White Paper

Social Emotional Learning for Students With Autism Spectrum Disorder and Related Disorders

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Executive Summary

Autism Spectrum Disorders (ASD) and related disorders (e.g. Rett Syndrome) are characterized by deficits in communication and social skills including difficulties with conversation, understanding and managing emotions, empathy, friendships, conflict resolution, and self awareness. Social Emotional Learning (SEL) focuses on building these skills and an SEL curriculum is likely to be one of the most effective and productive intervention strategies for moderate-higher functioning students with ASD. Unlike traditional social skills interventions which are taught 1:1 or with a peer model or in small groups, SEL focuses on teaching the skills to help the student with ASD interact more with their peers, teachers, and school staff. In addition, SEL helps build skills such as self-awareness, self-advocacy, healthy boundaries, self-management, mindfulness, stress management, and emotion regulation. These skills can help a student with ASD to feel more empowered, focused, and calm in a school environment, which will not only help them, but, will help others in the classroom by remediating behavioral challenges associated with stress and anxiety. Executive function skills such as planning, organization, decision making, and problem solving can also be improved through SEL, which can improve learning and academic achievement for students with ASD. Rethink Ed's SEL curriculum is well suited to students with ASD and includes a separate curriculum that is tailored to specifically meet the needs of students who may need more individualized instruction or simplified language, yet focuses on opportunities for peer interaction, with the goal of helping students learn the skills they need to be a part of their class.

KEYWORDS

Autism Spectrum Disorder, ASD, Social Skills, Social Emotional Learning (SEL), Emotions, Empathy, Independence, Executive Function Skills, Behavior

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Autism Spectrum Disorders

Autism Spectrum Disorder (ASD) is a common developmental disorder with over 3 million cases/year in the United States alone impacting 1 in 54 children (CDC, 2016). All ethnic, racial, and socioeconomic groups are affected by ASD but minority groups are often diagnosed later. Boys are more commonly diagnosed with ASD with 1 in 34 boys compared to 1 in144 girls. Some children are identified as early as 2 years but most are being diagnosed after 4 years old. 44% of children with ASD have above average intelligence, 25% are in theborderline range, and 31% have an intellectual disability (Autism Speaks, 2020). There is no known cause but genetics are involved in both cases and research clearly indicates that vaccinations do not cause ASD.

ASD impacts communication and social development and many people with ASD exhibit behavioral challenges such as aggression, self-injury, or elopement (i.e. running off). Communication

> Autism Spectrum Disorder impacts **1 in 54 children** (CDC, 2016)

deficits are a core feature of ASD and approximately 40% of affected children are non-verbal (WebMD, 2018). 25-30% of children are reported to have some language skills early on and then lose them in early childhood. Other communication challenges can include echolalia (repeating words or phrases), pronoun reversal, limited use of gestures, difficulty changing topics in conversation, problems with answering or asking questions, and being literal and not understanding jokes, metaphors, or sarcasm. Social deficits can include difficulty with eye contact, understanding emotions, taking the perspective of another person (theory of mind), empathy, and connecting with other people. Although all individuals with ASD are impacted with communication and social deficits of some

kind, there is a wide range of abilities and challenges and no two children are alike. Related disorders such as Williams Syndrome, Fragile X Syndrome, Prader-Willi Syndrome, Angelman Syndrome, Rett Syndrome, Landau-Kleffner Syndrome, and Tardive Dyskinesia all share common symptoms to ASD and respond to similar interventions.

Additional conditions are common in children with ASD (Autism Speaks, 2020). Chronic sleep problems affect more than half of children with ASD and about 1/3 have seizure disorders (epilepsy). Approximately 30-61% have Attention-Deficit Hyperactivity Disorder (ADHD). Anxiety and depression are also common in children and teens with 11-40% estimated to have an anxiety disorder and 7% estimated to have depression. Depression is estimated to be 26% in adults with ADHD.

> There is no known cure for ASD or related disorders but behavioral, cognitive, and social treatment **can lead to dramatic improvement** (National Autism Center 2020)

There is no known cure for ASD or related disorders but behavioral, cognitive, and social treatment can lead to dramatic improvements. Although there are many interventions that claim to improve symptoms or even cure ASD, the National Standards Project of the National Autism Center (2020) identifies 14 interventions that have substantial evidence and that have proven to have good outcomes for children with ASD. These include behavioral interventions, cognitive behavioral interventions, comprehensive behavioral treatment for young children (early intervention), language training, modeling, natural teaching strategies, parent training, peer training, Pivotal Response Training (PRT), schedules, scripting, self-management, social skills training, and story-based intervention. Treatment selection should be based on the individual child's needs and sufficient training should be provided to staff for effective implementation and results.

