader has the opportunity to write a short reflection about
all members at the end of each session using the leader reflection form (see
Attachment F). This activity is designed to help the group leader evaluate the
progression of the participants’ social skill development.

*Teacher*

After the close of the final session, each member’s teacher has (or should be
given) the opportunity to assess their student’s growth using the teacher evaluation
form (see Attachment G). This form will provide the group leader with information
pertaining to the child’s ability to manage the stressful events associated with his or
her social skills deficits. In addition, the form informs teachers of the cessation of
the counseling program and, most importantly, will thank them for allowing their
student(s) to participate.

*Parent*

After the last group counseling session, parents have (or should be given) the
opportunity to assess their child’s growth using the parent evaluation form (see
Attachment H). The form will inform parents and/or guardians of the cessation of
the counseling program and, most importantly, will thank them for allowing their
children to participate.
SESSION ONE

Classroom Rules and Behavior!

Lesson Objective

Students will discuss rules for appropriate behavior with focus on teaching an understanding of how people feel when they are treated unfairly.

Lesson 1- Discussing Rules and Behaviors

Materials needed:
- Plain white paper
- Colored markers

Ice breaker: Who has?
Proceed by saying:

_I am going to ask the group some questions to help us get to know each other better. Everybody will have a chance to share about themselves. I will ask the question first and then we will take turns answering._

Questions:
1. Who has been to a theme park?
2. Played a musical instrument?
3. Caught a fish?
4. Made something in the kitchen?
5. Been to a different country?

Activity
1. Introduce the topic of rules and ask the students if they understand the difference between “good” and “bad” behavior.
2. Begin activity (See Activity 1a).

Discussion
Ask:
1. How did it feel to play the game?
2. How did it feel to be on the team or be the student that got the special chances to win?
3. How did it feel to have the rules constantly changed on you?
4. Did you think the rules were fair?
5. Does it matter if people play fairly? Why or why not?
Now ask for a student volunteer (write on the white paper if there are no volunteers) to make a poster listing 10 group rules for the “Special Skills” group. (There are suggested rule starters following Activity 1.)

Check-Out
Ask each student one rule that he or she will try his or her hardest to obey today.

Group Cheer
Let’s go (group name)
Let’s go!
Yay!
Activity 1

Relay of Rules

1. Divide the class into two teams (The teams may be unequal numbers of students)
2. Mark a start and finish line.
3. Place the students on the start line and when you say “go,” one child at a time will run across the room and touch the “finish” line on the floor and come back to the starting line. Then the next child in the line does the same, and so on.

Note: This is similar to a regular relay, with the winner being from the team with all members across the finish line first. The catch here, that you keep changing the rules, giving each team periodically unfair advantages at various points during the relay. Continue to change the rules. (For instance, tell one team to untie and tie their shoes once before starting.)

Rule Starters

1. Treat others with respect.
2. Wait your turn.
3. Listen while others are talking.
4. Listen to directions.
5. Sit quietly and do not disturb others.
6. Pay attention.
7. Do not hit or grab from others.
8. Everyone gets a chance to talk.
SESSION TWO

Everybody Lends a Hand

Lesson Objective

Students will openly discuss helping and why it is important to help others and offer help.

Group Rules: Write on board or chart paper and post each session.

Lesson 2 - Asking for and Offering Help

Materials needed:
- Large floor puzzle with pieces large enough to be seen by all group members as they gather around the puzzle on the floor. (Small puzzle pieces are not conducive to group work.)

Note: You may substitute the floor activity with another group project as long as each group member is incorporated in the final production (e.g., no-bake cookies).

Review
1. Review the previous session and the group rules.
2. Discuss the group rules about helping and point out the most helpful ones that the group had created in the previous meeting.
3. Talk about the concept of community and state that not everyone is good at everything. Mention that we all have different strengths and weaknesses and that we must support each other.
4. Now introduce and complete the “Floor Puzzle Activity” (See Activity 2).

