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Anna Thames
Indiana State University

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Autism Social Skills Group Proposal

Anna Thames

Indiana State University

Autism Group Proposal

The topic chosen for the group proposal was social skills group interventions for children with high functioning autism spectrum disorders (ASDs). Epp (2008) defines ASDs as “a broad range of disorders characterized by interference with communication and social interactions and circular patterns of interest, activities, and behaviors” (p. 27). Children with ASDs frequently have deficits in the development of social skills and have significantly fewer social interactions with peers than typically developing children (DeRosier, Swick, Davis, McMillen, & Matthews, 2011). In 2011, the Centers for Disease Control and Prevention estimated that one in 110 children is affected by an ASD in the United States. The increased prevalence of autism and the impairments in social functioning that characterized this disorder provide the rationale for this group. Social skills play an important role in an individual’s ability to form social relationships and function effectively in daily life (Epp, 2008). Yalom (2005) stated that “the need to be closely related to others is as basic as any biological need” (p. 21). Children with autism suffer from deficits in their interpersonal and social skills, but also need social bonds just as any typical developing child does. As Yalom (2005) discussed, maladaptive interpersonal skills can be identified and corrected through psychoeducation, role-play, and skills training in group settings. The deficits in interpersonal and social relationships that children with autism experience can be augmented through social skills training in a group setting.

The proposed group will focus specifically on the social skills deficits that are common among children with ASDs. The social skills group will be designed for high functioning children with autism between the ages of 8 and 11. The group will consist of six to eight children and will run for a total of eight, weekly, 90 minute sessions. The group will be closed, and no new members will be added after the first session to provide consistency for the group members.

The group will focus on several important social skills necessary for social interaction with peers. These social skills include the use of eye contact during conversation, taking turns with peers, effective listening skills, proximity to others during social interactions, identifying and expressing emotions, and recognizing and reacting to others emotions. The group will also focus on conversation skills and ways to express interest to others in order to develop new friendships. During the group, the group members will participate in social interactions through role play, play time, snack time, and activities. The children will also be given instruction and demonstration of the social skills through didactic teaching and social stories, and will be given the chance to practice these skills. The goal of the group will be for group members to be able to use the social skills they developed to initiate conversations with peers and develop friendships through increased social interaction. The development of this social skills group for children with high functioning autism will provide an opportunity for social interaction and will allow them to develop the social skills necessary to engage in successful social interactions and to develop socially supportive bonds with peers.

Review of the Literature

Overview of Research on Group Social Skills Interventions

Much of the literature on social interventions for children with autism focuses on school-based interventions, peer education and training interventions, parent training interventions, cognitive behavioral techniques, and instructional teaching through social stories (Barry et al., 2003 ; Epp, 2008). However, there has also been a considerable amount of research on the use of group therapy to improve social functioning and promote the development of social skills in children with high functioning autism. Many of these studies examine the use and effectiveness of play, social stories and scripts, role play, and didactic and incidental teaching in group

settings to help children with autism develop effective social skills and increase their level of social interaction with their peers (Barry et al., 2003; Owens, Granader, Humphrey, & Baron-Cohen, 2008; MacKay, Knott, & Dunlop, 2007). This literature review will focus on the research related to group social skills interventions for children with high functioning autism.

Duncan and Klinger (2010) conducted a literature review of the most effective interventions for improving social skills in children with autism in group, school, and community settings. In focusing only on the group interventions, it is clear that there are several components of an effective group social skills intervention. The most effective group social skills interventions for children with high functioning autism are designed for four to six children and are conducted in a clinical setting (Duncan & Klinger, 2010). Duncan and Klinger (2010) stated that each session of an effective social skills group should include group socialization, teaching of a new social skill, practicing of the social skill, snack time, role play time and incidental teaching. Social stories can be used to demonstrate appropriate behaviors in social situations and to facilitate discussion (Duncan & Klinger, 2010). The information reported by Duncan and Klinger (2010) is important because it provides information about how to create an effective social skills group for children with autism and includes information about empirically supported components of an effective social skills group. The small group size, use of socialization periods, incidental teaching, and teaching and practicing of social skills are all components that were integrated into the proposed social skills group for children with autism.