Social Skills in ASD

Social skill deficits are the core symptom in ASD and related disorders, and addressing social skills is essential in any treatment plan. One of the earliest red flags in identifying a child with ASD is the lack of gesture use and joint attention (e.g. Osterling & Dawson, 1994). Joint attention is the mutual engagement and shared attention between 2 individuals (often a child and parent) that includes shifting eye gaze and gestures to share a moment non-verbally. Teaching gestures and joint attention has been shown to be effective in improving social interactions between a child and parent including improved imitation, play, and engagement (e.g. Whalen, Schreibman, & Ingersoll, 2006).

Play is an important part of social development. Children learn conflict resolution, fairness, communication, decision making, and many other important life skills during play. Children with ASD have difficulty with play skills and often lack the ability to engage in pretend play as their play skills tend to have less symbolic and less complex play actions than their peers (Stahmer, 1995). Some evidence-based interventions for improving play interactions in children with ASD include scripting, video modeling, and offering choices (Hart Barnett, 2018).

One of the most effective interventions for teaching conversation skills is **using peers to model and rehearsing the skills needed** for effective conversation (Bambara, Thomas, Chovanes, & Cole, 2018)

Conversation skills are another key intervention strategy to help higher functioning individuals with ASD and related disorders to communicate and build relationships with others, especially with their peers. Conversations can be difficult for an individual with ASD or a related disorder due to deficits in initiating a conversation, appropriately ending a conversation, taking turns, listening, answering or asking questions, transitioning to different topics, and difficulties with facial expressions, tone, and body language. One of the most effective interventions for teaching conversation skills is using peers to model and rehearsing the skills needed for effective conversation (e.g. Bambara, Thomas, Chovanes, & Cole, 2018).

Another common social skill challenge for individuals with ASD is the ability to take the perspective of another person or have a Theory of Mind (e.g. Mazza, et al., 2017). Even in higher functioning individuals who may have developed compensation strategies in social situations despite having challenges with Theory of Mind, social interactions often cause high anxiety for these individuals (Livingston, et al., 2019). To re-mediate many of the social skill deficits associated with ASD and related disorders, educators, intervention specialists, and researchers are implementing Social Emotional Learning (SEL) strategies with positive outcomes (e.g. Gardner, Wong, & Ratcliffe, 2020).

Social Emotional Learning (SEL)

Social Emotional Learning (SEL) is a set of skills and knowledge that help us in feeling and showing empathy, having positive and healthy relationships, making responsible decisions, understanding and managing emotions, and in setting and achieving goals (Weissberg, Durlak, Domitrovich, & Gullotta, 2015). Evidence clearly supports SEL for

improving school climate, student behaviors, academic achievement, and safety. SEL can be taught and students and staff can benefit from learning SEL skills, particularly when SEL is well implemented.

Researchers have identified the core components of an effective SEL program to include social skills, identifying feelings in self and others, and behavioral coping skills/ relaxation (e.g. Lawson, McKenzie, Becker, Selby, and Hoover, 2019). CASEL (Collaborative for Academic, Social, and Emotional Learning) (2013) also highlights other important components for an effective SEL program including providing opportunities for students to practice, having multi-year programming, providing training and implementation support for staff, and having at least one evaluation study with a comparison group and pre-post measures that shows a positive outcome on academics, conduct, emotional distress, or positive social behaviors.

While SEL effectively improves social skills, they are not the same thing. Social skills are a set of behaviors (e.g. engaging in a conversation, initiating play, etc.), while SEL is a set of competencies and knowledge (e.g. self-awareness) that can impact behavior. In addition to assessing the knowledge of SEL in students, it is important to look at how their social skill behaviors change over time as well. SEL is an important foundation to building understanding that can lead to improved social skills over time.

The RethinkEd SEL curriculum is grounded in the science and recommendations of CASEL and other experts. 30 student lessons are offered for every grade K-12 with accommodations for Tier 2 students. An additional 30 student lessons are offered for Tier 3 students for grade levels K-2, 3-5, 6-8, and 9-12. Additional trauma, mental

health, and equity lessons are also offered. Student SEL assessments are built in for educators, parents, administrators, and students to track progress over time. Professional development modules are provided for every SEL topic as well as for trauma, mental health, and equity.

Building Emotional Competence

The ability to manage and express emotions, develop and maintain relationships, and be aware of one's environment are what affects a person's social-emotional development (Pontoppidan, Niss, Pejtersen, Julian, & Vaever, 2017). Children and teens with ASD and related disorders often experience significant challenges with identifying, expressing, and managing emotions (Hepburn & Wolf, 2013). Negative emotionality including irritability, more aggressive behaviors, decreased positive affect, increased negative emotions, and negative cognitive thinking are common symptoms in individuals with ASD and related disorders.

