



DURANTS SCHOOL – POLICY DOCUMENT

“Social Understanding and Ability”

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Social Understanding and Ability

The distinctive problems with social understanding and abilities often have a serious impact on relationships with other people. Historically, the social profile of a young person with ASD has been restricted to the image of a withdrawn and disinterested individual who avoids social contact with others. Whilst this description may fit a small group of young people, it does not accurately depict the spectrum of social abilities and skills of individuals with the diagnosis. A broader view of social presentation is documented by Wing (1996) who suggests four social sub-groups within the autistic spectrum:

Aloof

Appears indifferent or disinterested in social contact with others.

Passive

Receptive to social approaches by others, but initiate few interactions themselves.

Active, but odd

Initiates and responds to social contact but the quality of interactions are highly unusual and indicate underlying problems understanding social rules in different situations.

Over-formal

Superficially appears to have strong expressive language skills, but delivery sounds and looks somewhat wooden or mechanical.

These sub-groups can be useful as a guide to thinking about the social uniqueness and variability of people with ASD. It is important to remember, however, that the social pattern and ability of every person depends upon a range of factors including, personality, environment, communication and language skills and motivation to relate to others. These same factors influence people with ASD.

Impact of Social Difficulties

The impact of ASD on social interaction is complex and multi-faceted. Young people with ASD can have difficulty:

- understanding the 'invisible' rules of social behaviour
- establishing and maintaining appropriate friendships
- comprehending the social intent of others
- processing social information
- responding appropriately to social initiations or expectations.

The expression of social difficulties will not remain static throughout the life of an individual with ASD. Social development is a continuous learning process in the lives of human beings and

young people with ASD learn and develop new social habits as they mature.

The range of difficulties with social behaviour and understanding cannot be solely explained as a biological attribute of ASD. Consideration must be given to the development of compensatory social patterns and behaviours as a result of initial difficulties with social understanding. For example, a young child with ASD is observed hitting other children during playtime and then running away expecting to be chased. This action could easily be misinterpreted as aggression or attention seeking. However, the young child with ASD may have adopted the tactic as a means of beginning social play without fully understanding the social function and structure of the tag game or behaviour.

Self-Descriptions and Considerations

“I overheard one exasperated educator exclaim, “It’s so hard to be Brian’s teacher!”

A colleague quietly replied, “Think how hard it is to be Brian”.

(Safran, 2002)

Research and practical knowledge in the area of ASD has been greatly enhanced in recent times by personal contributions from people with ASD. The particular social difficulties experienced by people with ASD have been vividly described in a number of written accounts. Temple Grandin, for example, has authored several papers and books about the experience of growing up with autism.

The knowledge gained from the ASD community has influenced strategies considered appropriate and effective for this group of individuals. Two key cautions regarding programs for social development and ASD have emerged:

1. The social difficulties associated with ASD should not be considered as just the result of a ‘lack of social skills’. The underlying problem is more precisely described as disordered social understanding. ***It is as much why of social interaction as what to do.*** Programs that focus on a deficit approach to learning by attempting to teach set lists of social skills are often unsuccessful despite being repeated with a young person with ASD several times. In these situations it is not the individual that has failed; it is the program.

There is also an inherent risk in rote learning social skills without appropriately emphasising social understanding and flexibility. Young persons who have been previously unaware that their social behaviour is considered unusual to others may become highly sensitive and self-conscious about all social interactions following participation in a poorly constructed social skill program. Similarly, those who begin to use new social skills, such as smiling and shaking hands to greet others, can inadvertently find themselves expected to participate in socially demanding situations that far exceed their skills and coping abilities.

2. Immersing people with ASD in social situations does not necessarily enable them to draw the appropriate meaning from the experiences. Learning social behaviours with same age peers is ideal, however if young people with ASD were able to learn by simply watching and copying others they would not have any problems in the first
3. place. Even young people with ASD who are highly motivated to interact with others can become extremely stressed by the emotional and intellectual energy required to participate.

(Jordan and Jones, 1999).

Social understanding and social interaction are a key focus of the our specialist curriculum. Taking aspects of the “Social and Emotional Aspects of Learning” the focus is on developing self-awareness, motivation, empathy and social and interactive play skills and in supporting children and young people to recognise and manage their feelings. Our multidisciplinary approach means that all professionals can contribute to this area, each providing their own particular expertise to support the development of social understanding and social interaction skills. For example, when teaching the recognition and management of feelings, teachers, speech and language therapists, occupational therapists and psychologists work as a cohesive team to support the individual to communicate feelings, understand and regulate the sensory processes, understand how to recognise feelings in themselves and others and to apply this knowledge functionally.

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