

EXPRESSION OF SOCIAL SKILLS OF A CHILD WITH AUTISM SPECTRUM DISORDER. CASE ANALYSIS

Margarita Jurevičienė, Nijolė Šostakienė
Šiauliai University, Lithuania

Abstract

Profound deficit in social reciprocity skills is the core, underlying feature of the autism spectrum disorders (ASD). It is not doubted that social skills condition the quality of person's social functioning and management of social situations and has enormous impact on individual's personal and social life. Thus, social skills are behaviors that must be taught, learned, however, in planning the development of social skills at first it is important to identify individual powers of a child with autism spectrum disorder and problematic fields in the system *child-family-school*. In the present research the expression of social skills of a child with autism spectrum disorder is revealed through the following structural components: 1) interaction skills; 2) communication skills 3) participation skills 4) emotional skills 5) social cognition skills with the method of *case analysis*, combining *content analysis of interview* and *observation* data. The research data have been collected with the method of *observation* and purposeful *semi-structured interview*; methods of data analysis: *interpretative content analysis of the texts* of observation and interview.

Key words: *autism (ASD), social skills, systems theory (systems approach), system child-family-school*

Research problem and relevance. In modern research on inclusive and special education the importance of the development of social skills is emphasized. It is not doubted that social skills condition the quality of person's social functioning and management of social situations and has enormous impact on individual's personal and social life.

The scientists emphasize that the development of these skills, their presence *empowers* individuals to effectively communicate, satisfy their needs, get on with others, protect themselves and be able to interact with people in various situations (Kaffemanienė & Jurevičienė, 2012). It should be noted (Gresham, Sugai, & Homer, 2001) that social skills are the best understood *through the interaction of an individual and environment*, they reveal themselves in particular activity, situations, social interactions. Hochwarter, Witt, Treadway and Ferris (2006) point out that these skills most likely cover twofold knowledge — *what should be done and how it should be done and when chosen behaviour should be demonstrated*. Referring to the insights of Ferris (2001, cit. Jurevičienė & Geležinienė, 2013), it is possible to state that in order to show an effective social behaviour an individual must present oneself using socially acceptable manners, i. e. *socially present oneself, observe changing social environment* and be *flexible* to adjust one's behaviour in a changing social situation.

Profound deficit in social reciprocity skills is the core, underlying feature of the autism spectrum disorders (ASD)¹. ASD identified problem areas include impairments in social pragmatics (e.g., turn-taking in conversation and the ability to take the listener's perspective), have difficulty *initiating interactions* (Rotheram-Fuller & Kasari, 2010), poor speech prosody (e.g., typical rising and falling of voice pitch and inflection that aids verbal communication), a tendency to dwell on certain topics (Tager-Flusberg, 2003), difficulty understanding and expressing emotions (Shaked & Yirmiya, 2003) diverse and involve speech, linguistic conventions and interpersonal interaction; difficulty interpreting nonliteral language such as sarcasm and metaphor (Krasny, Williams, Provencal, & Ozonoff, 2003), sharing enjoyment, maintaining eye contact, reciprocating conversation, taking another's perspective, joint attention inferring interests of others (American Psychiatric Association, 2013; Grindle, Hastings, Saville Hughes, & Huxley, 2012; Mazurik-Charles & Stefanou, 2010; Reichow, Barton, Boyd, & Hume, 2012). ASD having better social skills are more likely to be accepted in integrated settings, live more independently, and work in integrated settings (Wang & Spillane, 2009).

Thus, social skills are behaviors that must be taught, learned, and performed while social competence is the perception of these behaviors within and across situations (Gresham, Sungai, & Horner, 2001; Morrison, Kamps, Garcia, & Parker, 2001; DeMatteo, Arter, Sworen-Parise, Faseiana, & Panihamus, 2012), however, it is emphasized (Gresham, Sungai, & Horner, 2001; Lane, Menzies, Barton-Arwood, Doukas, & Munton, 2005; Warnes, Sheridan, & Geske, 2005, etc.) that in modelling/planning the development of social skills at first it is important to identify individual powers of a child with autism spectrum disorder and problematic fields in the social system *child-family-school*.

Scientific research problem can be defined by the questions:

- *what expression of social skills can be observed by family members and pedagogues of a child with autism spectrum disorder?*
- *how do they evaluate child's social skills?*
- *what are parents'/pedagogues' responses to child's social behaviour?*

Research object: expression of social skills of a child with autism spectrum disorder.

Research aim: referring to the data of the case analysis to reveal social skills of a child with autism spectrum disorder.

Research methodology and techniques. The chosen methodology of qualitative social research has determined the necessity to define the essential concepts. To be more precise — the essential concept used in the present research — *social skills* — is a component of person's social competence, a complicated multidimensional construct made up of overlapping structural components that complement each other: 1) *interaction skills*; 2) *communication skills* 3) *participation skills* 4) *emotional skills* 5) *social cognition skills* (Jurevičienė, Kaffemanienė, & Ruškus, 2012). According to the authors, it is emphasized that in the structure of social skills, communication skills and abilities they comprise (abilities of maintaining verbal and nonverbal contact, interpersonal relations, expressiveness, flexibility, adaptivity and solving conflicts) are among the most important ones. Interaction skills consist of the abilities of managing and controlling the interactions that cover both person's management of his/her behaviour and the abilities to manage and control another person's interaction with him/her (e.g., the ability to resist negative impact, etc.). The skills of *participation in action* have been distinguished, they reveal the social aspect of participation and the expression of the skills to participate in action:

¹ Autism spectrum disorder (ASD) is a neurobiological disorder that significantly impairs reciprocal social relations, verbal and nonverbal communication, and behavior (American Psychiatric Association (2013) Diagnostic and Statistical Manual of Mental Disorders (5th edn). Washington, DC: American Psychiatric Association.)

initiiveness; acknowledgement of individual and group differences and similarities; abilities to get involved in the activity of the group; give suggestions; let others express their opinion; consult with others; be interested in how others succeed in performing the activity; suggest help; share possessed means, etc. Components of *emotional skills*: abilities of self-understanding, self-evaluation, abilities of emotional expressiveness, sensitiveness and abilities of self-control. The aforementioned scientists emphasize the twofold character of these skills — on the one hand, they help a person to understand himself/herself and cope with his/her emotions, manage oneself in communication and participation in common activity with other people; on the other hand, emotional skills help to understand the partners of communication or common activity. Social cognition skills reflect person's orientation in social life, understanding of the logic of interpersonal relations, expectations towards surrounding people and control of the behaviour that meets expectations.