Interventions that have successfully remediated some of the emotional regulation issues in ASD and related disorders include instruction in social concepts, modeling, cognitive behavioral therapy, and practice. The RethinkEd SEL curriculum can help improve social-emotional competencies in students with ASD and related disorders through the lessons focused on emotions, wants and needs, self-control, stress management, actions and consequences, mindfulness, self-efficacy, optimism, self-compassion, resilience, and self-advocacy. For example, one of the self-control lessons teaches students to Take 5 by learning different calming strategies such as deep breathing, counting to 5, and thinking of something positive. Students learn the strategies through an animated video that explains and models the calming strategies and then they have time to practice the calming strategies and then apply them to situations where they might need them.

Social Interactions

Social interactions are a common challenge for individuals with ASD and related disorders, particularly social reciprocity (the back-and-forth interaction between people where the behavior of each person influences the behavior of others) (ASHA, 2020). Some of the things that individuals with ASD struggle with concerning social reciprocity include problems starting an interaction, responding to an interaction bid from others, or ending an interaction appropriately. They may also have difficulty with turn-taking, changing topics, and listening. They may not recognize when someone is not interested in a conversation and may not show sensitivity to the needs or interests of others in conversation. Making and maintaining friendships is challenging and most individuals with ASD and related disorders frequently struggle with personal relationships and may have trouble getting along with others at times.

> Research demonstrates that improving social skills can lead to more happiness, friendships, and more fulfilling relationships. (Autism Speaks 2020)

Improving social skills can help the individual to participate more in school and in the community and research demonstrates that improving social skills can lead to more happiness, friendships, and more fulfilling relationships. Autism Speaks (2020) recommends that interventions for social interactions focus on "teachable moments" with practice in realistic settings, supporting communication and sensory integration, focusing on timing and attention during social interactions, learning social behaviors that are more likely to lead to friendships and happiness, and improving cognitive and language skills that can help in social interactions. They also suggest that interventions have structure and predictability,

break down abstract concepts into concrete actions, simplify language by age and developmental level, work in pairs, provide multiple and varied learning opportunities, teach and promote self-awareness, and self-esteem, and provide real-world opportunities for practicing and using social skills.

Social interactions are an important component of the RethinkEd SEL curriculum. Most SEL lessons include a social interaction component but the lessons that may be particularly valuable for helping ASD (and related disorders) students with social interactions include emotions, values, growth mindset, fairness, respect, friendship, relationships, cooperation, conflict resolution, and healthy boundaries. In one of the friendship lessons, students are taught about the importance of common interests, how to find them, and how to share them. In this lesson, they learn about common interests in an animated video that provides examples and modeling. Then, they practice identifying common interests with a peer, and then practice using common interests in conversation.

Executive Function Skills and Learning

Individuals with ASD and related disorders frequently exhibit deficits in executive function skills such as planning, organization, time management, goal setting, and decision making. Everyday activities such as getting ready for school or work can be a challenge for a person who struggles with these skills. Trying to learn a new routine or complete a more complex task like a school project or a science lab can be challenging. Limited executive function skills can affect a person's self-care (hygiene, shopping, cooking, cleaning, going to a doctor, etc.), their mobility (taking a bus or train, riding a bike, planning a route), their academic performance (keeping track of homework, time management, etc.), and their independence (living on their own, getting a job, going to college, etc.).

Some strategies that work well for individuals with ASD and related disorders to help accommodate their executive function deficits include use of visuals, gestures, backward chaining (start with last step in task and then teach the steps prior), schedules, task analysis (visual breakdown of how to do the task), timers, prompting, and modeling (Barlow, 2018). Several of the RethinkEd SEL lessons can help build and grow executive function skills for students with ASD and related disorders including learning skills, growth mindset, focus, problem solving, goal setting, resilience, and actions and consequences. One of the RethinkEd SEL lessons on goal setting breaks down how to set a goal into 5 simple steps (limit possible goals, choose a goal, set a date, steps for working on goal, who can help meet the goal) in the introductory video and then gives the student an opportunity to identify a goal for themselves and work out a plan for meeting that goal. Visual supports and worksheets help guide the student step by step through the process.

Behavioral Challenges

Due to communication, social, executive function, and sensory deficits, individuals with ASD and related disorders are more likely than their peers to exhibit challenging or problem behaviors. These can include aggression, self-injury, repetitive behaviors, restricted interests, noise or light sensitivity, sleep issues, mood instability, tantrums or meltdowns, or elopement (running off) (IAN, 2020).