Similarly, Barry et al. (2003) examined the effectiveness of an outpatient social skills group for high functioning children with autism in a clinical setting. Barry et al. (2003) stated that due to their impairments in social functioning, children with autism often feel lonesome and desire to interact more with their peers. Barry et al. (2003) conducted a study with four children

with high functioning autism between the ages of 6 and 9. The study also included seven typically developing children that were recruited to interact with the autistic children during the observation and assessment of each child's social interaction. The group used a brief group format and consisted of eight, two hour weekly sessions. The study was designed to teach the participants basic social skills through the use of social scripts, play interactions, didactic teaching, and role play. Topics of the social skills group included greetings, play skills, and the skills necessary to initiate a conversation. During each group session there was a warm-up period for social interaction, time to teach the new skill and practice it through role play, snack time, and an assessment period in which each child's social interaction was assessed through observation (Barry et al., 2003). The group intervention also included time to meet with each child's parents about their progress in the group. The results of this study showed that the clinic-based outpatient social skills group was effective for increasing social skills for greeting and play skills, but the impact of the social skills group on conversation skills was not clear. The implications of this study are important, because it provides empirical evidence for group social skills interventions and provides information about the components that are necessary to create an effective social skills group (Barry et al., 2003). Many of the ideas for the group proposal, such as the brief group format, the inclusion of conversation skills, feedback from parents and play interactions were modeled after this study. However, the authors found that the improvements in social functioning could not be generalized outside the group setting and the results related to the impact of conversation skills were unclear. Therefore more research on the effectiveness of social skills groups for children with autism are necessary and these issues should be considered when developing a social skills group for autistic children.

MacKay et al. (2007) also conducted a study to determine the effectiveness of a group based social skills intervention designed to improve conversation skills, emotional and social perspective taking skills, and skills to develop friendships in children and adolescents with autism. The study consisted of high functioning children and adolescents with ASDs between the ages of 6 and 16. There were a total of six intervention groups that met for weekly 90 minute sessions, for a period of 12 to 16 weeks. This intervention also encouraged parents to practice the skills with their children at home and on outings in the community so that they could practice the skills outside the group setting (MacKay, et al., 2007). The three themes of the group were conversation skills, emotional and social perspective taking, and friendship skills and were taught using games, activities, discussion, and role-play. Children that participated in the group learned to take interest in others, initiate conversations, be aware of proximity to others and explore the idea of friendship (MacKay et al., 2007). The results of this study revealed that children with an ASD that participated in the group social skills intervention showed significant improvements in social interaction (MacKay et al., 2007). The implications of this study are important because they show that an intervention focusing the specific social skills such as conversation, friendship, and perspective taking skills can be effective for helping children develop social skills to interact effectively with their peers, and provide the rationale for including these focal areas in the group proposal. This study addressed the lack of generalization of many group social skills interventions outside the group session, and which is an important concern to consider when creating a social skills group.

Owens et al. (2008) examined the use of LEGO therapy and the Social Use of Language Programme (SULP) as group social skills interventions for children with high functioning autism. The study included 31 children between the ages of 6 and 11 that were randomized into

three groups; the LEGO therapy intervention group, the SLP intervention group or the no intervention control group. In the LEGO group, the children were encouraged to work collaboratively through LEGO play (Owens et al., 2008). The objective of LEGO therapy is to increase social interaction through play by encouraging children to work together and build in order to increase problem-solving, listening, and social skills. The objective of the SLP intervention was to teach children social skills through a didactic teaching approach using social stories, group activities and games. The social skills that were focused on in the SLP intervention were listening, turn taking, eye contact, and proximity to others (Owens et al., 2008). Each session focused on a specific skill that was explained using a social story or game, modeled by the facilitators, and practiced several times. The results of the study by Owens et al. (2008) revealed that the children in both the LEGO therapy group and the SLP group showed improvement in social skills compared to the no intervention control group. The results of this study are important because they provide evidence of two effective group based social interventions for children with autism. Several of the components such as the idea of group play and teaching social skills through games, social stories and activities were also used in this group proposal. In addition, many of the specific social skills, such as listening eye contact, proximity to others, and turn taking were also used in the group proposal.