Each of these structural components of social skills is made up of the complexes of the respective social skills that are related by close systemic relations.

In the article identifying the expression of social skills of a child with autism spectrum disorder a child and his/her environment is analysed from the *position of social systems theory*; it is focused on the resources of a child himself/herself and his/her educational environment (participation of family, pedagogues).

Systems theory analyses the interrelations of complex phenomena and processes. The relations between different components of the system and the quality of the interaction between systems evolve in the course of time and maintain their functioning (Bertalanffy, 2001; Capra, 1997). Every part of the system is important; when the parts of the system undergo change, the whole system itself changes as well (Capra, 1997). A child at the same time is an active participant of several systems (*family, school, peers*), in each of the systems he/she performs various roles; and the participants of the system are related by common aims of activity (individual's socialization, *development of social skills*) It should be noted that a social system consists of several or more people (a child with autism spectrum disorder, his/her family members, pedagogues), who communicate in the system related by common aims of activity. Consequently, in the context of the development of social skills the common *aim* of the components of the system is the *identification of social skills* and common synergetic interaction. It is acknowledged that an individual (a child with autism spectrum disorder) as a part of the system is impacted by external systems such as family, school, society. Therefore, an individual and environment are interdependent and influence each other by their activity/behaviour, and according to Bronfenbrenner (1999), the interaction (communication) between a child and environment influences person's present and future social functioning. Consequently, in planning changes, making decisions or solving problems inside the system the impact of the environment on the system and the impact of the system on its parts and the environment must be taken into account (Dettmer, Dyck, & Thurson, 1999), because the people from the child's close environment (family members, pedagogues) can represent child's interests the best, they are the best sources of the information about a child.

Therefore, identifying social skills of a child with autism spectrum disorder at first the character of strengths (possessed skills) (Early & GlenMaye, 2000) and problems in the system *child-educational environment* must be defined and grouped: to analyse behaviour in in the context of the system (family, school).

In the present research the expression of person's social skills is revealed with the *method of case analysis*, combining content analysis of *interview* and *observation* data. The research data have been collected with the method of *observation* and purposeful *semi-structured interview*; methods of data analysis: *interpretative content analysis of the texts* of observation and interview.

Place, time and duration of observation.

In the observation protocols of the research the data have been recorded in chronological order, recording the sequence of events in 5 minute interval and the manifestations of social skills of a child with autism spectrum disorder in various situations in structured and unstructured environment. Five observation sessions two hours each were conducted. The observation was conducted in September-November, 2014.

Purposeful *semi-structured interview* is when the interview questions are foreseen in advance and the opportunity is retained to freely interchange them, ask additional questions (Bitinas, Rupšienė, & Žydžiūnaitė, 2008).

Formulation of interview questions. Taking the aim of the research and the results of the analysis of scientific literature (Bloom & Bhargava, 2004; Freeman & Dake, 1997; Sacks & Silberman, 2000; Wolffe, Sacks, & Thomas, 2000, etc.) into account the following most general question has been formulated: *what social skills of a child with autism spectrum disorder are noticed by the participants of the research?* The order of questions depended on the process of the conversation, the contents of the speech of a research participant.

Place, time and duration of interview. Individual interviews were conducted in unstructured (home) and structured (school) environment. The average duration of an individual interview — up to 1 hour/3 times per week. The interview was conducted in September-November 2014.

Research sample. The aim of the research has conditioned the selection of the sample. It has been aimed to reveal the powers of social functioning of a child with autism spectrum disorder and the skills to be developed, therefore, in selecting a student for case analysis the principle of targeted sampling — typical case sampling — indicated in the methodology of qualitative research (Patton, 2002) has been applied. Following the principle of targeted typical sampling, referring to the data of school documents a student *with autism spectrum disorder* of the special education centre X² form Y (8 years of age) whose peculiarities of psychosocial development correspond to the majority of the features characteristic to such people has been selected. The student himself, the student's pedagogues and family members have agreed to participate in the research: student³, mother, father, sister, brother, grandmother, grandfather and class teacher.

Research process and data processing. The research data have been collected filling in the observation protocol and informally talking and asking questions individually to each participant of the research, following the plan of a semi-structured interview. The participants of the research before the observation and conversation were informed about the essence of the research that was being conducted and the main questions of the research. All the interviews with the consent of the participants of the research were recorded on Dictaphone, later precisely uploaded to electronic storage media.

For the processing and analysis of the research data qualitative interpretative content analysis has been used.

Analysis of social skills of a child with autism spectrum disorder.

Characteristics of the student's psychosocial development — the conclusions of the pedagogical psychological service (PPS).

² The principle of anonymity has been followed, therefore, parent's, pedagogues', children's names and the name of school have not been mentioned, only abbreviations that have nothing in common with real names have been indicated, sometimes only gender has been mentioned.

³ Here and hereinafter the speeches of the research participants have been cited, language style has not been edited. In brackets (*K*) — student, (*M*) — mother, (*F*) — father, (*S*) — sister, (*B*) — brother, (*GM*) — grandmother, (*GF*) — grandfather, (*CT*) — class teacher.