Students that have communication, learning, or social challenges (such as ASD students) often are less accepted by their peers and are at a higher risk for being bullied (NCLD, 2017). In fact, these students are 43% more likely to be bullied than other students. This can lead to negative emotions about school, peers, and increase behavior problems

and absenteeism. In the NCLD article, they offer a quote by Chad Rose, PhD (Assistant Professor, University of Missouri College of Education) that is important to note: "If a child reaches into their 'bully response toolbox' and the only tools they have are physical or verbal aggression, they likely will respond aggressively." Many students with ASD and related disorders lack the effective and appropriate tools to respond to bullying and may respond aggressively or withdraw. Students with disabilities are 2x more likely to have disciplinary action such as suspension than students without a disability which can lead to increase drop-out rates and further behavioral challenges. This rate increases dramatically for students of color with a disability with 20-27% suspension rates for male African American/Black, American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander, and 2 or more races, compared to 7-12% of male Asian, Hispanic/Latino, and White students (NCLD, 2017).

Treating behavioral challenges typically involves identifying the function of the behavior (e.g. attention, escape, avoidance, sensory, etc.), identifying and measuring the behavior for a baseline, then implementing a behavioral intervention to either prevent the behavior (e.g. a reward system for not engaging in the behavior) or a consequence (e.g. a time out or removal of a preferred object or activity). Although many schools are launching SEL programs, there is still a paucity of schools that are implementing SEL with students with disabilities. Research demonstrates that SEL can result in more positive social behaviors, less emotional stress and anxiety, reduced suspensions and disciplinary action, better attendance, and improved academic achievement (e.g. Durlak, Weissberg, Dymnicky, Taylor, & Schellinger, 2011).

RethinkEd's SEL curriculum offers lesson plans that are specifically tailored to meet the communication, social, cognitive, and attention needs of students with disabilities,

including those with ASD and related disorders. In the high school RethinkEd SEL Tier 3 Emotions lesson, students are taught to understand how emotions effect behavior in the video, then they practice matching behaviors to specific emotions, and finally they work on identifying how their own emotions effect their own behaviors. This process starts with building knowledge and understanding (SEL) which leads into teaching them how to change their own behaviors (social skills). Although all SEL lessons can help to ameliorate challenging behaviors, these lessons are particularly valuable for helping students with behavioral difficulties: emotions, self-control, stress management, problem solving, resilience, fairness, respect, cooperation, conflict resolutions, safe and ethical behavior, actions and consequences, mindfulness, optimism, and healthy boundaries.

Rethink Ed SEL Lessons for Students With ASD

Building Emotional Competencies	Social Interactions	Executive Function Skills and Learning	Behavioral Challenges
• Emotions • Wants and Needs • Self-Control • Stress Management • Actions and Consequences • Mindfulness • Self-Efficacy • Optimism • Self-Compassion • Resilience • Self-Advocacy	• Emotions • Values • Growth Mindset • Fairness • Respect • Friendship • Relationships • Cooperation • Conflict Resolution • Healthy Boundaries	• Learning Skills • Growth Mindset • Focus • Problem Solving • Goal Setting • Resilience • Actions and Consequences	• Emotions • Self-Control • Stress Management • Problem Solving • Resilience • Fairness • Respect • Cooperation • Conflict Resolution • Safe and Ethical Behavior • Actions and Consequences • Mindfulness • Optimism • Healthy Boundaries

Conclusion

SEL is a proven and effective approach for improving social behaviors, relationships, academics, and attendance, while also decreasing negative behaviors, suspensions, disciplinary actions, and drop-outs. While many schools are adopting SEL curricula for their students and staff, it is essential to include all students, including those with disabilities, such as ASD (and related disorders) students. There is a growing body of literature to suggest that students with ASD and related disorders may particularly benefit from an effective SEL program. RethinkEd SEL offers a unique solution that includes large group instruction for Tier 1 with Tier 2 accommodations while also offering a separate Tier 3 SEL curriculum specifically tailored to meet the needs of students that may have communication, social, cognitive, or behavioral challenges. RethinkEd also provides a large library of resources, lessons, and materials to assist educators in building an individualized special education program for students with ASD and related disorders, including academics, behavior, play, social skills, and independence/transition skills for older students.

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White **Paper**

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About Us

Rethink Ed was founded on a simple, yet powerful idea: To re-think education. To make it better and easier. To unburden school districts and empower educators. To improve outcomes and elevate accountability. To promote collaboration and inspire learning. And most importantly, to make a difference in the school day for everyone – administrators, educators, and students.

The Rethink Ed solution is part of Rethink First, a global company that is transforming behavioral healthcare. Similar to Rethink First's other solutions that are innovating and improving outcomes for clinicians and employers globally, Rethink Ed is pioneering EdTech with our relentless pursuit of innovative methods that put evidenced-based, data-informed, digitally delivered instruction and assessments into the hands of educators, clinicians, and parents who share our singularly minded focus: To power the potential of all children and to work together to help them succeed.

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