# Social experiences at secondary school for students with ASD

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Autism Spectrum Disorder (ASD) is a group of neurodevelopmental disorders affecting up to 1 in 160 Australians (Wray and Williams, 2007). Although the presenting symptoms change with maturation, they continue to be a major source of difficulty for many. Most students with ASD find school challenging at some time or other. This can be the case no matter what the type of school; specialist or mainstream, primary or secondary. The continuing challenges of ASD (difficulties with communication and social skills, emotional and behavioural difficulties) combined with the added demands of secondary school indicate that they will require ongoing support. Difficulties may arise for adolescents with ASD because of:

- **the social interaction required with teachers and students throughout the day and their response to these social and emotional demands**
- the student's learning and thinking style and symptoms of ASD
- difficulties in managing stressful situations
- poor organizational skills
- **poor peer social interaction**
- insistence on sameness and special interests or obsessions
- difficulties in both understanding and using language
- other co morbid conditions (health, ID and mental health problems)

## Adolescence and changes in sense of self and temperament

It is important to place the social relationships and social interaction of students with ASD in the context of typical adolescent social development.

Adolescence brings major change with regard to a person's sense of identity. According to psychologist Erik Erikson (1968), babies are born with some basic capabilities and each has his/her own temperament. As a person ages, he/she passes through eight developmental stages (Erikson calls them "psychosocial stages") in which identity develops. Each stage is characterized by a different psychological "crisis" which must be resolved by the person before he/she can move on to the next stage. His fifth stage of identity development occurs at the time of adolescence (12 – 18 years). The adolescent grapples with the question "Who am I?" and is interested in finding out who they are, what they are all about and where they are headed in life.

Another typical feature of most adolescents is that they have times when they are totally self-centred, which may

frustrate parents and other adults. During early adolescence, the young person usually becomes acutely self-conscious with an "I'm me and everyone is looking at me" point of view. During adolescence, friends and peers become increasingly important as the young person deals with physical and emotional changes. For most, the society of peers is the key social agent. Association with a particular peer group will determine dress, hair style, use of slang, interest in music, and other interests or pursuits. Outsiders are excluded from the peer group. During this period of self focus, adolescents also pay particular attention to the peer group as a social form of self-regulation. "What do the others think of me and how I look and the things I do and say?" "Do I fit in?" The temperament of the young person contributes to his/her social learning and participation. Some will choose small special interest-based peer groups with a limited number of friends while others may choose to become part of a diverse group. Failure to develop friendships, join a peer group and develop social skills involving group participation at this stage will make it very difficult for that person to cope with the social demands that are part of adulthood including work, independent living and relating to other adults. Adolescents further develop awareness of others' feelings and perspectives – an understanding that others may view situations and experiences differently. As the number of social experiences outside of the family circle grows they experience different social contexts and become aware of the complex nature of social interactions and social rules.

## Social relationships

The social relationships between typically developing peers reach their height of importance during adolescence. Peers provide a protective group in which to establish independence from parents, develop social knowledge, awareness and competence. This intense attachment to the peer group allows adolescents to begin to develop their sense of direction for adult life. Peer groups also strongly influence both positive aspects of

behaviour, such as community service, and negative aspects such as smoking, depending on the nature of the peer group leaders and the degree of school and family support provided. Making friends, feeling left out or unpopular and noticing differences in each other become much more important. Adolescents begin to notice differences such as race, class and gender in a way that was less important in childhood as they divide people into groups, hierarchies or pecking orders. Their differences and similarities help them discover who they are in relation to others. They also discover this by understanding what others think about them. During childhood the rules for social interaction are fairly clear and concrete. These rules become more abstract and perhaps flexible allowing for exceptions during adolescence, some rules are even unspoken. Socially, peer interaction has less structure as adolescents spend more time sitting around or parading about together, talking and watching others. Language also becomes more complex as vocabulary develops and slang increases (e.g. sarcasm, irony and cynicism). Early adolescence is an important time for same sex friendships and the development of close friendships. It is these early special same sex friendships that prepare the young person for later opposite sex friendships and adult relationships. During adolescence, as interest in the opposite sex increases, the peer group usually changes and become a mixed sex peer group that will eventually lead to dating and sexual relationships. Learning to be part of activity groups is another aspect of social development during adolescence. Many young people will join activity or hobby groups, sporting teams or clubs at this time. Groups such as these provide opportunities to learn about interacting with others socially and also earn about the social structure. Young people in these groups might look up to, emulate and relate to the group leader such as the teacher or coach, who will act as a role model or confirm the youth's growing sense of self. Other more distant, older young people or young adults may be a focus of intense interest or fantasized attachment, such as a pop singer or a

religious leader.