Conclusions of PPS (October 2014). Conclusion of psychological evaluation: the skills of social adaptation in new situations are improving — he is available to verbal contact, can answer the questions about his familiar environment, fragmentarily tell about his favourite activities or the events that impressed him, the priority when playing is given to various constructive activities, he is motivated to complete favourite activities. He perceives more complicated verbal information with difficulty, the boy has difficulty in explaining the relations of cause-consequence. During free play he chooses simpler activities, the elements of aggressive activity in the topics of the game are noticed, however with the help from an adult he is able to change the character of activity. *Conclusions of speech therapy evaluation:* the speech is understandable, well-articulated and intoned. He speaks in separate short sentences. Speech difficulties arise when narrating — he is not able to maintain the topic of the conversation, does not perceive the sequence of the narration, there are few adjectives in speech. The perception of speech is satisfactory, rather situational. *Conclusion of pedagogical evaluation:* he answers simple questions, he answers briefly, with delay, in 1-2 word sentences, eye contact is short-term, avoids eye contact, imitation is disordered, concentration on the activity is short-term, he is interfered by extrinsic irritants, cognitive skills are insufficient, emotions are unstable, he is interested in the surroundings, the sphere of interests is limited, he is interested in computer, communication is disordered, he plays alone, is awkward, picky with food and its form, autonomy skills are not sufficiently formed. Applying the principles of structured education the boy follows visual schedule, then he completes the assigned tasks, tells the sequence of events and text with the help of visual symbols.

Interaction skills. Abilities of interaction management and control. Individuals with ASD suffer direct and indirect consequences related to social interaction deficits. Child with ASD often report a desire for more peer social interaction, and may also express poor social support and more loneliness than their typically developing peers (Bauminger & Kasari, 2000; White, Keonig, & Scahill, 2007). Children with ASD may be at increased risk for peer rejection and social isolation (Nelson, Johnston, Crompton, Nelson, & McDonnell, 2007). According to the research data the boy experiences difficulties in his coping with peers' negative impact:

[It is difficult for K. to recognize when he is mocked at. In the group of peers when children mock at him, it often seems to him that they laugh together with him but not at him (M) / It happens so that he himself starts making faces children then laugh at him and it seems to him that he has made a joke (S)].

Communication skills. Abilities of verbal contact and communication. The boy initiates communication when he is not concentrated on his favourite activity:

[If you don't give him a computer, if he doesn't play with his magnets, doesn't read his favourite book he comes over himself. His phrase "I want to communicate with you" or "Let's talk" (M)]

Personal space is very important for the boy, he does not like when other people sit next to him, especially children who are unpredictable. He likes to get away when angry. The research has revealed and confirmed the following conclusions characteristic to selective communication:

[If he doesn't like a person he will try to get away or concentrate on the activity he likes and will not see what is going on around him anymore (F)]

In the child's story certain regularities can be noticed: the sequence of events is not retained (without a visual aid it is hard to him to track the regularity of events), the narration has fragmentary character (one "picture" is described, then he proceeds to another one, although there is no logical link between them):

[It happens so when some excerpts from the past return to him e.g.: I remember when I was little and was eating beetroot soup Asked why don't you eat it now he answers men don't eat beetroot soup (F)].

Nonverbal contact and communication [usually fragmentary, short-term (GM)] is characteristic — [He takes a look, takes a record, then turns his look away (CT)]. Monotropism, according to Murray, Lesser and Lawson (2005) is one of the main features of autism, to which limited interests are attributed, in other words, a person with autism is interested in the information of certain narrow field because of the difficulties in retaining or receiving the information unrelated to the field he/she is interested in. The theory of monotropism is also called the theory of “tunnel attention and interest”. This theory could be explained by the inability of a person with autism to distribute attention, i.e., at the same time it is possible to concentrate on one object, a person dissociates from all other information, therefore, there are difficulties in perceiving the whole (Murray, Lesser, & Lawson, 2005). The interview has revealed the boy’s attentiveness towards detail and signs:

[A person is not the object that attracts his attention, he rather notices things, visual signs (e.g., road signs, symbols), especially attention is focused on detail (M)]

Abilities of maintaining interpersonal relations. For children with autism spectrum disorder it is not only difficult to transfer the desired information but also to receive and adequately understand it (Bellini, Peters, Benner, & Hopf, 2007). It results in ineffective communication. The research data have shown that the boy strives for communication, however, lack of maintaining relationships and difficulties in social interaction manifest themselves, he wants to communicate with peers but he does not know how:

[He wants friends, but he doesn’t know what to do with them. There is a 9-year-old boy who lives on the fourth floor and when he comes to visit us the only request is “Switch on the TV”. And they do not say a word to each other (M)].

According to Paul (2008) communicative level is disordered and it makes personal life more complicated, makes a person dependant on other people. The research has revealed that in the context of maintaining interpersonal relations sometimes the assistance of an adult (mediator) is necessary.

[I ask the child to initiate communication, I say: “Ask”, “Tell”, “Call”, etc. Then he follows my verbal instructions (M)]. The scientists (Barry et al., 2003) emphasize that it is the role of a mediator to encourage the interaction.

Communicating with others K. sometimes considers only his wishes, often concentrates on his favourite activity not noticing the events that take place around him:

[We are talking, and he, let us say, starts thumbing through the book, or he can go away, he can’t even feel when you leave or when you come back (M) / If he is into his favourite activity, so there is no contact at all (GF)]. These factors are confirmed by the works of the scientists (Bailey, 2001), where it is stated that if children are engrossed into their favourite activity they are able to dissociate from the surroundings. However, if he is not dissociated, concentrated on one thing, the surplus of information appears that easily puts him off his stride:

[The child doesn’t perform complex indications, i.e., when three actions in a row are indicated only one is performed, the remaining two were either not understood or forgotten while the first action was being performed, the attention is concentrated on one action, is not divided, the action plan is not foreseen, the other actions remain not performed <...> That is why it is necessary to present information in fragments, to wait until it is understood and the first action is performed, only then we can proceed with the following one (F)].