Discussion
Ask:
1. Point out that not everyone is good at everything, but that when we join together, we can accomplish more than doing an activity alone.
2. Ask the students what helped them the most in completing the puzzle.
3. Ask the students if they think they could have completed the puzzle as quickly if they were going at it alone.
4. If there were students who required aid from another group member, ask the students who were helped how they felt when another group member gave his or her advice.
Check-Out
Have students state one helpful act he or she is going to participate in.

Group Cheer

Let’s go (group name)
Let’s go!
Yay!
Activity 2

Floor Puzzle Activity

1. Distribute puzzle pieces randomly to each student. Make sure each student receives the same number of pieces. (The leader may participate by using the left over pieces to help the group.)

2. Explain that the group will be building the puzzle together by taking turns adding their pieces. However, students are only allowed to handle their own pieces. If they happen to see where another student’s piece should go, they are allowed to make verbal suggestions and point but not touch another student’s puzzle piece.

3. When ready to begin, ask for a volunteer to place the first piece. If no one volunteers, explain that corner pieces make good beginnings and prompt the holder of a corner piece to begin. Go in a clockwise circle fashion for turn-taking, but if students are unsure of placing a piece, he or she may “pass” and the next person is allowed to go.

If necessary and available, the picture of the puzzle may be displayed for the students to view while completing the floor puzzle.
SESSION THREE

Red Light, Green Light

Lesson Objective

Students will learn a strategy for proper emotional and behavioral modulation, with focus on stopping inappropriate behavior.

Lesson 3 - Steps to Thinking before Acting

Materials needed:
- Paper stop lights (these may be made or bought)---one with a red light colored in, one with the yellow light colored in, one with the green light colored in.
- Colored markers and/or pencils, or crayons.

Group Rules: Write on board or chart paper and post each session.

Activity
1. Give the students their handout (Activity 3a--STOP, SLOW, GO). Have the students color the stoplights on the handout in the appropriate colors:
   STOP: Freeze. Do not react or do anything.
   SLOW: Think about a plan of action.
   GO: Now, try your plan.
2. Talk about what each step means. Repeat the steps of action with the students and then have them repeat the steps back to you.
3. Read “Sally Can be Too Silly” (Activity 3b) while having student volunteers act out the story.

Discussion
Ask:
1. Ask the students what Sally did wrong and how she could have prevented her trip to the principal’s office.

2. Talk about the importance of being able to stop; talk about the consequences/punishments of our actions (i.e., Sally’s when she did not stop falling down and laughing).
3. Tell the group that the point of today’s lesson is to understand the steps for learning appropriate behavior and to practice “STOP, SLOW, GO” thinking.
4. If time permits, write out the rules for how to stop and have the children copy them.

Check-Out
Ask each student to repeat the “Rules for Stopping.”

Group Cheer

Let’s go (group name)
Let’s go!
Yay!
Activity 3a

STOP, SLOW, GO!

STOP and calm down.

THINK of a plan.

PROBLEM SOLVE wisely.

Image adapted and retrieved from www.saministryresources.ca/.../redcap
Activity 3b

Sally Can Be Too Silly!

One day while on the playground, Sally and some other kids were playing jump rope. Two people had to turn the rope while one person jumped in the middle, so each student had to take turns. When it was Sally’s turn, she started to jump, but the rope got caught between her feet and she fell to the ground, and all of the children started to laugh; Sally laughed the hardest. Sally got up, but instead of jumping over the rope, she decided to fall down again and again. The yard duty teacher told Sally to stop falling down and start jumping, but Sally just continued to fall down and laugh. The other kids stopped laughing but Sally kept laughing and falling down, tangling the jump rope between her feet. The students and the yard duty teacher were so angry that Sally was sent to the principal’s office.
SESSION FOUR

Mirror Me!

Lesson Objectives

Students will use eye contact while speaking and listening to his or her partner.