## The social school experiences of adolescents with ASD

How are students with ASD getting on at secondary school? Over the past twenty years or so, researchers have been investigating how students with ASD are coping at school and the quality of their experience in that environment. Educational policies increasingly promote inclusion and it is now more likely that students with ASD will attend their local school. In Australia this is certainly the case for students with HFA and Asperger's Disorder who do not have an intellectual disability. The quality of peer relationships in particular has come under scrutiny. Arguments have been made for inclusion on the grounds that students with ASD will gain social skills by being placed in an educational setting alongside typically developing adolescents who act as appropriate role models. There is a growing body of evidence that this does not always happen and that students with ASD may in fact have negative social outcomes. Findings to date have included that students with ASD have fewer friends (Cairns and Cairns, 1994), have more limited social networks (Chamberlain et al., 2003), and experience more rejection from their peers than other children (Symes and Humphrey, 2011). Students with ASD also report being bullied more than their peers (Humphrey and Symes, 2010a). Surveys of parents have also found that parents report that their sons/daughters attending secondary school struggle with a number of social related difficulties such as peer pressure, rejection, isolation and loneliness.

## Why do students with ASD experience negative social interactions at school?

There may be several reasons. Firstly, as the child with ASD and his peer group become older, behavioural difficulties and social awkwardness may become more obvious and less tolerated by peers. It may also be that the adolescent's behaviour may contribute to negative attitudes and even ridicule from peers.

They may want to be socially involved with peers, but approaches may be odd, unusual, and socially inappropriate (e.g. Scheeren et al., 2012). Another factor is that adolescents with ASD have difficulty with the social use of language (pragmatics). Their social engagement difficulties can be due to poor social conversation skills. For example, they may engage in a prolonged, egocentric conversation with peers based on a fixed topic of interest (e.g. Scheeren et al., 2012). Choosing topics appropriate to the setting and conversation partner and deciding what to say and what is relevant and irrelevant during a conversation is also difficult for students with ASD (Paul et al., 2009).

A more recent hypothesis is that the adolescent with ASD is often anxious and it is anxiety that leads to poor interactions with peers. In the past, social impairments in ASD have been presumed to be due to indifference or lack of social motivation. Research is helping us to understand more about this and there is emerging evidence that for some adolescents, social difficulties may be associated with heightened arousal and avoidance of social stimuli. In other words, when the adolescent with ASD finds him/herself in a situation that demands social understanding, their anxiety heightens and they become more socially awkward. Awkward, unsuccessful and sometimes negative social interactions in turn lead to increased anxiety in the adolescent with ASD so this is a rather perpetuating circle of interaction and reaction. The adolescent is trying to deal quickly with a number of things. What is going on? What is the interaction about? How should I respond? Why is it happening? What are the other people thinking and feeling?

It is understandable that an adolescent with ASD would want to withdraw from social situations that increase their anxiety rather than try to socialise with peers. It is also understandable that the adolescent with ASD may lash out or react negatively when they find themselves in a social situation that they experience as threatening or intimidating. Some

researchers have suggested that the higher functioning adolescents (HFA and Asperger's Disorder) are often aware of the difficulties they have and that they are falling behind socially and as a result their anxiety increases (Witwer and Lecavalier 2010; White et al. 2009b). Adolescents with ASD usually have to learn about social skills and personality development without the opportunity for peer group discussion and support.

In a recent study in the UK, (Humphrey and Symes, 2011) observed peer interaction patterns of students with dyslexia, typically developing students and students with ASD at 12 secondary schools during recess times. They observed that the students with ASD spent more time engaged in solitary behaviours, less time engaged in co-operative interaction with peers, and more time engaging in reactive aggression towards peers than students in either comparison group who spent most of the time talking about things that they do at the weekend or playing cooperative games.  Humphrey and Symes observed that a maladaptive pattern of interaction occurred when students with ASD lashed out after being teased and bullied or subjected to verbal aggression. Implications of these findings were that there needs to be a two pronged approach that acknowledges the "endogenous and exogenous factors at play in the development of social relationships" (p 414). They suggested that interventions were needed to develop the social and communicative skills of students with ASD particularly in the areas of understanding when a social initiation has been made (and how to respond appropriately in this situation) and how to recognize and respond effectively to bullying. Additionally they stated:

> "sensitively handled approaches to raising awareness and understanding of ASD.... along with the provision of clear guidance around how to communicate in an 'ASD-friendly' manner, will most likely be beneficial in increasing acceptance of difference" (Humphrey and Symes, 2011, p 414).

## How can teachers and parents work together to help teenagers with ASD manage at school?

1. Have written protocols in place to ensure that everyone understands and is aware of the student's needs. (One page summary sheets are helpful that include information about what this young person does well, struggles with, what sorts of things might make them anxious or upset).

2. Where possible, adapt the everyday practice within the school to help the young person.

3. There may be an opportunity for the young person with ASD to work in a resource unit or other area for some of their lessons or homework so that they can have some quiet time and are not always out in the mainstream.

4. Have regular lines of communication and contact with parents who know their child better than anyone.  Daily contact may be necessary at times. (It has been shown that in schools where strong, positive relationships between parents and school staff are established that students with ASD do better socially and academically).

5. PD for school staff to increase their knowledge of ASD and provide teaching strategies.

6. Provide additional support so that appropriate provisions can be made for students with ASD.

7. Consult with speech pathologist about pragmatics skills training and include these goals in the IEP

8. Give students an opportunity to talk with adults in a non-threatening environment.  In the absence of an opportunity for adolescents with ASD to talk to peers, it can be helpful for them to talk to parents and teachers who have "been there" and know about adolescence, have life experience and the maturity that comes with age.