A comprehensive study conducted by DeRosier et al. (2011) examined the efficacy of a social skills intervention for children with high functioning autism called *Social Skills Group Intervention High Functioning Autism (S.S GRIN-HFA)*. This study included 55 autistic children randomized into the *S.S GRIN-HFA* treatment group or control group. The sessions were 60 minutes and conducted weekly for 15 weeks. The study focused on three main topics, with several subtopics. The first five sessions focused on communication skills, the next five focused

social interaction skills, and the last five focused on friendships skills. A unique aspect of this group is that it included parent-child sessions to train parents to help their children generalize the skills in other settings (DeRosier et al., 2011). The results of this study showed that the children in the intervention group showed more improvements in the development and understanding of social skills and concepts than those in the control group (DeRosier et al., 2011). This study is important because parents are trained to help their children learn to use the skills outside the group setting, which addresses the problem of the lack of generalization of skills that is a limitation of many social skills interventions for children with autism. As, with many of the other studies discussed previously, this group provided useful information about how to include important social skills topics such as communication skills, skills for interacting with others and friendships skills in a social skills group for children with autism.

A final study by Epp (2008) examined the effectiveness of a social skills intervention called SuperKids for children with high functioning ASDs. The study included 66 children with autism between the ages of 6 and 12 and was implemented and ran for one hour every week from September to May. The SuperKids program combines art therapy, group therapy, and cognitive behavioral strategies to address social skills such as eye contact, conversation skills, friendship skills, learning to identify an express emotions and learning to recognize others emotions. A typical session included social interaction during snack time, conversation skills practice, activities, and unstructured play time. During unstructured play time, the children could play with anything they wanted to, but had to play in pairs or small groups (Epp, 2008). The results of this study revealed that children that children who completed the SuperKids program displayed improvements in social skills (Epp, 2008). This study is important when considering the proposed social skills group because it provides a rationale for using group based treatment to

improve social functioning in children with autism. Components that were used in the research proposal are the use of unstructured play time, in which the children can play anything they want to as long as they play with at least one other group member, and the focus on specific social skills including eye contact, conversation skill, identifying emotions in oneself and others, and friendship skills.

Challenges of the Proposed Group Model

Overall, the studies examined demonstrated the effectiveness of group based social skills interventions for children and adolescents with high functioning ASDs. However, there are also several challenges involving the use of group social skills interventions to improve the social skills of children with autism and in working with children with autism. First, children with autism tend to withdraw from social situations and are often highly sensitive to crowds and sensory stimuli (Epp, 2008). Therefore, it may be difficult to work with children with autism in a group setting because they may react negatively to and become over-stimulated by the presence of other children in the group. Other challenges that may impact the social skills group's effectiveness include lack of participation and attendance of group members, which may interfere with their ability to develop and maintain adequate social skills (Owens et al., 2008). A challenge related to the effectiveness of a social skills group for children with autism is the lack of generalization of social skills to settings outside the group. (Barry et. al, 2003; Duncan & Klinger, 2010). However, some studies in the literature review included parental involvement and training in the interventions so that they could help their children learn to use the skills outside the group. Therefore, it may be important to include parents more in the social skills group proposal to increase generalization of these skills in other settings. Another challenge of a social skills group for autistic children is that often these groups only include children with

autism. Therefore, children with autism often only learn to interact with other children with autism, and not typically developing children. Barry et al. (2003) stated that groups that include and train typically developing peers to interact with children with autism may help children with autism learn to interact social with peers that do not have autism. All of these challenges and difficulties are important to consider when developing a social skills group for children with autism, and inclusion of the stated components may be necessary in order for the proposed group to be effective (Barry et al., 2003). However, these additional components can be added to the existing proposal without changing many aspects of the group plan.

Session-by-Session Breakdown of the Social Skills Group

Overview of Group and Pre-Assessment Screening

The autism social skills group will be designed for high functioning children between the ages of 8 and 11 with an autism spectrum disorder. The group size will consist of six to eight children and the group will be 90 minutes long and will run for a period of 8 weeks (Duncan & Klinger, 2010). Prior to the first session, each child's parent will complete a pre-assessment in order for the facilitators to determine their current level of social interaction and quality of their social skills. The assessment will also be used as a screening tool to determine whether each child is appropriate for the group. Children with autism that have low social interaction scores and deficits in social skills will be screened into the autism social skills group. The assessment that will be used is the Social Interactions subscale of the Gilliam Autism Rating Scale (Owens et al., 2008).

