

How Mental Health Diagnoses in Children and Adolescents Affect Peer Relationships and Strategies for Intervention

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Development of Social Competency

For the purposes of this presentation, we are defining social competency as:

- Social behaviors
- Social cognition
- The ability to synthesize the two to achieve a social goal

In other words, the **knowledge, skills, attitudes, and beliefs** that make it possible for a student to **form and maintain satisfying personal relationships** with other people – peers *and* adults

Social Behaviors and Social Cognitions

Social Behaviors

Social behaviors represent a match between the social setting and the behavior choice

Choosing appropriate behaviors can extend the interaction

Appropriate social behaviors promote cooperation and mutual enjoyment over conflict

Socially competent children shift and change their behaviors in different settings and with different ages

Social Cognitions

- Social Cognition is understanding:
 - **what** is happening,
 - **why** it is happening, and
 - what **thoughts, feelings** and **intentions** are motivating other people to **behave** the way they do
- Children can **identify alternative responses** and **strategically choose** one likely to promote an **effective social interaction**
- Children can **understand** and **reflect** the feelings of others, creating a **sense of shared experience** (i.e., empathy)

Social Competency and Friendship

Children with friends typically:

- **Want** very much **to be friends** and **have friends**
- **Manage conflict** without over-dominating or over-conceding
- Understand **how to respond** to social situations and **how to fix** social accidents
- **Connect empathically** with others
- **Recognize** and **follow social conventions** (which differ from adult conventions)
- Peers **expect** they will **enjoy spending time** with them

Children without friends typically:

Have significant difficulty making and keeping friends:

- Have **fewer than 3** friends
- Are **not invited to socialize** by others
- Are **turned down** when asking others
- Are **often without a peer** at recess/lunch or times for social interaction (e.g., hallways)
- In observations, **are alone more than half the time**

What parents and teachers notice

- These students **worry a lot** about having friends
- They **aren't able to resolve conflicts**, and disagreements stop their play
- They **aren't always sensitive to other kids' points of view**
- Peers **don't always expect to enjoy spending time** with them

*What is the basic recipe for friendship?
Have fun doing things together.*

What do children typically need to develop social competency?

Children need to **opportunities to practice** social competencies with feedback from both peers and adults

- Children need to experience **multiple, positive peer interactions** to foster social-efficacy beliefs
- Children need **opportunities to practice** social behaviors in a **variety of settings** with a **variety of peers**
- Children need **opportunities to learn to manage conflict** and **problem-solve differences** without constant adult mediation
- Children need **self-regulation skills to inhibit their impulses** and **manage their emotional responses** across settings
- Children need the capacity to **take the perspective of others**

Many children encounter difficulties in the development of social competency

Social Opportunities:

- Children with few leisure skills or who lack common interests with other children may find their opportunities for interaction limited
- Children in rural or isolated areas often have a limited pool of peers with whom to interact, and possibility lack neighborhood friends to play with regularly
- Children who are prone to worry may avoid social interactions or experience less pleasure with peers

Conflict, Aggression, and Bullying:

- When conflict regularly escalates to aggression children may struggle to learn adaptive strategies for conflict resolution
- Bullying is a specific and repeated form of aggression that can produce multiple negative outcomes and limit a child's beliefs that she or he will be successful and find pleasure in social situations

What are the impacts of childhood mental health diagnoses on the development of social competence?

Typical Mental Health Diagnoses Identified in Childhood and Adolescence

- Autism Spectrum Disorder
- Disorders of Impulse Control
 - ADHD
 - Oppositional Defiant Disorder
 - Conduct Disorder
- Anxiety
- Depression
- Trauma
- Intellectual Disability
- Giftedness
- Communication Disorders
- Learning Disabilities

Autism Spectrum Disorder

Typical features:

- Deficits in social communication and social interaction
- Restricted, repetitive patterns of behaviors, interests, or activities

Impact on social behaviors:

- Difficulty adapting behaviors to setting
- Difficulty coordinating verbal and nonverbal behavior
- Effects on initiations and responses, play skills

Impact on social cognition:

- May have limited ability to read social scenarios
- Difficulty with perspective taking and theory of mind

Impact on peer evaluation

Disorders of Impulse Control

ADHD

- Typical Features
 - Inattention (failure to attend to details, difficulty maintaining attention, difficulty organizing) and/or
 - Hyperactivity/Impulsivity (frequent fidgeting/movement, “On the go”, excessive talking or blurting, interrupting)

ODD/CD

- Inhibiting/self-regulating
- Often antagonistic to adults and peers
- Can be callous and unemotional

Impact on social behaviors:

- Tend to be more talkative, impulsive, greater emotional expressiveness (facial expressions, tone)
- More limited reciprocity in interactions
- Use fewer positive statements

Impact on social cognition:

- More limited knowledge of social skills
- Process social/emotional cues in more limited and error-prone fashion

Impact on peer evaluation:

- More likely to be neglected or rejected
- May receive less social support

Anxiety

Typical features:

- Excessive fear (anticipation of a future threat)
- Behavioral disturbances (muscle tension, vigilance, cautious or avoidant behaviors)

Social Anxiety:

- Fear or anxiety about or avoiding social interactions that involve the possibility of being social evaluated
- Selective Mutism

Impact on social behaviors:

- May avoid interactions
- May engage in behaviors that are negatively perceived (e.g., crying, tantrums)

Impact on social cognition:

- May have fears of being evaluated by others

Impact on peer evaluation:

- Often have fewer friends

Depression

Typical features:

- Sad, empty, or irritable mood
- Somatic and cognitive changes
 - diminished interest or pleasure in activities
 - weight changes
 - sleep changes
 - Fatigue
 - diminished ability to concentrate or make decisions
 - feelings of worthlessness