Lesson 5 - Understanding Eye Contact and Facial Expressions

Materials needed:
- Timer or stopwatch

Activity
1. Pair each student with a partner. Have partners sit in the chairs facing each other. Designate one partner in each pair as the leader for the first round, thus making the other partner the “mirror.” Explain that both the leader and the “mirror” must look directly at each other for 1 minute.
2. During this time, the leader will make different movements and facial expressions, and the “mirror” mimics all movement, making it appear as though the leader in looking into a mirror.
3. The group leader may demonstrate this with a volunteer so the students understand. Show exaggerations in head and facial movements, such as raising eyebrows, blinking, smiling, etc. Emphasize that students are required to maintain eye contact for the entire minute.
4. Then, demonstrate poor eye contact (a) never looking and (b) staring. Follow by good eye contact: Looking most of the time but not all of the time.
5. Set the timer, and have the students switch roles at the end of each round. After the two rounds, the students may switch partners and begin a new experience. (Permit at least one partner switch only if time is available.)

Discussion
1. Talk about the purpose of this lesson (making good eye contact).
2. Ask if it was difficult to maintain eye contact for the entire minute. If so, what did you find the most challenging?
3. Tell the students about how people look away when they are thinking and then back at the person’s eyes when they start to talk again, and that the listener “mirror” looks most of the time.
Check-Out
Have each student give an example of either good or bad eye contact (while demonstrating what he or she states).

Group Cheer
Let’s go (group name)
Let’s go!
Yay!
SESSION FIVE

Reading Body Language: Can Bodies Talk?

Lesson Objective

To read nonverbal cues that are common in social interactions.

Lesson 4- Understanding Body Language and Nonverbal Cues

Group Rules: Write on board or chart paper and post each session.

Materials needed:
• Handout/Activity 5

Activity (Role Play)
1. Introduce the lesson by discussing how a person’s face and body give clues about what he or she is thinking and feeling. These thoughts and feelings may be different from what you are thinking and feeling. The clues are silent, and sometimes called nonverbal cues. These nonverbal cues, though, are just as important as words people say.

2. Ask for three volunteers. (Encourage students to volunteer. If less than three volunteer, demonstrate the following scenarios for the students.) Direct one child to “Put your shoulders back. Stand up straight and smile big.” Now ask the group, “What is (Name)’s body telling us?” (happy, excited, proud).


4. Have the final volunteer, “Tense your body. Clench your fists. Scowl.” Now ask the group, “What is (Name)’s body telling us?” (angry, mad).

5. Now have the group take turns with the "Silent Role-Play" which provides scenarios for different activities (Activity 5). Or, have the students create their own role-play and present it to the group.

Discussion
1. Point out what emotions or thoughts the children used during the role play. Emphasize how the student had to look directly at the person who was expressing the emotion in order to understand what his or her body was saying, or rather what he or she was feeling.
2. Remind the students that it is important to watch these nonverbal cues because they help us learn where to stand, where to look, when to join in, when to joke, and so on.

3. Tell the students they can practice watching people's body language so they can better understand various social situations and know how to react appropriately.

Check-Out
Ask each student to make a facial expression and see if the group can quickly (allow 30 seconds) guess the nonverbal cue.

**Group Cheer**

Let's go (group name)
Let's go!
Yay!
### Activity 5

**Silent Role Play**

| You just got 100% on your spelling test! Smile big and act **proud**. |
| --- | --- |
| You just got hit by a basketball and it smashed your finger. Hold your finger and look like you are in **pain**. |
| You can’t find your mom and dad in the grocery store. Look **afraid**. |
| You can’t find your homework. You look **worried**. |
| You just scored the final point for your baseball team. Jump up and down and look **excited**. |
| You have to redo your writing assignment. You look **frustrated**. |
| You got a present when you arrive home from school and it’s not even your birthday. You smile and look **surprised**. |
| The movie is boring. Turn away and look **bored**. |
| Your team came in last place. Frown, hang your head, and look **sad**. |
| Your teacher gave you a new math problem and you don’t know how to do it. Look **confused**. |
| You can’t go to your friend’s birthday party because you got into trouble. Frown and look **upset**. |
| You cannot play with your friend for a whole week. Look **angry**. |

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SESSION SIX

Butt it is My Turn!