9. Monitor mental health and report at regular parent teacher meetings. In particular, monitor anxiety, discuss issues and refer on to mental health professionals as appropriate.

10. . The social world of school is often confusing to students with ASD. They may not realise that their behaviour is sometimes inappropriate or that others may wish to take advantage of them or bully them. The support coordinator should meet with the student at the end of each day to talk about how things went during the day. This person should also check in with other staff members about any incidents that may have occurred. Also discuss what the student has managed well and give positive feedback. The student needs to feel safe and secure at school.

### References and relevant further reading

Bellini, S. (2006). The development of social anxiety in adolescents with autism spectrum disorders. Focus on Autism and Other Developmental Disabilities, 21, 138–145.

Cairns, R.B. & Cairns, B.D. (1994) *Lifelines and Risks: Pathways of Youth in Our Time*. New York, NY: Cambridge University Press.

Chamberlain, B., Kasari, C. & Rotherham-Fuller, E. (2003) 'Involvement or isolation? The Social Networks of Children with Autism in Regular Classrooms', *Journal of Autism and Developmental Disorders* 37: 230–42.

Humphrey, N. & Symes,W. (2010a) 'Perceptions of Social Support and Experience of Bullying among Pupils with Autistic Spectrum Disorders in Mainstream Secondary Schools', *European Journal of Special Needs Education* 25: 77–91.

Humphrey, N. & Symes,W. (2010b) Responses to Bullying and Use of Social Support among Pupils with Autistic Spectrum Disorders in Mainstream Schools: A Qualitative Study', *Journal of Research in Special Educational Needs* 10: 1–10.

Humphrey N and Symes W (2011) Peer interaction patterns among adolescents with autistic spectrum disorders (ASDs) in mainstream school settings. *Autism* 15: 397–415.

Kasari C, Locke J, Gulsrud A, et al. (2011) Social networks and friendships at school: comparing children with and without ASD. *Journal of Autism and Developmental Disorders* 41: 533–544.

Paul R, Orlovski SM, Marcinko HC, et al. (2009) Conversational behaviors in youth with high-functioning ASD and Asperger syndrome. *Journal of Autism and Developmental Disorders* 39: 115–125.

Scheeren AM, Koot HM and Begeer S (2012) Social interaction style of children and adolescents with high-functioning autism spectrum disorder. *Journal of Autism and Developmental Disorders*. DOI: 10.1007/s10803-012-1451-x.

Seltzer, V. (2009). *Peer-Impact Diagnosis and Therapy: A handbook for successful practice with adolescents*. New York, NY: New York University Press.

Symes,W. & Humphrey, N. (2010) 'Peer-Group Indicators of Social Inclusion among pupils with Autistic Spectrum Disorders (ASD) in Mainstream Secondary Schools: A Comparative Study', *School Psychology International* 31: 478–494.

White, S., Keonig, K., & Scahill, L. (2007). Social Skill Development in children with autism spectrum disorder: A review of intervention research. *Journal of Autism and Developmental Disorders*, 37, 1858–1868.

White, S.W., Albano, A., Johnson, C., Kasari, C., Ollendick, T., Klin, A., et al. (2010a). Development of a cognitive-behavioral intervention program to treat anxiety and social deficits in teens with high-functioning autism. Clinical Child and Family Psychology Review, 13(1), 77–90. doi:10.1007/s10567-009-0062-3.

White, S. W., Koenig, K., & Scahill, L. (2010b). Group therapy to improve social skills in adolescents with high-functioning autism spectrum disorders. Focus on Autism and Other

Developmental Disabilities, 25(4), 209–219.
doi:10.1177/1088357610380595.

Winner, M. (2007). *Thinking about you, Thinking about me*. San Jose, CA: Think Social Publishing.

Witwer, A. N., & Lecavalier, L. (2010). Validity of comorbid psychiatric disorders in youngsters with autism spectrum disorders. Journal of Developmental and Physical Disabilities, 22, 367–380. doi:10.1007/s10882-010-9194-0.

Wray J, Williams K. The prevalence of autism in Australia. Report commissioned by the Australian Advisory Board on Autism Spectrum Disorders, 2007.

Autism Speaks is working with the National Center for Learning Disabilities, PACER's National Bullying Centre and Ability Path in partnership with the new documentary film *BULLY* to raise awareness about how bullying affects children with special needs. For more information see: Autism Speaks: Combating Bullying http://www.autismspeaks.org/family-services/bullying

There are a number of factsheets about ASD at the DEECD Autism Friendly Learning website Resources page. These cover topics relating to young children as well as adolescents with ASD http://www.education.vic.gov.au/about/programs/needs/Pages/autismfactsheets.aspx

This guide is aimed at adolescents and adults with an autism spectrum disorder (ASD). It looks at social skills, social skills training groups and social groups and also suggests ways in which people with an ASD can meet.http://www.autism.org.uk/living-with-autism/communicating-and-interacting/social-skills/social-skills-for-adolescents-and-adults.aspx