Abilities of social expressiveness. Often it happens to notice that, according to Grela and McLaughlin (2006); Mandell and Salzer (2007); Rutherford, Clements and Sekuler (2007) complicated sentence structures are used in the conversation with a child with autism spectrum disorder that are not perceived by a child, thus much information is omitted:

[He sometimes just repeats the phrases that he has read or heard somewhere. He unexpectedly says: he disturbs my balance or Saturn is a gaseous planet made of gas and the Moon is made of rock, etc. (M)]

According to Smith (2009), it should be emphasized that not only people with autism lack empathy in communication with surrounding people. The environment does not perceive the situation of a person with autism either. What is found normal by someone can be contrary to another person. Baron-Cohen and Wheelwright (2004) emphasize that people with autism facing difficulties with empathy are considered rude, disrespectful, it is complicated for them to perceive the rules of social context that are followed by society. The research data have confirmed the aforementioned conducted research that lack of social and emotional communication manifests itself in weak response to another person's emotions. The difficulties in expressing affection, care, saying compliments (e.g. He tells his mum always: "you are the most beautiful mummy; he likes to say: "you smell pleasantly" or "you are my queen") and expressing needs manifest themselves:

[He doesn't care about his brother and sister, if they feel pain most often he even laughs. He feels fun (GF)/ He completely disregards another person's feelings and emotions that others experience when he disappears. You must constantly observe him. Usually when he goes outside with the classmates he separates himself from the group and likes to spend time alone. And when he decides to go somewhere he doesn't bother to say that he is leaving. He disappears silently and calmly. When walking he forgets where he is going but he doesn't panic, and we all do. K finds himself an interesting occupation and forgets everything and dissociates. And when he is found he doesn't understand what he has done wrong (GM).

Abilities of flexibility, adaptivity. The interview data show that a student is able to understand both his own and others' emotions when they are evidently expressed, he reacts adequately, however, primitively, e.g., he says "I am sad", "I am bored", "I am glad" (M)].

[Expresses sympathy in a specific way (M)]: [Kind of rudely but he cares. So, take it and eat it, don't cry! (M)].

There are difficulties in adjustment, self-confidence being with new people and in new situations, the boy constantly asks: [*"Am I still smart?", "Do you love me? (F)"*]. Lesinskienė, Vilūnaitė and Paškevičiūtė (2001) have investigated the responses of the children with autism spectrum disorder towards the change of routine and environment and child's ability to get adjusted in new environment. The research has revealed that children very sensitively reacted to the changes of environment: the majority of children because of changes or because of fear of changes constantly experienced difficulties. The research has shown that the boy sometimes experiences difficulties in adjustment:

[We were walking in the shopping centre, probably the crowds of people affected him and he started to cry without stopping. And it is not the lack of attention, he just felt awkward in this environment (F)].

Conflict solving skills. Most often he observes conflict situations, tries to avoid them, he takes disagreements between his close people much to heart:

[When we start quarrelling with the little ones sometimes we say "Ok, we are leaving, we can't stand such a storm at home" or something like that, then he starts crying so much and he cries so painfully from the bottom of his heart. He doesn't calm down himself, the adult is needed to help him calm down (M)].

The boy needs structured activity and process. When he knows the sequence of events he can take decisions himself, then conflict situations are avoided:

[The classmate took his magnets without asking and the conflict occurred, they both are sitting with scratched faces crying. It is like this with him, ask, get permission, then he

shares without problems and without anger. Otherwise he gets angry and takes back his things without ceremonies (F)]

According to the scientists (Hanley, Iwata, & Thompson, 2001) the tendency is noticed to accumulate negative emotions and pour them out at once, usually this behaviour is expressed through aggression:

[When there is an event at school he watches in control of himself, behaves well but back home he bursts out, slams everything, he has stress because at school it was difficult for him to stay in the event, therefore, at home he bursts out (GM).]

Participation skills. Abilities of acting in a group. It has been noticed that K. unwillingly participates in games with peers, he usually observes the players:

[Brother and sister are playing, K is sitting aside, thumbing through the book, is constantly observing them playing]. However, with the participation of the adult (mediator) who encourages, motivates for action, the boy at least for a short time gets involved into the activity of the group:

[But every other step he must be encouraged if you don't control the activity he will play alone again (M)], according to Boddaert, Chabane and Belin (2004) children with autism spectrum disorder do not like noise/sound, therefore, it is complicated to be in a big group, they do not like much action around them, it puts them off their stride, then it is difficult to control themselves, to get engaged in their not favourite activity. The research participant especially avoids big streams of people, guests:

[If the guests come he always goes away (F)], then he most often gets embarrassed or worried. In this state most often, according to Dounavi (2011) repetitive stereotypical behaviour dominates or appears, sometimes, according to Shriberg et al. (2001) even the speech prosody changes:

[When he is agitated many side movements with hands and laryngeal "threatening" sounds appear, he takes uncomfortable body postures, makes faces, even the manner of speech changes (CT)].

Inflexible for the changes in regime:

[Usually when we get up in the morning we plan the day. You must very carefully create the plans because if they are not fulfilled the child gets worried, "finds no place", repeats himself for a long time, keeps asking the same questions, cries. It most often happens when it had been spoken about spending a night at the grandmother's. When the plans change the child worries a lot and says "I will be good", "when I cough, I will turn away not to infect grandma", "I will curl up in a ball, I won't take much place, grandma will get enough sleep", he does not likes grandfather much but in the last case he suggests "I can sleep with grandpa as well, just take me there" (M)]

The boy occasionally tries to initiate contact with peers but inadequacy in behaviour is noticed:

[When he came up to his classmate, he did not try to talk to her, but started behaving like a three-year-old, pushed and pulled her, and then shows: you catch me. He was initiating nonverbal contact as if he was in a group of younger children where pointless running is the favourite occupation (GM)].

