The use of ‘Circle of Friends’ strategy to improve social interactions and social acceptance: a case study of a child with Asperger’s Syndrome and other associated needs

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The study outlined here was an attempt to examine the use of ‘Circle of Friends’ as a single intervention approach in addressing the issue of inappropriate social interactions in a child with Asperger Syndrome. The child selected was in a mainstream setting, as the main feature of a circle of friends is peers supporting peers. The child was involved in the selection of peers for the development of the circle of friends and it was hoped the approach would challenge children’s attitudes in relation to the child with Asperger Syndrome and also improve social understanding for the focus child. The results clearly indicated that the intervention had been successful in reducing the stigma around ‘difference’ for the focus child and it was clearly evident that the ‘circle of friends’ approach had provided a much needed network of social support in a mainstream school. The conclusion highlighted that the focus child was able to understand far more easily the ‘hidden curriculum’ that neuro-typical children find so easy to decipher.
Key words: autism spectrum disorder, circle of friends, social interaction, single-intervention approach.

Introduction

One of the core diagnostic and defining features of Autism Spectrum Disorder (ASD) is the impairment of social interaction (Newton et al., 1996). The social challenges facing individuals with ASD and those they interact with cannot be underestimated (Wing, 1996). The relevance of social interventions in autism is clear in that the earliest description of this condition (Kanner, 1943) emphasized the failure to form emotional contact with other people.

The lack of social competency associated with ASD can disrupt development leading to a decrease in positive learning experiences found in normative peer relationships (Frea, 1995). Challenging behaviour due to the misinterpretation of social cues can manifest in many ways for the child with an ASD diagnosis (Donno et al., 2010). Areas of concern centre on self-harm, aggression and other inappropriate communication responses and initiations (Larkin and Gurry, 1998). One study has shown that unprovoked aggression in a child with Asperger Disorder is a strong correlate of rejected status (White et al., 2006), and therefore can exacerbate the already widening divide between a child with Asperger Syndrome and his immediate peers. There are many and varied consequences for the child with an ASD diagnosis in relation to poorer outcomes for social interactions. Children who experience rejection during primary school are more likely to be truant and achieve poorly at secondary school (Fredrickson and Cline, 2009). Active rejection can lead to intense emotional responses often featuring anger and depression, which serve to perpetuate social difficulties for the child with ASD in a mainstream setting. Cowen (1973) has also identified that the rejected individual is more likely to experience mental health problems later in life.

It was identified that the child with whom I worked was presenting a range of inappropriate social responses directed towards his peers that was increasing his social isolation within his school setting. The child had indicated that he wished to build relationships with his peers but could not initiate an appropriate social
The child would draw attention to himself by hiding under tables, disrupting various lessons, using ‘animal languages’ and discussing inappropriate subject matter with his peers in order to encourage peer interactions. It was noted that, although these were crude behavioural signals linked to limited social connections, there was evidence of approach/avoidance contact by the child that gave added hope to a positive outcome, as the child clearly wished to participate in social situations with others.

**Context**

The ‘Circle of Friends’ is a technique adapted by Pearpoint et al., (1992) which develops a support network of friendship around an individual who is isolated. It is one of a range of strategies originating in America aimed at promoting the inclusion of students with disabilities into mainstream schools and therefore applicable to the circumstances of the child with whom I work. Ofsted (2006) recommended that educational development for children with special needs should be measured in three areas; educational attainment, gains in self esteem and improved relationships with their peers. In order to try and meet these quality standards and recommendations, the team of professionals in regular contact with the child felt it appropriate to implement a strategy to aid him to improve his social interactions with his immediate peers.

Although many strategies exist to address the core deficit of social communication the Multi-Disciplinary team felt it appropriate to use the ‘circle of friends’ approach as the child had exhibited attempts at social interactions which is a pre-requisite for this particular strategy. During discussion with the child, he indicated that he wished to work at making friends as he felt he would be able to cope better during classroom sessions and unsupported playground sessions if he had the support of his peers. The professionals involved had highlighted that the child rejected his isolated status, which meant that he should be able to work positively in a group where some negative comments may be made. In addition he did not possess a heightened self-awareness and consequently he met the criteria for successful outcomes possible from this single intervention approach. Whitaker et al. (1998) remind professionals that ‘particularly pupils with Asperger Syndrome there is an interest in, and even desperation for, friendships’ (p.62). It was also hoped that as a consequence of reducing his social isolation his inappropriate behavioural incidents would also decrease.
Research Evidence

The child with whom I work is a young boy of 10 years old with a diagnosis of Asperger Syndrome and other associated learning needs. He has severe difficulties in engaging in appropriate social interactions with his immediate peers. As highlighted earlier, this causes him to become anxious in social school settings resulting in exclusion from certain activities. Through various discussions with the child and a team of supporting professionals, it was agreed that the child would have two target behaviours that would need improving: responding appropriately to peer contact and initiating appropriate social contact both prompted and unprompted in a variety of social situations. It would be deemed a successful approach if the child showed no levels of aggression, appropriate phrasing such as enquiring about a peer’s welfare and no violence towards himself when rejected. It is necessary to highlight here that adolescents with an ASD diagnosis are three times more likely to be bullied than their typically developing peers (Humphrey and Symes, 2010). Success related to a PMI intervention as early as possible for the child with ASD can prevent a hostile school environment from exacerbating the difficulty these children face on an almost daily basis in developing healthy social relationships and normalized social functioning (Schlieder et al., 2014).