Lesson Objective

To successfully join others in play or in a group activities and learn to wait appropriately.

Lesson 6 - Steps to Successfully Joining Others

Materials needed:
- Lego Blocks

Group Rules: Write on board or chart paper and post each session.

Activity
1. After the students have all arrived, scatter Lego blocks (or any available building blocks) in front of you on the floor and begin to build a house and state, “I am making a house with my Lego blocks.” Continue to silently make the house. Wait to see what happens. A student may ask to join in. If not, then you may ask a student for help.
2. Respond affirmatively to each appropriate effort to join in and praise the child with “Nice joining in.” Offer a suggestion of what he or she can build with you. “You can make a garage, car, roof, etc.” Continue to build with Legos until all of the children have joined in.
3. Encourage each student through praise and, when necessary, remind the students of better ways to join in. If a child is not cooperative and is intrusive (i.e., “butting in”), place your hands over the child’s hands to stop him or her from building, if necessary. Then say, “Try again (Name).” Praise the child for his or her efforts when he or she is successful.

Discussion
Ask:
1. What does butting in mean? (Butting in is pushing your way in without asking first.)
2. What is the difference between joining in and butting in? (When you join in, you ask first.)
3. How does butting in make people feel? (It upsets and even may anger people who are playing.)
4. What did you learn you can do if you ask to join in and other kids ignore you? (Try again. Ask in a different way. Watch them play and wait for a better time. Do something else.)

5. Remind students that the steps to joining others is for them to:
   Move close, watch, wait, ask, if “yes,” join in, if “no,” do something else.

Check-Out
Encourage each student to join in an activity (either in the classroom or at home today).

Group Cheer
Let’s go (group name)
Let’s go!
Yay!
SESSION SEVEN

Closure: Learning How to Properly Say "Good-bye"!

Lesson Objective

To provide an opportunity for the members to understand the importance of proper salutations, to take a personal inventory of all that they have learned about proper social skills, and to pass along some of the insights they have acquired to other members.
- To learn proper salutations and rules for closure.
- To evaluate and terminate the group.
- To have a farewell party.

Lesson 7 - Closure: Learning How to Say "Good-bye"!

Materials needed:
- Summary sheets
- Healthy refreshments
- Evaluation sheets

Activity
1. Review the previous session and remind the students that today is the last session. Indicate that you hope the group has been helpful to them and that they will be able to use what they have learned to understand how to act in various social situations.
2. Explain that saying goodbye is an important interaction when talking with new people, family, and friends. Just as saying hello and talking with someone, saying goodbye makes a final impression.
3. Demonstrate appropriate and inappropriate closings (e.g., making eye contact, smiling or a friendly face, saying "good-bye" or "see you later").
4. Have the students tell you which are appropriate and which are inappropriate and why. Using poster paper or a chalk/whiteboard, write the student’s suggestions down for the group to visually view.
5. Review the summary prepared at the end of the session.
6. If the students have the writing ability, ask members to complete an evaluation form. If not, then verbal summaries are acceptable.
7. Serve refreshments.
Discussion
Ask:
1. Would anybody like to share anything else that they learned in group? Allow students to share what they are thinking or feeling.

Check-Out
1. Celebration: Pass out snacks and certificates (see Attachment I).
2. When exiting, have the students line up and practice the closing steps as they leave the room.

Group Cheer
Let’s go (group name)
Let’s go!
Yay!
Attachment B

Parent Referral

**** Elementary School
Counseling Department

Dear Parents/Guardians:

**** Elementary School is pleased to offer counseling focus groups for students in grades 1st through 6th.

Students will have an opportunity to participate in a focus group in the areas of social skills, self-awareness, self-esteem, and behavior management. Groups will meet once a week for 7 weeks throughout the school year. If your child is chosen to participate in a group through initial screening, then a permission form will be sent home before the start of their session.