The child chooses either much younger children for contact (*[Where it is not necessary to maintain the conversation, be interested in another person. Then gets involved in group activity (M)*), or adults (*[Because an adult tends to get adjusted more to the topic and pace of the child's conversation and leads the conversation itself to greater extent, then the son willingly communicates (F)]*).

Although the difficulties in participating in common activities with peers arise (*[usually he either goes away from the company completely or ignores the others when they talk to him or shows off (GM)]*), however, the boy has hobbies, and passive occupations dominate:

[He reads very much (S)/He likes dinosaurs (B)/ He likes watching Crippy (i.e. instructions on how to pass the game). I don't play games, I just watch instructions I like building a house and a car that goes around the world (M) /He likes construction structures — his favourite toys are magnets, he makes various forms out of them, he can do this activity for a long time (GM)].

Emotional skills. Self-evaluation abilities. The interview and observation data have revealed that the boy has difficulties in self-confidence:

[Having performed some task constantly asks for confirmation with the question “Am I good? Am I smart?” (GM)].

In scientific literature the difficulty understanding and expressing emotions (Krasny, Williams, Provencal, & Ozonoff, 2003; Shaked & Yirmiya, 2003; Tager-Flusberg, 2003) is emphasized. The research participants emphasize that the cognition of emotional expression is long structured development that has positive changes. At the same time they reveal the following examples of emotional self-perception skills:

[At first we learned: to recognize in the picture, then we named his emotions now and here, then I asked him to tell how he feels, now he manages to do it quite well (M)]

The ability to verbally express sympathy when others are sad has become distinct, especially expressing care for his mother:

[I am constructing the robot T-Rex for Mummy that will catch all bad guys and this robot will also help Mummy to tidy up rooms (K)].

The difficulties in self-regulation have manifested themselves:

[You are going, going and he all of a sudden bursts into tears and it is not striving for attention. He is kind of asking for help, he cannot say it himself or it is difficult for him (F) / If you don't calm him he doesn't stop crying, it is very difficult for him to control stress, help is needed, and his favourite activity helps him calm down (GF)/He gets in unceasing fits of laughter. At first he laughs at something actually funny (often it seems funny to him when someone injures themselves but later he can't stop, it is necessary to take up strictly and calm him down (F)].

Skills of social cognition. Abilities of social sensitivity. The boy applies social customs and norms in particular situations, he distinguishes what is right or wrong. Consequently, the difficulties arise when people of his close environment do not behave according norms or rules:

[The children messed up their toys. Dad told them to tidy up. K. stood up and went to tidy up, but brother and sister don't react and they continue their favourite activity. The boy starts crying / He is the only one who is the first to obey the orders and if the others don't obey it is emotionally painful to him and usually we even spoil the rest of the day or evening. Then we have to look for the occupation he likes to make him forget it. Otherwise we will weep forever (M)].

Because of the difficulties in perceiving the context and the whole the boy faces problems in remembering his past. Sometimes he remembers the fragments and snippets from his past, it is complicated for him to remember the sequence of facts:

[Having asked to tell about his day he usually tells the events from several days from the past or names what he remembers in general, so for a person who has not spend the day with him it is complicated to understand what has really happened and what has not (M)]

When the boy encounters a new thing, at first tries to find out what it is made of, if he does not get bored until he analyses it, he does not tend to apply it according to its purpose:

[He used to tear up most of the toys because it is interesting to him what is inside (M)] / He doesn't play with toys, because his only wish is to turn the car upside down and turning its wheels with his hand to watch how they are turning (F)]

Abilities of taking decisions. The observation and interview data have revealed the lack of the ability to analyse more complicated information and experience analysing the alternative ways of solution in problem situations. It has been noticed that the boy rarely expresses his wishes and contradictions in verbal form:

[I must constantly ask him: "Is everything ok? Aren't you bored?" (M) / He was playing in the room with the computer, and I was knitting in another room. After some time I am going to see what he is doing, and I got really scared, he is lying pressed by the sofa, crying, but silently crying, and he is not calling me (GM) / It is possible to say another phrase characteristic to him: I was afraid to tell that I was afraid. When he wakes up at night and it is difficult for him to fall asleep, he doesn't wake anyone, he is afraid alone. It happened for me several times, to find him crying at night but not asking for help (M).

The difficulties arise in understanding how his behaviour impacts on others:

[Being outside he often dissociates, invents something and goes away, even elementarily being outside he comes home, without telling others he is sitting at home calmly, and everyone is looking for him. As he doesn't notice the others, so he wants the others not to notice him. Although his "wants" as if is "I don't care". He is a "lone wolf", there is no responsibility towards another person (M)].

The wish to engage in the same activity, perform the same actions and their sequence is predominant:

[When he comes home, he gets undressed and at first asks, "Can I switch on TV?", "Can I go to the little computer (i.e. tablet)?", he doesn't pay attention to another person who visits us (not a family member), tries to go away /If we go for a walk together usually we have to go around our big circle, he doesn't want to go anywhere else that much because he doesn't know what distance we will have to cover, how much time it will take, because he tends to get tired quickly, such "uncertainty" irritates him, K starts whimpering, asking to go home (GF) / He goes willingly only to the swimming pool with me, I tried to take him to the sports hall where we had not been before, we could not manage to come in (GF)].

The case analysis has revealed social skills and potential powers of a child with autism spectrum disorder, referring to which the development of social skills in the social interaction system *child-family-school* should be projected/modelled.