Week One: Eye Contact

In the first session, the group facilitators will welcome the members to the group and will cover the group rules. Then the group facilitators will engage the children in a "getting to know

you” game that involves tossing a ball to another group member, stating their name and making eye contact with the person that the ball is thrown to. This process continues until everyone in the group knows the names of the other group members. After the game, the facilitators will teach the group the social skill of the week. The social skill for the first week is the use of eye contact. Then the facilitators will then model good and bad eye contact for the children and instruct the children will get into pairs and practice using good eye contact. After the role playing exercises, the children will have a snack period, which will also be used as a time for the children to interact socially (Owens et al., 2008). For the last part of the group, the children will be given free play time and will be allowed to play with any toys or games they would like as long as they with at least one other child to facilitate social interaction and help the child increase their social skills. The facilitators may use incidental teaching methods during the play period to teach children appropriate social behaviors (Owens et al., 2008).

Week Two: Turn Taking and Sharing

The second session will begin with a summarization of the previous session and a review of the eye contact social skill learned in the previous session. The facilitators will ask for volunteers to demonstrate good and bad eye contact to the rest of the group. The facilitators will then initiate another “getting to know you game,” because it is the second session and the children are still becoming acquainted with the other group members and the group process. The “getting to know you” game for the second session will involve having each member state their name and something that they like. Then the facilitators will teach the group the social skill for week two, which is turn taking (Owens et al., 2008). After explaining the skill, the group members will practice taking turns during a game of either Simon says or follow the leader (both games may be played if time permits). Then the facilitators will role play sharing a toy by taking

turns using it. After the role play, the group will have a snack. Finally, they will be allowed to engage in free play.

Week Three: Listening Skills

The third session will begin with a summarization of the last session and a practice review of the skills learned up to that point; eye contact and turn taking. Then the facilitator will use a social story to teach the group about the social skill of the week, which is listening (see Appendix A). After discussing the social story, the group will practice listening by playing the telephone game, which involves listening to another member and passing on a specific message on to the next member in the circle. The group will break into dyads and will practice their listening skills using a short social script. Each member will read a specific social script, and their partner will repeat back to them what they said. The pairs will then role play different scenarios that involve listening skills. Then the group will have a snack and will be given free play time.

Week Four: Proximity to Others and Personal Space

The fourth session will begin with a summarization of the previous session and the group will practice the two newest skills that were learned, which were turn taking and listening. Next, the facilitators will use a social story to introduce the social skill of the week, which deals with proximity to others and personal space (see Appendix A). Next, the facilitators will role play a situation in which one facilitator gets too close to the other facilitator. The facilitator tells the other facilitator they are too close and in their personal space, and the other facilitator backs up and says they are sorry. Then the group members break up into dyads and practice this scenario through role play (Barry et al., 2003; Owens, et al., 2008). After the role play, the children will have a snack and then free play.

Week Five: Identifying and Expressing Emotions

In the fifth session, the facilitators will summarize the previous session and the group members will practice the two newest skills, listening and proximity skills. Next, the facilitators will use a social story about emotions to help the group members learn to identify emotions (see Appendix A). The social skill for the fifth week will focus on helping the group members learn to identify their own emotions and expressing these emotions to others. The facilitators will then use emotion cards (with faces displaying different emotions) to help the group members practice identifying their own emotions. The facilitators will then incorporate bibliotherapy into the session and break the group members into groups of three or four and read a book related to identifying and expressing emotions. Then the group members will practice expressing emotions with a partner, by stating how they are feeling that day during the group. Next, the group will have snack time and then be given play time.

Week Six: Emotional Perspective Taking Skills

In the sixth session, the facilitators will remind the group that there is only one session left before termination of the group. Then the group will summarize and review emotions and proximity to others. Next, the facilitators will introduce the social skill of emotional perspective taking through the use of a social story (see Appendix A). The group members will learn to recognize and respond to the emotions of others by pairing with another group member and mirroring their emotional facial expressions and gestures and then stating the other person's emotion (MacKay et al., 2007). The group facilitators will role play a situation in which one facilitator reacts to the other facilitator's emotions. The group members will be instructed to pay close attention to the role play and identify the emotions involved. The group will then discuss how the other facilitator reacted to the emotion and evaluate the effectiveness and

appropriateness of this reaction. Then the group will role play recognizing a partner's emotions, and then have snack and play time.