All the quantitative and qualitative data for the baseline evidence was collected over a three-month period through observations in the classroom and playground. Using the STAR (Settings, Triggers, Actions, Results) approach based on work by Zarkowska and Clements (1994) to report on settings and triggers to behaviours proved invaluable in providing data that highlighted very early on the behaviours that required altering and the alternative behaviours that needed encouraging. The approach could easily be integrated into the already existing interventional frameworks of the educational setting that included applied behavioural analysis and positive re-enforcement programmes. Quantitative data from the Circle of Friends participants would be gathered through the use of Belonging Scales, which is an adapted version of the Psychological Sense of School Membership Scale (PSSM) (Goodenow, 1993). This scale measures the self worth and acceptance level felt by children in all types of school settings. Fredrickson et al. (2007) have adapted the ‘Belonging Scale’, reducing the questions from 18 to 12 with anglicised and simplified language. After having worked with the focus child for more than 18 months, I felt that this scale could easily measure the level of acceptance the child was feeling in his school.
environment. However a study by Anderman and Anderman (1999) reminds professionals that studies of school belonging must acknowledge students’ individual perceptions of belonging, as these may differ considerably with students with learning disabilities. I acknowledged these drawbacks and ensured that the focus child was able to rate his sense of belonging by asking how true the statements from the questionnaire were for him, giving the choices, ‘not true’, ‘not sure’, and ‘yes true’. As a child with Asperger Syndrome can have difficulty with the pragmatics of language, it was felt that these responses would be the least anxiety inducing and thus produce more accurate results. The focus child was presented with the ‘Belonging Scale’ questions prior to the intervention in order to assess his sense of belonging at the commencement of the PMI. The results indicated a high level of social isolation, rejection and social exclusion. One of the most telling statements read:

‘I’m a freak. They know it you know’.

The children involved in the ‘circle of friends’ were given the ‘Social Inclusion Survey’ (Frederickson and Graham, 1999). This is a socio-metric measure that assesses how willing children are to associate with classmates at school. The children are presented with a list of classmates and opposite each name are four response options: a question mark (to indicate any classmates they did not know well enough to decide how much they like to work with them); a smiling face (‘would be happy to work with’); a neutral schematic face (‘don’t mind whether they work with or not’); and a sad face (‘rather not work with’). For each participant, an index of acceptance was calculated by dividing the number of smiling faces received by the total number of ratings in categories other than ‘don’t know’. An index of rejection was calculated similarly using the number of sad faces received. Research on the acceptance and rejection of pupils with special educational needs, assessed by peer reports or willingness to associate with in work and social contexts in school has consistently reported that higher proportions of learning disabled children have lower social status and are less accepted and more rejected than their mainstream class mates (Taylor et al., 1987; Gresham and MacMillan, 1997; Naburzoka and Smith, 1993). The results of the survey at the commencement of the PMI showed that the focus child was rated by his classmates as someone who they would not be happy to work with in class or support in the school setting. All children seek a sense of belonging and connection. This experience does not routinely happen for children with an ASD, as the survey results show. It was hoped that by working on the target behaviours the focus child could find a greater equality with his fellow peers.
and increase his social acceptance. This would be tested at the end of the intervention by re-issuing the ‘Social Inclusion Survey’.

Methodology

In order to successfully establish and run a circle of friends, co-operation and consent is required. The parents for the child were informed of the process and a brief information sheet was provided. The team felt it was important that the parents knew clearly what was included in the process and had a possible idea of the outcomes of the intervention. The focus child was informed about how the circle would be set up and run and the commitment that was needed by all involved. The circle consisted of a group of volunteers from the child’s focus class; his peer group demonstrated considerable perception about the nature of the child’s difficulties. Each child from the focus group was carefully selected to ensure a wide range of abilities so that the child would not stand out. It was also recognised by the team of professionals working with the child that the adult’s role would be to facilitate the group rather than control or lead the process. A central feature of ‘a circle of friends’ is that they are about peers supporting peers (Whitaker et al., 1998).