If you would like your child to participate in a group or have any questions, we can be reached at 123-456-789 Monday through Friday during the hours of 8 am to 4 pm.

Sincerely,

****
School Psychologist

(Please detach and return to your child’s teacher by September 21st)

Child’s Name: ____________________  Child’s Teacher: ____________________

Referred by: ____________________  Relationship to Student: ______________

Behaviors exhibited by the child which are of MOST concern:
WELCOME: INTERVIEW QUESTIONS

The interview:
1. Thank the referred student for coming. Clarify that coming to the initial interview is not a commitment to attend the group.

2. Explain the 7-week program to the prospective group member. Include items such as where it will be carried out and when it will be performed. Also stress the importance of concepts such as confidentiality.

3. Supply the student with the invitation letter asking him/her to become apart of the Special Skills group (Attachment D). Confirm the student has a parent permission letter (Attachment E) to be returned to the office before the first group meeting.

4. Ask the student to briefly explain his or her current social circle.
   a. Have you ever had a friend?
   b. Do you have many friends here a school? Tell me the kinds of things you like to do.
   c. Has it been difficult to make friends?

5. In a group, all members are expected to talk and share their experiences. Is this something you would be willing to do?

6. Everything that you hear in a group is private and you must promise not to share what you hear from a group member with anyone. You can tell your parents what you said but you should not tell them what another group member said. Would you have a problem with this?

7. A member of a group is expected to try to help other members of the group. Would you be willing to help others who are in the group?

8. There are rules in a group that everyone is expected to follow. I will recommend some of these rules and other rules will be developed by the group. Do you think you'll be able to follow the rules of the group?
9. If you are a member of the group, you may have to miss some classes. Of course you would be excused from class by your teacher, but you will be expected to make up any work you miss and turn in all of your assignments. Would you agree to do all of your homework and make up any work that you miss?

10. To be in a group, your parents have to allow you to be in the group. You would have to take a permission slip home and ask your parent to sign it. Do you think this would be a problem?

11. Describe the group experiences:
   - Describe activities (i.e., sharing thoughts and experiences or playing games).
   - Describe guidelines (i.e., confidentiality or respecting others).
   - Describe possible reactions the preadolescent may experience following group sessions (i.e., changes in his or her emotions).
   - With caution of not revealing existing group members, share the ages and types of family situations those individuals are currently signed up for the group.

13. At the close of the interview, encourage the student to ask any existing questions he/she may have. Most notably, express your appreciation that he/she is interested in trying something new.

14. If time does not permit an interview, send the student the invitation letter (Attachment D) along with the parent permission letter (Attachment E).
Attachment D

Invitation Letter

Dear __________________,

Like you, many students at **** Elementary School have experienced struggles with making friends and difficulty in social situations. Sometimes it may be difficult to go to school and concentrate on studies or find someone who will understand what you are feeling. Living with High Functioning Autism can be very difficult, especially in social situations, and it is important that you can talk to others who have gone through some of the same feelings and experiences. It is also important that you have the opportunity to relate to others going through similar difficulty. It is hope that through the Special Skills group, you will learn proper social skills, and apply what you have learned in and outside the classroom.

Beginning ____ (Day – Date) ____, during ____ (Class period) ____, every ____ (Day of the week) ____ Special Skills support group will meet in ____ (Room) ____ for 6 weeks.

The program will include:
- Session 1 - Discussing rules and socially acceptable behaviors.
- Session 2 - Asking for and offering help.
- Session 3 - Steps to thinking before acting.
- Session 4 - Understanding eye contact and facial expression.
- Session 5 - Understanding body language and nonverbal cues.
- Session 6 - Steps to successfully joining others.
- Session 7 - Closure: Learning to say goodbye.

If you would like to take part in this group, please be sure to return the parent consent slip to the counseling center no later than ____ (Day – Date) ____.

I hope you will join us.