Conclusions

- The variety of the concepts of *social skills* reveals the *complex* structure of this construct that from the qualitative viewpoint is one of the most important indicators of person's social functioning and is best perceived through the *interactions between an individual and environment*. It should be emphasized that a "set" of social abilities that make up social skills of every child with autism spectrum disorder is individual, which determines different level of social adaptivity and social functioning.
- Social skills of a child with autism spectrum disorder and the ways of the expression of abilities in the system *child-family-school* have been identified:
- In *interaction skills* the difficulties related to interaction management and control skills arise, especially for negative impact. The boy records rude and aggressive components of behaviour, then tries to apply them in real life.
- *Communication skills* are also characterized with complex structure. The abilities of various complicacy that are their components are becoming distinct. It should be emphasized that the research participant K. is able to give his attention to another person, to listen to him/her, to sympathize, partially participate in other's experiences, etc. It has been revealed that these abilities overstep the limits of elementary

communicative actions. The need for communication stimulated by emotional skills such as understanding one's own and other's emotions, finally the rise of new motives of communication has manifested itself; the role of a mediator who helps to initiate interaction has been emphasized. However, communication skills manifest themselves not only by initiating contact but also by more complex abilities of maintaining interpersonal relations, in which the boy experiences difficulties in creating and maintaining interpersonal relations, controlling interactions and choosing adequate behaviour for the situation, he usually chooses observer's role.

- The limitations in *participation in action* have been revealed emphasizing the social aspect of participation and the expression of the skills of participation in action: initiativeness, making suggestions, interest in how others succeed in performing the activity, suggesting help. The following abilities have been revealed: sharing possessed means, letting others express their opinion, initiating another person to get involved in the activity of the group, working together with others, inviting to react.
- *Emotional skills* are among the most complicated ones. The boy experiences difficulties in trying to understand himself and cope with his emotions, manage himself in communicating and participating in common activity with other people in unstructured environment. The problems of self-regulation (discharges of aggression/self-aggression) in unstructured environment after he experiences stress in structured environment are especially distinct. Most often the manifestations of aggressive behaviour are expressed towards his brother, sister and grandparents. However, the abilities of emotional control in structured (school) environment — to control and regulate his emotional states and their (non)verbal expression, also to mask emotional state, avoid spontaneous outburst of emotions — should be admitted.
- *Social cognition* skills reflect student's orientation in social life. The following abilities have been revealed: to understand and memorize the requirements for uncomplicated actions and behaviour, especially to understand and decode familiar visual signals, to understand and follow learned rules. The difficulties covering the abilities to recognize and evaluate his own emotional state and communication and preparation to solve problems and difficulties have been noticed. However, structured (home) environment and visualization (i.e., stable schedule, rules, symbols, activity zones) help to effectively solve problems.

References

1. American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders (5th ed)*. Washington, DC: American Psychiatric Association.
2. Bailey, K. D. (2006). Living Systems Theory and Social Entropy Theory. *Systems Research and Behavioral Science*, 23(3); 291–300.
3. Barry, T. D., Klinger, L. G., Lee, J. M., Palardy, N., Gilmore, T., & Bodin, S. D. (2003). Examining the effectiveness of an outpatient clinic-based social skills group for high-functioning children with autism. *Journal of Autism and Developmental Disorders*, 33, 685–701.
4. Baron-Cohen, S., & Wheelwright, S. (2004). The empathy quotient: An investigation of adults with Asperger syndrome or high functioning autism, and normal sex differences. *Journal of Autism and Developmental Disorders*, 34(2), 163–175.
5. Bauminger, N., & Kasari, C. (2000). Loneliness and Friendship in High-Functioning Children with Autism. *Child Development*, 71, 447-456.

