

# Introduction

Although much attention has been paid to the cognitive and academic difficulties experienced by children with developmental and learning disabilities, less focus has been placed on their social difficulties. Many children with these disabilities are teased by their peers and remain isolated and confused about how to interact successfully. Often when they try to fit in, they fail but do not know why.

Not all children have social difficulties for the same reasons. For some children, environmental factors, past failures, anxiety, or depression may play a role. For others, serious conduct issues prevent them from succeeding socially. Recent research suggests that an important subset of children may have social competence problems because they have difficulty accurately perceiving and integrating nonverbal cues in social interactions, such as facial expressions, voice intonation, and gestures. Specifically, this group includes children with disorders on the autism spectrum—Asperger’s syndrome (AS), high-functioning autism (HFA), and pervasive developmental disorders not otherwise specified (PDD-NOS)—as well as children with related disorders such as nonverbal learning disabilities (NVLD). These children have difficulty perceiving, integrating, and expressing information that is presented nonverbally, such as visual-spatial stimuli or nonverbal aspects of language (Klin, Volkmar, & Sparrow, 2000; Rourke, 1989; Semrud-Clikeman & Hynd, 1990). For example, they may have trouble interpreting a very subtle look of fear or understanding that someone may be trying to hide their distress and therefore displaying a smile while having a sad, trembling voice. Many children with these disorders also have attention-deficit/hyperactivity disorder (AD/HD), which makes social situations even more challenging for them. Children with AD/HD may not inhibit their responses long enough to fully process and accurately interpret perceptual information. As a result, they may respond to general environmental cues and establish an overall mind-set that may or may not be appropriate to the situation (Barkley, 1998). In addition, they may be especially inclined to interpret the actions of others as hostile when others’ motives are benign.

Across all diagnostic groups, deficits in perceiving and integrating nonverbal information can result in inappropriate behavior and an inability to build or maintain satisfactory relationships. Not surprisingly, research indicates that children with these types of disabilities frequently experience social rejection, isolation, and negative peer and family interactions (Little, 1993). According to research by Gresham, Lane, MacMillan, Bocian, and Ward (2000), 80 percent of a sample of third-grade children at risk for behavior disorders did not have a single friend in the classroom. In another survey (Little, 2002), a large sample of mothers of children and adolescents with Asperger’s syndrome and NVLD reported a peer victimization prevalence rate of 94 percent. Three-quarters of the mothers surveyed reported that their children had

been emotionally bullied or hit by peers or siblings in the last year. Ten percent of these children had been involved in gang attacks. A third of the children had not been invited to a single birthday party; many were eating alone at lunch and picked last for teams.

In fact, children with Asperger's syndrome and NVLD have been described as "perfect victims" because of their profound social difficulties (Klin, Volkmar, & Sparrow, 2000). In addition, nonverbal processing ability has been related to children's feelings of depression and level of competence (Nowicki & Carton, 1997). Over time, these kinds of social difficulties have been shown to predispose children with NVLD to depression and suicide risk (Fletcher, 1989; Rourke, Young, & Leenaars, 1989).

Clearly, there is an urgent need for programs that create long-term improvements in these children's social competence. Although many social skills interventions for children exist, few have shown generalization or maintenance of effects in this group (Teeter & Semrud-Clikeman, 1997). This finding may be in part because these children's actual social environment is rarely included in the intervention itself. Also, most social skills interventions are general and do not target specific types of needs (Gresham, 1997). Finally, many interventions assume that children can accurately perceive and integrate nonverbal information, focusing instead on training them in appropriate social responses.

## **THE SOCIAL COMPETENCE INTERVENTION PROGRAM**

Unlike traditional social skills programs, the Social Competence Intervention Program (SCIP) blends current research from neuropsychology and information from the field of creative drama to address perceptual and integrative deficits. It offers an innovative, multi-sensory approach to meet the needs of children with autism spectrum and related disorders in their attempts to fit into their social world. Combined with therapeutic problem solving and discussion in a group setting, the intervention's activities are a powerful and engaging tool to promote change in the lives of children with social disabilities.

Specifically, SCIP is a 16-session intervention based on creative and process drama activities that have been written and modified for children ages 8 to 14 with autism spectrum and related disorders. The program has been inspired by various sources, including collections of drama activities and drama units for children (Allen, 1977; Cresci, 1989; Grady, 1995; Neelands & Goode, 2000; Spolin, 1986); process drama structures (O'Neill & Lambert, 1994); cooperative games (New Games Foundation, 1981); empathic humor workshops (Martinez, 1989); and other methods for teaching social skills to children with NVLD and Asperger's syndrome (Bashe & Kirby, 2002). Many of the tasks and activities are new, however, created by us or inspired by the children with whom we have worked. Other activities have been adapted to address the needs of SCIP participants. The intervention's overarching goal is to retrain participants in the fundamental skills of social perception so that they are able to achieve a more general level of social competence and break the negative chain of social interactions that these children frequently experience.