Week Seven: Integration of Skills, Initiating Conversations and Developing Friendships

In the seventh session, the facilitators will discuss the termination of the group with the group members and their feelings related to the group coming to an end. Then the facilitators will review all the skills learned so far through playing several games such as Simon says, follow the leader, telephone, and the emotions card game. The group members will then break into pairs and practice using the skills to initiate a conversation. The facilitators will also help group members practice proper greetings and conversations skills, such as showing interest. Finally, the group facilitators will discuss the importance of using these skills and how they can impact the group members through the development of friendships (DeRosier et al., 2011, Epp, 2008). The group facilitators will then lead a discussion about what being a friend means and how the children can develop socially supportive bonds with their peers through the use of social skills. Finally, the group will have snack time and then be given play time.

Week Eight: Post Assessment and Feedback

The eighth session will be an individual session, in which the child and their parent meet with one of the facilitators of the group. The Social Interactions subscale of the Gilliam Autism Rating Scale will be given again as a post assessment measure of the effectiveness of the social skills group (Duncan & Klinger, 2010). The facilitator will also use this time to get feedback from the parent about the child's progress and the child's feedback about the group. The parent will complete a feedback survey with specific questions about the impact of the group on their child (see Appendix B).

Personal Reflection of Facilitating Group

Autism has always been an important interest of mine, and I have had several experiences working with autistic children that have inspired me to want to learn more about autism, specifically interventions to alleviate the impairments in social functioning that are common in children with autism. Deficits in social skills can make it difficult for autistic children to develop social bonds and engage in social situations with their peers, and therefore many children with ASD experience peer rejection, loneliness, and isolation (Duncan & Klinger, 2008). Through personal experiences with autistic children, I have witnessed the social difficulties and rejection that they struggle with throughout their daily lives.

I first became interested in autism and interventions for the social impairments that are characteristic of the autism when I worked at Wayne Township Preschool (WTP) as a paraprofessional. At WTP, I worked with preschool age children with severe developmental disabilities. Many of the children I worked with had had autism and therefore had severe impairments in social and communicative functioning. While working at WTP, I learned to use many social skills and communication interventions to help these children develop social and communication skills, such as Picture Exchange Communication Systems (PECS), social stories and instructional teaching methods. This training has prepared me to work with autistic children and my past experiences with autism have inspired me to learn more about interventions for this disorder. During my spring semester of the Clinical Mental Health Program, I completed a research project on the social and communication interventions for autism, which helped me to gain knowledge about autism and effective ways to treat the social and communicative impairments. Currently, I help lead a play group for children with autism at the University Hall Clinic at Indiana State University. Although we have not specifically implemented any of the

interventions discussed, I have witnessed the impact that having social interactions with peers can have on children with autism during the play group. I would be very excited if asked to facilitate a group like the one my partner and I have created because autism has always been an interest of mine. The knowledge and experience I have gained will prepare me to work with this population and possibly implement the proposed social skills group and have inspired me to want to work with this population in my future career as a counselor.

Conclusion

The proposed social skills group will combine role-play, activities, games, social stories, play interactions, and didactic teaching methods to increase social skills in high functioning children between the ages of 8 and 11. The group will focus on specific social skills such as eye contact, turn taking, proximity to others, listening, identifying and expressing emotions, recognizing others' emotions, conversation skills and friendship skills. Upon successful completion of the group, the group members will obtain the knowledge and skills necessary to interact with others and develop lasting social relationships. In order to examine the effectiveness of the proposed autism social skills group, the Social Interaction subscale of the Gilliam Autism Rating Scale will be administered as a pre and post assessment measure (Duncan & Klinger, 2010). This assessment includes items that measure avoidance of eye contact, withdraw from social interaction and several other measures related to deficits in social skills. The assessment is completed by the parent before and after the intervention is implemented. A high score indicates more severe social deficits, and therefore a lower score in the post assessment would indicate an improvement in social skills (Duncan & Klinger, 2008). While the pre and post assessment will provide information about the effectiveness of the group, a feedback session with each child's parent will be conducted during the eighth session to determine the impact of the social skills

group on the each child's social skills from their parent's perspective. The parents will also complete a feedback survey with specific questions about the impact and meaning that the group intervention had for their child and will be able to offer suggestions for how to improve the group's format or materials (see Appendix B). According to Yalom (2005), "people need people—for initial and continued survival, for socialization, for the pursuit of satisfaction. No one---not the dying, not the outcast, not the mighty---transcends the need for human contact" (p. 24). Children with autism also need human contact, for the same reasons that Yalom described, and the objective of the proposed social skills group is to help children with autism develop the skills necessary to socially function effectively in their daily lives.