Sincerely,

______________________________
(Facilitator’s Name)

*(If a child is not able to read the invitation letter, then a parent and/or primary teacher may read the contents to the student.)*
Attachment E

Parent Permission

Student: ___________________________ Date: ___________________________
Teacher: ___________________________ Grade: ___________________________

Dear Parent/Guardian,

The Counseling Department at *** Elementary is committed to providing educational guidance in the areas of academics and social/emotional awareness. We provide some of these services through small group, individual counseling, and classroom guidance activities.

We would like to invite your child ______________________ to participate in a small group experience on social skills for children with high functioning autism. Some of the topics that will be addressed are: Discussing rules and socially acceptable behaviors, asking for and offering help, steps to thinking before acting, understanding eye contact and facial expression, understanding body language and nonverbal cues, steps in joining others, and learning to say goodbye.

The group will consist of 7 sessions, held once a week for 45 minutes. The goal of the group is to allow children to grow and learn from other students within a small group experience.

If you have any questions we may be reached at *** Elementary School on Monday through Friday from 8 am to 3 pm at 555-4400. Please feel free to contact us for any further information.

Sincerely,

School Psychologist

________________________________________ (Please detach and return to child’s teacher)

_____ I give permission for my child ______________________ to participate in the Special Skills group.

_____ I do not give permission for my child ______________________ to participate in the Special Skills group.

Parent Name (please print) ___________________________ Parent Signature ___________________________ Date ___________
Attachment F

Leader Reflection

Special Skills

Date: ______________

Student: ____________________________

Observation

1. ____________________________________________

2. ____________________________________________

3. ____________________________________________

4. ____________________________________________

5. ____________________________________________

6. ____________________________________________
Attachment G

Teacher Evaluation

*** Elementary School
Counseling Department

To: ______________________
(Teacher's name)

From: ______________________
School Psychologist

Subject: Special Skills

The following student(s) have participated in a 6-week counseling group on stress management associated with parental divorce. (Write in the name(s) of the student(s).) The group has ended and attached is a copy of the summary sheet that indicates the topics covered in each of the sessions. We are interested in what you would say regarding an evaluation of the group experience and if you have noted any changes in the attitude or behavior of the student(s). Please respond to the following questions:

1. I have observed significant improvement/change in (write in name(s) of each child here).
2. I have observed slight improvement/change in (write in name(s) of each child here).
3. I have not observed improvement/change in (write in name(s) of each child here).

Comments: ____________________________________________________________

______________________________________________________________

Please return and place in the school psychologist box.

Thank you for your cooperation and for allowing your student(s) to participate in this group.

Sincerely,

*****
School Psychologist

1Adapted from Group Counseling in K-12 Schools, by K. Greenberg, 2003, n.p. (Boston: Pearson Education). Adapted with permission of the author.
Attachment H

Parent Evaluation

**** Elementary School
Counseling Department

Student: ___________________________ Date: ________________
Teacher: ___________________________ Grade: ________________

Dear Parent/Guardian,

This letter is to inform you that your child has completed Special Skills on ________.
During our meetings we discussed:

1. Defining what it means to be stressed.
2. Various behaviors associated with stressful situations.
3. Coping skills and resources for dealing with these behaviors.
4. Reframing and ridding negative thinking.

We appreciate all feedback on your child’s progress after participating in the Coping with Family Change. Please complete the feedback section and return it to school with your child.

If you have any questions we may be reached at **** Elementary School on Monday through Friday from 8 am to 4 pm at 123-456-789.

Sincerely,

****
School Psychologist

(Please detach and return to child’s teacher)

Child’s name: ___________________________ Date: ___________________________

______ I have observed significant improvement/change in my child.
______ I have observed slight improvement/change in my child.
______ I have not observed improvement/change in my child.

Comments:

__________________________________________________________________________
__________________________________________________________________________
Attachment I

Certificate of Completion

**** Elementary School

presents

Certificate of Completion

to

(Student's Name)

for

Participation in Special Skills

Presenter Name and Title

Date
REFERENCES


