

Cultivating Relationships through Peer Interactions

Paige Engbers– Creighton University

Mentor(s): Elise Spronk, OTR/L

BACKGROUND

Previous research has indicated the need for the social development of children with developmental delays or conditions such as autism, down syndrome, and various other conditions. Through several studies, researchers have found that equipping children with the right tools to develop strong relationships encourages resilience (DeRosier, Swick, Davis, McMillen, & Matthews, 2011). Many challenges that children face include initiating conversation, interpreting body language, social awareness, empathy, and compromising (DeRosier et al., 2011). Children with developmental delays often desire social relationships, however they don't have the tools to develop and sustain friendships. These social delays continue on into adulthood and impact an individual's ability to maintain employment and strong friendships (DeRosier et al., 2011).

METHODS

While developing the program, a literature review was conducted searching through several databases including EBSCO, AJOT, and Google scholar. A variety of articles were selected which involved the social development of children and the benefits of social skills groups. After gathering research from several different articles, a comprehensive paper was written on the benefits of social skills groups for children who experience social developmental delays. Once the need was established, the program was constructed utilizing evidence based research as a framework. The participants should be selected for the social skills group from the caseload at Kinetic Edge Physical Therapy after a discussion among the therapists on who would benefit from the program. The parents of each child should be contacted, informing them of the project and goal of the social skills group. They should be notified about the cost of the program if it is not covered by insurance. A brochure has been created to provide information on the program and its potential benefits.

RESULTS

Due to COVID-19, the social skills group was not implemented at the clinic.

When this group is implemented in the future at the facility, a pre/post questionnaire should be administered to provide a standard measurement for improvement in social skills. The Loneliness and Social Dissatisfaction Questionnaire (Asher, Hymel, & Renshaw, 1984) is a 24-item questionnaire that uses a Likert- type scale to assess children's feelings of loneliness and social participation. This questionnaire maintains an internal consistency of .90 and Guttman split-half reliability coefficient of .91 (Asher et al., 1984).

This program was developed for boys ages 8-12, as that is where the primary need at this facility was. In the future, the program can be modified to meet the needs of a different age group, while maintaining the same overall framework. Activities and discussion may be modified based on the most current research on this topic.

BOTTOM LINE FOR OT

As noted in the chart below, the social development of children begins at birth through facial expressions. From birth on, important social developmental milestones are reached which impact a child's ability to interact socially. A child who has a diagnosis such as autism typically does not meet these developmental milestones which impact their ability to interact with others. For example, a typically developing infant is able to demonstrate selective attention to a human face or object within the first months of life. An infant with autism, however, does not experience this same mutual gaze (Carter, Davis, Klin, & Volkmar, 2005). These deficits are also noted in speech recognition, joint attention, imitation, play, attachment, and peer relations (Carter et al., 2005).

The social development of children impacts their ability to participate in the meaningful occupations of school, play and leisure. It is within the scope of practice for occupational therapists to develop programs which integrate social development and occupations of children. As research has shown, there are long lasting effects of impaired social development including difficulty maintaining employment and friendships (DeRosier, 2011). Occupational therapy calls for a holistic approach, creating interventions that affect an individuals client factors, as well as skills which include social interaction as an important component of participation in meaningful occupations (American Occupational Therapy Association, 2014).

PROGRAM DETAILS

Through an extensive literature review, this program has adopted the major concepts from several social skills programs developed in the past, with the primary model being Social Skills Group Intervention-High Functioning Autism (S.S.GRIN-HFA) (DeRosier et al., 2011). The developed program includes six sessions with each lasting one hour. The concepts covered in the program are as follows: self-perception, body language, initiating conversations, cooperation & compromise, problem solving, and positive relationships. The content in each session includes a short video/song, discussion on each topic, and an activity that incorporated the concept that was covered that day. A pre/post program questionnaire will be administered to the participants. See results section for assessment details.

The Social Development of Children

Birth to 6 months	Coos, smiles, expresses discomfort through crying, communicates through facial expressions
6-12 mo.	Dependence on mother, stranger anxiety, interacts with other infants, plays give and take
12-18 mo.	Moves away from parent, shares toys with parent, responds to facial expressions
18-24 mo.	Expresses affection, wide variety of emotions including fear, sympathy, joy, engages in parallel play, solitary play
24-36 mo.	Cooperative play (turn taking), shows interest in others, cooperative play, engages in dialogue
3-4 yrs	Prefers play with other children, develops friendships, same-sex playmates
4-5 yrs	Enjoys clowning, role plays parents roles
5-6 yrs	Participates in groups of 2-4, has same-sex friends, demonstrates understanding of other's feelings
6-10 yrs	Cooperative, tries to please others, has a best friend, able to regulate behavior, competitive relationships

*information retrieved from Case-Smith (2015)

FOCUSED QUESTION

Does participation in a social skills group improve the social development and skills of children with disabilities?

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