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Appendix A

Social Stories for Session Number Three (Listening)

1- Sometimes I want to say things very badly, it feels like I have to say it right that second. It's important to wait until the other person is finished talking. Even though it feels important, it can wait. They will listen to me better if I wait patiently. When I interrupt, it just angers people. People wonder, "what's wrong with him?", "why can't he wait?" If I can wait, I can tell them later. (Retrieved from: <http://www.autism-help.org/communication-social-stories-autism.htm>)

2- Therapist says, “We have a problem here, can you tell me what it is?”

Johnny might say, “Freddy isn’t listening to me”,

Therapist says, “Oh dear, how do you feel when Freddy isn’t listening?”

Johnny, “Really cross”

Therapist, “Yeah, it might make you cross when someone isn’t listening to you. Johnny, can you think of a way to help Freddy listen to you?”

Johnny might say, “Say his name first?”

Therapist says, “Wow, that’s a great idea! You could say his name to get his attention. Why don’t we have a practice?” (McKay et al, 2007).

Social Story for Session Number Four (Personal Space)

When I talk to people I need to give them their space and stay away from their faces.

When people come too close it makes other people uncomfortable.

Everybody needs space.

When I make people uncomfortable, they want to get away from me.

They might not want to ever talk to me again.

When I give people enough space, I get to play with and talk to people, I make friends and have fun. (Retrieved from: <http://www.autism-help.org/communication-social-stories-autism.htm>).

Social Stories for Session Number Five (Emotions)

Sometimes I feel angry.

All people feel angry at one time or another.

When I get angry I will find my teacher, Mommy, Daddy or another adult.

When I find them I will try to use words to tell them that I am angry.

I can say "I'm angry!" or "That makes me mad!"

It is okay to use words when I feel angry.

They will talk to me about what happened and about how I feel.

This might help me to feel better.

Wherever I am I can try to find someone to talk to about how I feel. (Retrieved from <http://www.polyxo.com/socialstories/ss0002.html>).

Sometimes, my teacher/mom tells me I have to wait to use the computer/ go to bed.

That makes me feel very upset, frustrated, and angry.

Mom says that everybody feels that way some of the time. All kids and grown-ups sometimes get angry.

It's important to keep thinking, even when I'm upset. Here are some good things to think about the next time I'm upset:

- I won't be upset forever. Soon, I will calm down and feel good again.
- There is a way to solve this problem. I can ask an adult to help me think of a good solution.

Here are some good things to do the next time I'm upset:

- I can take 10 deep breaths and count to 10 slowly (practice with your child).

- I can use words and signs to tell people how upset I feel.
- I can draw a picture that shows what I feel.
- I can go to my room or a quiet place and play with my favorite toys to calm down.

I feel better when I am calm, and proud of myself, too!

I can practice and be calm at home and at school now! (Retrieved from:

<http://www.raisingdeafkids.org/growingup/toddler/tantrums/story.pdf>)

Social Story for Session Number Six (Emotions)

Sometimes other children get upset and cry.

When this happens their teacher or babysitter might try to help them.

The teacher or babysitter might try to help them by talking to them or holding them.

This is okay.

Sometimes when other children get upset and cry, it makes me upset and angry.

I can use words to tell my teacher or babysitter that I am upset.

I can say, "That makes me mad!" or "I'm upset!"

It is okay to use words about how I feel.

When I get upset I will try to use words about how I feel. (Retrieved from:

<http://www.polyxo.com/socialstories/ss0003.html>).

Appendix B*Final Assessment Questions*

- 1- What differences (positive and negative) have you noticed in your child's behavior since the beginning of therapy?
- 2- What changes have you noticed in the interactions between yourself and your child?
- 3- What changes have you noticed in how your child interacts with other children/adults?
- 4- Have you noticed any changes in how your child communicates with you?
- 5- What changes would you make to the group format or material?
- 6- What differences have you noticed in your child's play?
- 7- Do you think this group was beneficial to your child? How so?
- 8- Any other feedback?