6. Bellini, S., Peters, J. K., Benner, L., & Hopf, A. (2007). *A meta-analysis of school-based interventions for children with autism spectrum disorders*. *School Psychology Review*, 26 (1), 80–90.
7. Bertalanffy, L. (2001). *General System Theory: Foundations, Development, Applications*. Revised Edition. New York: George Braziller Inc.
8. Bloom, Y., & Bhargava, D. (2004). *Using Augmentative communication strategies for providing positive behaviour support to manage challenging behaviour*. Beecroft, NSW: Innovative Communication Programming
9. Boddaert, N., Chabane, N., & Belin, P. (2004). Perception of complex sounds in autism: abnormal auditory cortical processing in children. *The American Journal of Psychiatry*, 161, 2117–2120.
10. Bronfenbrenner, U. (1999). Environments in Developmental Perspective: Theoretical and Operational Models. In S. Friedman, T. Wachs (Eds.), *Measuring Environments across the Life Span: Emerging Methods and Concepts*, (pp. 3-28). Washington, DC: American Psychological Association.
11. Bitinas, B., Rupšienė, L., & Žydzūnaitė, V. (2008). *Kokybinių tyrimų metodologija*. Klaipėda: S. Jokužio leidykla.
12. Canney, C., & Byrne, A. (2006). Evaluating Circle Time as a Support to Social Skills Development — Reflections on a Journey in School Based Research. *British Journal of Special Education*, 33 (1), 19–24.
13. Capra, F. (1997). *The Web of Life*. London: Harpercollins Publishers.
14. Dounavi, A. (2011). Treating vocal stereotypy in a child with autism: differential reinforcement of other behaviour and sensory-integrative therapy. *European Journal of Behaviour Analysis* (1) 12, 231-237.
15. DeMatteo, F. J., Arter, P. S., Sworen-Parise, C., Faseiana, M., & Panihamus, M. A. (2012). Social Skills Training for Young Adults with Autism Spectrum Disorder: Overview and Implications for Practice, *National Teacher Education Journal*, 5 (4), 57-65.
16. Dettmer, P., Dyck, N., & Thurson, L. P. (1999). *Consultation, Collaboration, and Teamwork for Students with Special Needs*. Boston: Allyn & Bacon.
17. Early, T. J., & GlenMaye, L. F. (2000). Valuing Families: Social Work Practice with Families from a Strengths Perspective. *Social Work*, 45(2); 118-130.
18. Ferris, G. L., Witt, L. A., & Hochwarter, W. A. (2001). *Interaction of social skill and general mental ability on job performance and salary*. *Journal of Applied Psychology*, 86 (6), 1075–1082.
19. Freeman, S., & Dake, L. (1997). *Teach me Language: A language manual for children with Autism, Asperger's syndrome and related developmental disorders*. Langley, Canada: SKF books.
20. Grela, B.G., & McLaughlin, K. S. (2006). Focused stimulation for a child with autism spectrum disorder: a treatment study. *Journal of Autism Development Disorders*, 36 (2), 753-756.
21. Gresham, F. M. (2001). Assessment of Social Skills in Children and Adolescents. In D. H. Saklofske, J. J. W., Andrews, H. L., Janzen (Eds.), *Handbook of Psychoeducational Assessment: A Practical Handbook* (pp. 325–355). San Diego, CA: Academic Press.
22. Gresham, F. M., Sungai, G., & Horner, R. H. (2001). Interpreting Outcomes of Social Skills Training for Students with High Incidence Disabilities. *Exceptional Children*, 67, 331-344.
23. Grindle, C. F., Hastings, R. P., Saville, M., Hughes, J. C., & Huxley, K. (2012) Outcomes of a behavioral education model for children with autism in a mainstream school setting. *Behavior Modification*, 36, 298-319.
24. Hanley, G. P., Iwata, B. A., & Thompson, R. H. (2001). Reinforcement schedule thinning following treatment with functional communication training. *Journal of Applied Behavior Analysis*, 34, 17–38.
25. Hochwarter, W. A., Witt, L. A., Treadway, D. C., & Ferris, G. R. (2006). The Interaction of Social Skills and Organizational Support on Job Performance. *Journal of Applied Psychology*, 91(2), 482-489.
26. Jurevičienė, M., & Geležinienė, R. (2013). Vaikų socialinių įgūdžių ugdymo metodika. In R. Bakutytė, R. Geležinienė, A. Gumuliauskienė, A. Juodraitis, M. Jurevičienė, O. Šapelytė (Eds). *Socializacijos centro veiklos modeliavimas: ugdytinių resocializacijos procesų valdymas ir metodika*. *Mokslo studija* (pp. 232-284). Vilnius: BMK leidykla.

27. Jurevičienė, M., Kaffemanienė, I., & Ruškus, J. (2012). Concept and Structural Components of Social Skills / Socialinių įgūdžių sampratos ir struktūros komponentų teorinė analizė. Ugdymas. *Kūno kultūra. Sportas*, 3 (86), 42–52.
28. Kaffemanienė, I., & Jurevičienė, M. (2012). Individo stiprybėmis grindžiamo socialinių įgūdžių ugdymo modeliavimo galimybės / Opportunities for Modelling Social Skills Education Based on the Individual's Strengths. *Specialusis ugdymas / Special Education*, 2 (27), 164–174.
29. Krasny, L., Williams, B. J., Provencal, S., & Ozonoff, S. (2003). Social Skills Interventions for the Autism Spectrum: Essential Ingredients and a Model Curriculum. *Child & Adolescent Psychiatric Clinics of North America*, 12, 107–122.
30. Lane, K., Menzies, H., Barton-Arwood, S., Doukas, G., & Munton, S. (2005). Designing, Implementing, and Evaluating Social Skills Interventions for Elementary Students: Step-by-step Procedures Based on Actual School-based Investigations. *Preventing School Failure*, 49(2), 18–26.
31. Lesinskienė S., Vilūnaitė E., & Paškevičiūtė B. (2002). Autizmo sutrikimą turinčių vaikų raidos ypatumai. *Medicina*, 38, 405–411.
32. Mandell, D. S., & Salzer, M. S. (2007). Who joins support groups among parents of children with autism? *Autism*, 11, 111–122.
33. Mazurik-Charles, R., & Stefanou, C. (2010). Using paraprofessionals to teach social skills to children with autism spectrum disorders in the general education classroom. *Journal Instructional Psychology*, 37, 161–169.
34. Morrison, L., Kamps, D., Garcia, J., & Parker, D. (2001). Peer Mediation and Monitoring Strategies to Improve Initiations and Social Skills for Students with Autism. *Journal of Positive Behavior Interventions*, 3(4), 237–250.
35. Murray, D. K. C., Lesser, M., & Lawson, W. (2005). Attention, monotropism, the diagnostic criteria for autism. *The International Journal Research and Practice: Autism* 9(2), 139–156.
36. Nelson, C., McDonnell, A. P., Johnston, S.S., Crompton, A., & Nelson, A. R. (2007). Keys to play: A strategy to increase the social interactions of young children with autism and their typically developing peers. *Education and Training in Developmental Disabilities* 42, 165–181.
37. Patton, M. Q. (2002). *Qualitative Research & Evaluation Methods*. Sage Publications.
38. Paul, R. (2008). *Interventions to improve communication in autism*. *Child and Adolescent Psychiatric Clinics of North America*, 17, 835–856.
39. Reichow, B., Barton, E. E., Boyd, B.A., & Hume, K. (2012). *Early intensive behavioral intervention (EIBI) for young children with autism spectrum disorders (ASD)*. Published in The Cochrane Library.
40. Rotheram-Fuller E., Kasari, C. (2010). Peer relationships: Challenges and interventions. In Hollander E, Kolevzon A, Coyle J (Eds), *Textbook of Autism Spectrum Disorders* (pp. 555–564). Arlington, VA: American Psychiatric Publishing, Inc.
41. Rutherford, M. D., Clements, K. A., Sekuler, A. B. (2007). Differences in discrimination of eye and mouth displacement in autism spectrum disorders. *Vision Research*, 47, 2099–2110.
42. Sacks, S. Z., & Silberman, R. K. (2000). Social Skills. In Holbrook, C. & Koenig, A. (Eds.), *Foundations of education: Volume II: Instructional strategies for teaching students with visual impairments* (pp. 616–652). New York: American Foundation for the Blind.
43. Shaked, M., & Yirmiya, N. (2003). Understanding Social Difficulties. In M. Prior (Ed.), *Learning and Behaviour Problems in Asperger Syndrome* (pp. 104 -125). New York: The Guilford Press.
44. Shriberg, L. D., Paul, R., McSweeney, J. L., Klin, A., Cohen, D. J., & Volkmar, F. R. (2001). Speech and prosody characteristics of adolescents and adults with High-Functioning Autism and Asperger's Syndrome. *Journal of Speech, Language, and Hearing Research*, 44, 1097–1115.
45. Smith, A. (2009) The Empathy Imbalance Hypothesis of Autism: A Theoretical Approach to Cognitive and Emotional Empathy in Autistic Development. *The Psychological Record*, 59, 489–510.
46. Tager-Flusberg, H. (2003). Effects of language and communicative deficits on learning and behavior. In M. Prior (Eds.), *Learning and behavior problems in Asperger syndrome* (pp.85–103). New York: Guilford Press.
47. Wang, P., & Spillane, A. (2009). Evidence-based social skills interventions for children with autism: a meta-analysis. *Education and Training in Developmental Disabilities*, 44(3), 318–342.