### **Program Organization**

SCIP is organized according to three stages, which parallel the steps in social perception: input, integration, and output. The figure on page 4 illustrates how nonverbal modalities contribute to the input, integration, and output processes.

- Sessions 1 through 7 target input and focus on the following topics: establishing group identity, emotional knowledge, focusing attention, interpreting facial expressions and body language, interpreting vocal cues, putting cues together, and determining what to do when nonverbal cues do not match.
- Sessions 8 through 12 are designed to aid in the integration and interpretation process. These sessions include activities that focus on taking others' points of view and interpreting several nonverbal modalities within a familiar social context. To facilitate this process, participants are asked to engage in improvised process dramas with group leaders, during which they take on roles and explore the various outcomes of social interactions. Participants are guided to break down complex social interactions into sequential parts, discuss the emotions present, and act out a variety of possible responses.
- Sessions 13 through 16 address output, focusing on techniques to handle teasing and resolve conflict.

Organization of these activities is also structured on two dimensions. The first dimension is awareness of self and others. The initial focus is on children's own experience of emotion and social interaction followed by the perception of interactions with others. The second dimension is complexity of emotions. Target emotions progress from basic emotions (e.g., anger) to more subtle emotions (e.g., annoyance).

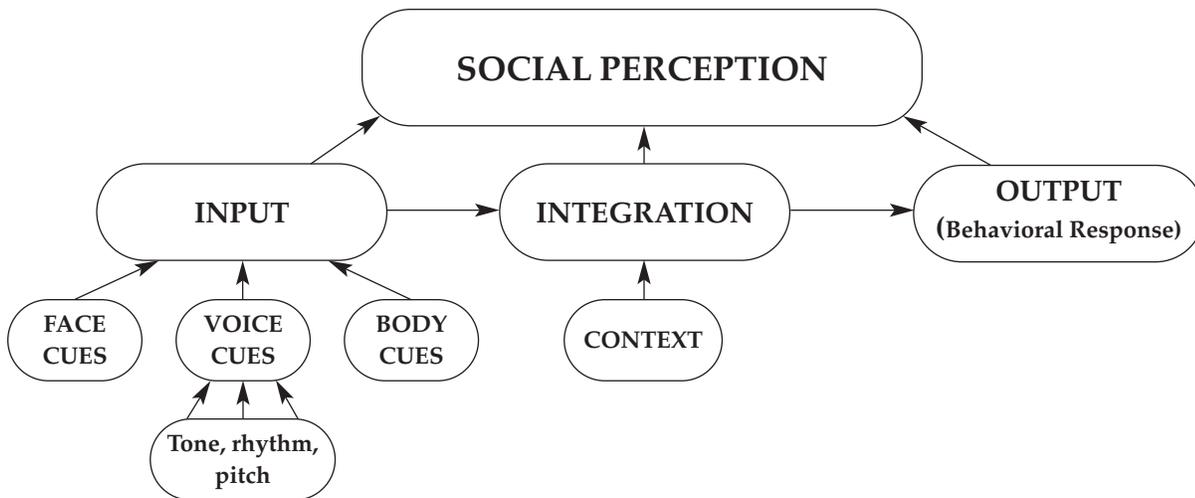
## Session Structure

Each session follows a structured format, which begins with a warm-up activity followed by review of a home assignment, discussion about the session topic, activities, and a wrap-up discussion to process the group's experience. At every opportunity, peer feedback is encouraged. When interpersonal conflicts or unexpected events arise, group leaders are encouraged to address participants' needs in the moment. Although this book provides step-by-step instructions for conducting the sessions, the format is flexible enough to address the individual needs of participants.