The ‘circle of friends’ was implemented over a period of 3 months on a weekly basis and consisted of 12 sessions. Each session lasted between 30 and 40 minutes and took place on the same day every week after the end of class so that everyone in the process was available. At the first meeting the children were informed that the target behaviour of the focus child was to respond appropriately to peer interactions and to initiate appropriate interactions. The group focussed on addressing people appropriately and it was decided that all members of the group would be responsible for supporting the child on the playground while trying to join group activities. The group concentrated on the target goals of making new friends, listening to others, using language appropriately and playing games fairly. Simple strategies were used by the group to support the focus child to work successfully on his targets. If the group noticed the child getting angry they decided they would simply tell him it was not worth it and to walk away. Many of the groups’ strategies to support the child with ASD were put onto prompt cards to aid the child if any of the peer group were ill or away from school. The group also instigated role-play initiatives for the focus child to model appropriate conversational responses with other peers. The focus child
knew how the meetings were to proceed. An adult facilitator was at each meet-
ing. The class teacher would usually take this role.

Each meeting was carefully managed to be a positive and supportive experience for all the children in the group. The meetings began with a gentle ice-breaker game that was based around friendships. The rules of the group were reiterated at the beginning of each ‘circle of friends’. The group reviewed the targets that had been set from the previous week and discussions took place around what had gone well, what had not gone so well and what should be done the follow-
ing week. At each meeting strategies to support the focus child were discussed and each success was celebrated; strategies and actions for the coming week were also discussed. The meeting was very structured and the focus child knew exactly the support and encouragement he could expect to receive in all his social situations. Feedback was given by the facilitator at the end of each session.

**Findings**

Two central themes emerged from the data analysis. The results highlighted a shift in thinking from all the participants in the PMI. There was greater peer acceptance and greater social empathy for the focus child. One facilitator commented:

'It was great to see the children accept difference more readily and support and prompt the child to look at their behaviour and offer ways to behave differently in a very child-centred way and not at the directions of an adult. Sometimes all it took was for the child to see the prompt card from a friend’

The effects of the ‘circle of friends’ seemed to have benefited the focus child and the other circle members. The greatest changes were apparent on the socio-
metric measure indicating an increased willingness of the other children to play with the focus child. Analysis of the post intervention ‘Social Inclusion Survey’ showed a 70% increase in children willing to make social initiations and relationships with the focus child. It seemed that the honest and open discussions within the group had heightened empathy and increased understanding. The results also indicated that the peer group were now 80% more likely to accept the different types of behaviour displayed by children with special needs rather than blame the child or keep away from them. I observed the focus child sitting
with the children at lunch times and their being more accepting of some behaviour that had initially frightened them. It was encouraging to see.

Analysis of the post intervention ‘Belonging Scale’ questionnaire indicated that the focus child had experienced an increase in global self-esteem and ratings of social acceptance increased significantly after the intervention period. The child felt more accepted and liked and this seems to have affected his behaviour radically. The STAR recording charts during the intervention period identified 3 occasions where social initiations had been successful for the focus child. Previous baseline recordings had identified none. The charts also identified that the child was able to join in class group work such as circle time without any triggers to behaviours or behavioural displays. The contact between the focus child and peer group was now more frequent and the quality of this contact much higher. The group seems to have enhanced the listening skills of the focus child and several displays of empathy were evident throughout the analysis of the STAR recording charts. The intervention appeared to have changed other children’s attitudes and the behaviour of the focus child.

Of significance was that the child appeared to have experienced true social acceptance by his peers. The greatest indicator of this was the results from activities outside of the school base. The focus child had been invited to two birthday parties and had also attended the cinema with his new friendship group. The child had also received two awards at his school assembly for determination and concentration in his studies. These social scenarios had never been present in his school experience prior to the circle of friends’ intervention. This suggests that, outside of the intervention, positive acceptance can continue into the wider social arena. I acknowledge that some people believe the approach only contrives false friendships for the child with an ASD; however, I would argue that the social activities taking place outside of the circle of friends can be an indication of true acceptance.

The focus child himself reported a feeling of greater acceptance and it was also interesting to see that his school attendance rate had increased. Self-esteem had increased and the child also attended lessons that he had shied away from previously. Of significance here is that the ‘circle of friends’ participants had started to accept other children who had previously been socially isolated because of difference. These other children had been the subjects of bullying but were neuro-typical peers. It is vital to add here that this offshoot of the intervention can be an indication that social change can be affected within mainstream settings involving ASD and neuro-typical children.
Conclusion

It is evident from the data that the peer group analysis of the post intervention ‘Social Inclusion Survey’ identified clear positive shifts in the level of peer acceptance of the child with ASD. There had been acceptance and empathy shown towards the child, which created a sense of belonging within the school setting. The focus child had a positive sense of self and also the beginnings of a true friendship group. It is clear that these findings have the potential to improve the lives not only of children with an ASD diagnosis but also other socially isolated neuro-typical children.

It is clear that without an individualistic social approach to intervention, students with ASD may be integrated into their schools but they will miss out on the necessary social experiences that help us to develop relationships into adulthood and beyond. These relationships cement our understanding of and survival in the world. By creating a supportive and empathic community within schools, only then can the child with ASD understand acceptance and reach a little further into themselves in order to learn to attach, attune and express positive feelings, thereby allowing them to better navigate our complex social worlds.

References


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