Impact on social behaviors:

- May withdraw socially
- Difficulty negotiating peer conflicts

Impact on social cognition:

- May excessively seek reassurance
- May respond ineffectively to peer stressors

Impact on peer evaluation:

- Elicit negative affect and aversive responses from unfamiliar peers
- May lose friends over time

Trauma

Typical Features:

- Exposure to a traumatic or stressful event
- Psychological distress
 - Anxiety- or fear-based symptoms
 - Depressive symptoms
 - Angry/aggressive symptoms
 - Dissociative symptoms

Impact on social behaviors:

- May exhibit more hostility or depression

Impact on social cognition:

- May have difficulty identifying emotions
- May have difficulty recognizing risky situations

Impact on peer evaluation:

- May appear overly responsive to stimuli (e.g., affective states, sounds, touch, etc.)

Intellectual Disability

Typical Features:

- Deficits in general mental abilities
- Impairment in adaptive functioning

Impact on social behaviors:

- May have limited language abilities
- May be more concrete or literal in communication

Impact on social cognition:

- Risk of gullibility or victimization
- Difficulty with social problem solving
- May have difficulty regulating emotions
- May misinterpret social cues

Impact on peer evaluation:

- May be judged as immature

Giftedness

Typical Features:

- Superior intellectual functioning
- Sometimes differences in adaptive functioning
- May be more socially successful than typical peers

Impact on social behaviors:

- May want to discuss topics or ideas that are not meaningful for peers
- May prefer to work or play alone
- May be tempted to conform to social scene

Impact on social cognition:

- May have a tendency toward being judgmental and critical
- May interpret lack of understanding or interest as rejection

Impact on peer evaluation:

- May perceive negative evaluation
- Peers may express anti-intellectual stigma

Communication Disorders

Typical Features:

- Deficits in:
 - Speech-articulation, fluency, voice, and resonance quality
 - Language-form, function, and use of symbols (words, sign language)
 - Communication-verbal or nonverbal behavior that influences others

Impact on social behaviors:

- May demonstrate more limited play behaviors to engage with peers
- May have difficulty responding to interactions (e.g., frequent “no”s)
- May have difficulty initiating

Impact on social cognition:

- May have difficulty negotiating and resolving social problems

Impact on peer evaluation:

- May have difficulty adapting to peer interactions

Learning Disabilities

Typical Features:

- Difficulty learning and using academic skills
 - Skills are substantially below what would be expected for age and cognitive ability

Impact on social behaviors:

- May have limited social opportunities if academic challenges interfere with time in classroom or recreation time

Impact on social cognition:

- Anxiety regarding peer evaluation of deficits may limit child's social overtures

Impact on peer evaluation

- May be judged as more distractible, overly active, or anxious
- May have fewer friends
- May be judged as having less communication competence

Interventions

Support families in obtaining the appropriate treatment for their child's condition

- Reducing the impact of symptoms can aid children in progressing developmentally in their social competencies

Provide psychoeducation and variety

- Challenge perceptions and biases that may exist
- Create opportunities to see and interact with a variety of children in many contexts

Effective Interventions are often:

- Evidence-based using a protocol or manual
- Evidence informed using well-established strategies selected to address concerns and environmental fit

Evidence-Based Intervention

Classroom or group oriented programs to promote social and emotional development:

- Promoting Alternative Thinking Strategies (PATHS)
- Strong Kids /Teens
- I Can Problem Solve
- UCLA PEERS

Specific social skill interventions for individual or small group:

- Social Skills Improvement System
- Skillstreaming
- Circle of Friends

Anti-Bullying:

- Olweus Bullying Prevention Program
- Bully busters: A teacher's manual
- Second Step

Evidence Informed Strategies for Identified Areas of Need

Interventions to promote friendships: Have fun together

- Activities that are fun to do
 - And that require more than one child
 - And better yet, that are more fun with more children
- Strategies that mix children up from one day to the next
 - And that don't depend on highly skilled competence
 - And better yet, that don't have winners and losers

Interventions to promote Inclusion: More is better

- “Anyone can join” games
- “You can't say you can't play” rules
- Class meetings
- Classroom responsibilities assigned to each student
- Partner work and cooperative groupings
- Expectations to participate
- Coaching and facilitating interactions

Evidence Informed Strategies for Identified Areas of Need

Interventions for verbal aggression: Talking it through

- Among friends, talking through the misunderstandings that happen
- Activities that build perspective taking
- Conflict Resolution and Peer Mediation strategies to talk through conflicts
- Rules and boundaries that stop some behaviors from happening
- Limiting competition in the classroom

Intervention for physical aggression: Prevent anonymity

- Minimizing large or impersonal groups that foster anonymity
- Minimize the boredom of unstructured times – fighting is fun
- Creating friendships and caring
- Monitoring ‘hidden corners’ of the school and classroom
- Establishing rules and boundaries that stop some behaviors from happening

Progress Monitoring

- Global rating
- Rubrics
- Observations
- Self-monitoring
- Perceptual ratings of the classroom

Review

- What components characterize children's social competencies?
 - A. Social skills and cognitions
 - B. Social behaviors and abilities
 - C. Social cognitions and behaviors
 - D. Social skills and abilities
- How can childhood diagnoses affect a child's social development?
 - A. They can limit opportunities for social interaction
 - B. Peer perceptions can be challenging
 - C. They can interfere with a child's development of social behaviors and cognitions
 - D. All of the above
- What can be done to support development of social competencies for all children?
 - A. Group oriented evidence-based interventions for social and emotional development
 - B. Individual interventions based on well-established strategies
 - C. Providing referrals for community or medical supports to families to obtain treatment
 - D. All of the above

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