## WHY DRAMA?

As mentioned previously, many traditional social skills interventions have failed to address the needs of this specific target group. Social competence difficulties have a variety of causes, and adopting a one-size-fits-all approach to intervention is likely to be ineffective. Several years ago, our research group brainstormed ways to help children who live with social competence difficulties caused by deficits in social perception. We asked ourselves, How might we improve children's ability to read nonverbal cues? Several members of the group had experience using creative drama in educational settings, and we hypothesized that drama activities would be a useful tool to teach the basics of nonverbal social perception. We chose drama for several reasons. First, drama is grounded in experiential, in-context learning and emphasizes the importance of observing the give and take of interpersonal, nonverbal cues (O'Neill, 1995). The essence of drama is social interaction, which involves contact, communication, and the negotiation of meaning within a group context. Creative drama can provide the opportunity to develop imagination, encourage independent thinking and

## Model of Social Perception



cooperation, build social awareness, take others' perspectives, promote a healthy release of emotion, and improve habits of speech. Drama educators have long proposed that drama activities emphasize imagination, concentration, organization, self-expression, sensory awareness, and positive communication—and that they address concepts of space and distance (McCaslin, 1990; O'Neill & Lambert, 1994; Spolin, 1986). Walsh (1990) has advocated the use of creative drama as a means to foster social skills development, noting that it provides the opportunity to solve disagreements in context. Several scholars in the United Kingdom have specifically emphasized the potential that drama activities have for helping children with autism spectrum disorders (Peter, 2003; Sherratt & Peter, 2002). They assert that allowing children on the autism spectrum to engage in playful and imaginative activity will strengthen the aspects of brain function necessary for more flexible thinking and sensitivity to others. More recently, Attwood (2007) has suggested drama activities as a way to address the social needs of youth with Asperger's syndrome. Finally, drama is fun and intrinsically motivating to many children.

## METHODS AND TECHNIQUES

SCIP activities were modified from techniques known in a variety of settings as creative drama, process drama, and drama in education. *Drama in education* is generally referred to as the use of the dramatic process as a way to teach variety of subjects or to supplement a school's curriculum (Heathcote & Bolton, 1995). This methodology, widely used in British education, emphasizes the process of creating drama rather than the production of a performance. The goal of drama facilitators is to provide a safe space for a group to create shared meaning by exploring topics through pretense and imagination.

The use of drama as a teaching tool became widely used when Dorothy Heathcote, a British educator, developed the *mantle of the expert* approach in the 1950s. In this approach to education, an imagined dramatic context is created in which students are

empowered by making decisions. For example, children learning about life in a medieval monastery might create the setting of and adopt different roles in a monastery to better learn about the lifestyle (Heathcote & Bolton, 1995). By taking on roles as experts in a shared enterprise, students become experts in the subject matter as well as in the learning process itself. Although Heathcote (1988) developed this method of teaching with the hope that it would be used in general education practice, the method has demonstrated success with a variety of populations.

Creative drama and process drama are techniques used within drama in education. According to McCaslin (1990), the Children's Theatre Association of America defines *creative drama* as an improvisational, nonexhibitional, process-centered form of drama in which participants are guided by a leader to imagine, enact, and reflect upon human experiences. Creative drama involves many types of techniques, including both cooperative and traditional games, story dramatization, and improvisations. Many creative drama games and activities, including work by Viola Spolin (1986) and Nellie McCaslin (1990), have been popularized over time and are widely used in schools, drama programs, and theaters around the world. At the heart of creative drama work is the belief in the process approach; the work is done for the participants rather than for an audience (McCaslin, 1990). In *process drama*, as in the mantle of the expert approach to education, a group and leader embark together on an improvised dramatic journey. Although process drama is similar to the mantle of the expert approach, it differs in subtle ways. In both approaches, participants take various roles in a drama and write their own dramatized story based only on a context, roles, and theme. Unlike the mantle of the expert approach, however, process drama contains an unexpected key conflict or problem introduced by the process drama leader. In process drama, participants may not necessarily become experts on a topic, but they will learn certain skills or lessons as they engage in making meaning out of a narrative together. Participants continually improvise the story as the tensions of the drama unfold, and, in this way, members of the group are led to discover solutions to problems and learn in the process (Bowell & Heap, 2001; O'Neill, 1995; O'Neill & Lambert, 1994; Tarlington & Verriour, 1991). For example, children in SCIP may participate in the process drama "Detective Agency," where they take the roles of detectives and group leaders take the roles of head detectives needing help from the team. Participants are asked to interview suspects and examine nonverbal and contextual cues to help them solve the mystery. In another process drama called "Space Mission," children develop roles as members of a space station to learn about other beings. In the process, they are asked to complete a mission that involves creating a video-recording that will help aliens understand how to read human beings' nonverbal cues.

## SUMMARY

The Social Competence Intervention Program (SCIP) is based on a model of social perception that breaks perception down into the steps of input, integration, and output. Drama activities address deficits in social perception because they specifically address the perception of nonverbal cues and the taking of another's perspective and provide the opportunity to solve interpersonal difficulties in context. We believe that this approach is more successful than traditional interventions in helping children with

deficits in social perception, especially those with autism spectrum and related disorders. These specific populations are discussed in more detail in chapter 2. The next chapter examines the importance of developing social competence and its relationship to social perception.