48. Warnes, E. D., Sheridan, S. M., Geske, J., & Warnes, W. A. (2005). A Contextual Approach to the Assessment of Social Skills: Identifying Meaningful Behaviors for Social Competence. *Psychology in the Schools*, 42, 173–187.
49. White, W. S., Keonig, K., & Scahill, L. (2007). Social skills development in children with autism spectrum disorders: a review of the intervention research. *Journal of Autism Development Disorders*, 37 (10), 1858-1868.
50. Wolffe, K. E., Sacks, S. Z. & Thomas, K. L. (2000). *Focused on: importance and need for social skills*. New York: American Foundation for the Blind.

EXPRESSION OF SOCIAL SKILLS OF A CHILD WITH AUTISM SPECTRUM DISORDER. CASE ANALYSIS

Summary

Margarita Jurevičienė, Nijolė Šostakienė
Šiauliai University, Lithuania

In the article identifying the expression of social skills of a child with autism spectrum disorder a child and his/her environment is analysed from the *position of social systems theory*; it is focused on the resources of a child himself/herself and his/her educational environment (participation of family, pedagogues).

In the present research the expression of person's social skills is revealed with the **method of case analysis**, combining content analysis of *interview* and *observation* data. The research data have been collected with the method of *observation* and purposeful *semi-structured interview*; methods of data analysis: *interpretative content analysis of the texts* of observation and interview.

The case analysis has revealed social skills and potential powers of a child with autism spectrum disorder, referring to which the development of social skills in the social interaction system *child-family-school* should be projected/modelled.

Generalizing the finding, it could be stated that, the variety of the concepts of *social skills* reveals the *complex* structure of this construct that from the qualitative viewpoint is one of the most important indicators of person's social functioning and is best perceived through the *interactions between an individual and environment*. It should be emphasized that a "set" of social abilities that make up social skills of every child with autism spectrum disorder is *individual*, which determines different level of social adaptivity and social functioning. Also, social skills of a child with autism spectrum disorder and the ways of the expression of abilities in the system *child-family-school* have been identified:

- In *interaction skills* the difficulties related to interaction management and control skills arise, especially for negative impact. The boy records rude and aggressive components of behaviour, then tries to apply them in real life.

- *Communication* skills are also characterized with complex structure. The abilities of various complicity that are their components are becoming distinct. It should be emphasized that the research participant K. is able to give his attention to another person, to listen to him/her, to sympathize, partially participate in other's experiences, etc. It has been revealed that these abilities overstep the limits of elementary communicative actions. The need for communication stimulated by emotional skills such as understanding one's own and other's emotions, finally the rise of new motives of communication has manifested itself; the role of a mediator who helps to initiate interaction has been emphasized. However, communication skills manifest themselves not only by initiating contact but also by more complex abilities of maintaining interpersonal relations, in which the boy experiences difficulties in creating and maintaining interpersonal relations, controlling interactions and choosing adequate behaviour for the situation, he usually chooses observer's role.

▪ The limitations in *participation in action* have been revealed emphasizing the social aspect of participation and the expression of the skills of participation in action: initiativeness, making suggestions, interest in how others succeed in performing the activity, suggesting help. The following abilities have been revealed: sharing possessed means, letting others express their opinion, initiating another person to get involved in the activity of the group, working together with others, inviting to react.

▪ *Emotional skills* are among the most complicated ones. The boy experiences difficulties in trying to understand himself and cope with his emotions, manage himself in communicating and participating in common activity with other people in unstructured environment. The problems of self-regulation (discharges of aggression/self-aggression) in unstructured environment after he experiences stress in structured environment are especially distinct. Most often the manifestations of aggressive behaviour are expressed towards his brother, sister and grandparents. However, the abilities of emotional control in structured (school) environment — to control and regulate his emotional states and their (non) verbal expression, also to mask emotional state, avoid spontaneous outburst of emotions — should be admitted.

▪ *Social cognition* skills reflect student's orientation in social life. The following abilities have been revealed: to understand and memorize the requirements for uncomplicated actions and behaviour, especially to understand and decode familiar visual signals, to understand and follow learned rules. The difficulties covering the abilities to recognize and evaluate his own emotional state and communication and preparation to solve problems and difficulties have been noticed. However, structured (home) environment and visualization (i.e., stable schedule, rules, symbols, activity zones) help to effectively solve problems.