



# Supporting Social Development in Young Children with Disabilities: Building a Practitioner's Toolkit

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Published online: 23 February 2019  
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## Abstract

During early childhood, practitioners and family members are often tasked with determining optimal approaches to support social skill development in young children with developmental disabilities in inclusive and self-contained settings. Eight different evidence based approaches are highlighted (social narratives, scripting, pivotal response training, structured play groups, peer-mediated interventions, video-modeling, social skills training, and parent-implemented strategies), as well as specific skills in young children that may need additional support (joint attention, play, initiation, turn taking, sharing, conversation, emotion recognition, problem solving, socially appropriate behaviors, emotion/self-regulation, navigating environments, and perspective taking). A table of recommended strategies and checklist of the various social skills important during the early childhood years assist practitioners and family members in selecting and implementing appropriate strategies during the crucial period of life. Vignettes offer examples of steps taken to address specific concerns, paired with possible supports to enhance social development.

**Keywords** Social skills · Social supports · Inclusion · Social strategies · Early childhood

## Introduction

Social behavior and skills are critical in early childhood and early childhood is a key period for setting the foundation for developing social behavior (National Association for the Education of Young Children (NAEYC) 2009). However, many children with developmental disabilities and children who are at-risk need support in developing those skills. There are many strategies early childhood practitioners can utilize to support these young learners in developing skills that will be useful throughout their lives. The purpose of this article is to discuss strategies early childhood practitioners can use to support young learners with social skills difficulties and to present tools early childhood practitioners can utilize to help in making intervention selection decisions.

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## Importance of Addressing Social Skills Difficulties

All domains (social and emotional, physical, cognitive) are critical in early childhood development and are inter-related as a child develops (NAEYC 2009). When young children have delays in social and emotional development, all domains will be affected. For children with disabilities, the impact of their disability can lead to difficulties in social communication and interaction (Canney and Byrne 2006). Proficiency in social skills provides opportunities for creating and developing relationships across the lifespan.

## Social Skills and Competence in Early Childhood

What we consider “social skills” really comprises two key concepts: *social behavior* and *social competence*. Social behavior can be defined as a set of behaviors used to accomplish a goal while social competence is the successful use of social behaviors to achieve goals (Odom et al. 2008). Both are needed—the knowledge and use of a skill as well as the when, where, and how to use that skill.

For children with disabilities, the impact of their disability can lead to difficulties in social communication and

interaction. Strain and Schwartz (2001), in a frequently cited article about social development of young children with autism spectrum disorders (ASD), describe the four functions social relations serve for all individuals: natural support, advocacy, social learning, and affirming. Each function serves the individual by providing for specific needs. For example, natural support functions as a support group for individuals that allow for access to social groups and provide support in completing tasks, while social learning provides individuals with information on relating to others, as well as opportunities to practice skills needed in a variety of social situations (Strain and Schwartz 2001). Strain and Schwartz (2001) emphasize that the support these functions of social relations are for all individuals, with or without disabilities.

Joseph et al. (2018) described several “mythconceptions” regarding social competence and friendship in early childhood. In their article, they address several misconceptions about social skills instruction, focus, and curriculum in early childhood. While we will not repeat the misconceptions presented by Joseph et al. (2018), we encourage readers to consider how evidence-based practices are used, the ways in which children with disabilities may be held to different social standards than their typical peers, and that social skills instruction does not occur during one specific time during the day, but is embedded throughout all curricular and social activities.

The authors recognize that social behaviors and norms vary by societal and cultural norms. However, the concepts described in this and following sections provide a broad perspective on the functions and purposes of social skills and social competence that can be applied in a variety of contexts. Overall, the understanding is that social interactions, regardless of context, serve a purpose for individuals. Without the skills necessary to select and use appropriate social behaviors, which are typically developed early in life, individuals are at a disadvantage.

### Long-Term Impact of Social Skills Deficits

Segrin (2019) conducted a study that demonstrated a relationship between poor social skills and poor outcomes for mental and physical health later in life. This is one of the first studies that linked poor physical health outcomes as well as poor mental health outcomes for individuals with poor social skills. The social skills measure looked at indicators that included providing emotional support to others, sharing information with others, ability to stand up to others (i.e., assertion), and relationship initiation skills (Segrin 2019). The impact of this study has implications for the importance of addressing social skill development in early childhood. As one can see, these higher social skills measured in Segrin’s study have links to the skills early childhood practitioners seek to develop—compassion for others, initiating and

responding in conversations, negotiation skills, expression skills, and play, to name a few. Strain (2001) highlighted the evolution of the treatment and measurement of social skills in early intervention, providing a perspective on what the focus of intervention should be (sharing, organizing play, helping others, and showing compassion) and that the most effective interaction partners are peers, without adult mediation. As we emphasize the importance of long-term outcomes of social skill development, we can link together the work Strain (2001) highlighted years ago related to early social skill development and the outcomes Segrin (2019) has demonstrated through study of long-term outcomes for those with poor social skills. It is clear that without intervention that is meaningful, thoughtful, and effective, the long-term impact for children with social development delays is bleak in regard to mental and even physical health.

### Early Childhood and Social Skill Development

In early childhood, social learning occurs in early childhood settings such as childcare centers and preschool. Without access to these opportunities, and when opportunities are impeded by delays in social communication and interaction, young children miss out on the opportunity to learn about social norms and practice social behaviors. The absence of these social relations results in missing important aspects of being an individual and participating in community and society activities. Without good social relations, individuals experience poorer quality of life across domains (Strain and Schwartz 2001). This notion of improvement in quality of life for individuals who experience ASD, learning disability, or behavior disorders when they receive support and instruction on social skills and behaviors is not a new idea. Many studies have been dedicated to examining the effects of a variety of social skills interventions to improve outcomes for, in particular, individuals with ASD (e.g., Camargo et al. 2014; Rumney and MacMahon 2017; Wong et al. 2015) as well as individuals with a variety of other disabilities such as emotional-behavioral disorders (e.g., Chen 2006; Gresham 2015), attention deficit hyperactivity disorder (ADHD; e.g., Evans et al. 2014), and intellectual disability (e.g., Brooks et al. 2015; Crnic et al. 2017). In sum, the emphasis on social-emotional development appears to be of particular interest and appears to have direct connections to improving quality of life and access.

The National Association for the Education of Young Children (NAEYC 2009), a United States-based organization with global engagement, outlined the importance of social experiences in the developmentally appropriate practice position statement:

Children’s early experiences, whether positive or negative, are cumulative. For example, a child’s social

experiences with other children in the preschool years may help him develop social skills and confidence that enable him or her to make friends in subsequent years, and these experiences further enhance the child's social competence and academic achievement. (p. 12)

Challenges in social skill development have the potential to inhibit opportunities for children with disabilities to form connections with their peers, making explicit instruction in social skills necessary (e.g., specific instruction on greeting others). As young children with disabilities are educated in more inclusive settings, they are often faced with increased opportunities to practice and polish their social skills (Myles et al. 2008). Children with disabilities educated in inclusive educational settings demonstrate a greater ability to communicate with their peers, in comparison to children in self-contained special education settings (Smith et al. 2015).

### Benefits of Inclusion

Defining *inclusion* can be complex, as there are several definitions and people mean a variety of things when they discuss inclusion. For our purposes, we will draw from the definition used by McCollow et al. (2015), who stated inclusion is “educating and integrating children and youth with disabilities in classrooms with their peers without disabilities, with full access to content and context, including access to general educators, peers, activities, and curriculum” (p. 40). In this way, we define inclusion as not only what it looks like (i.e., in classrooms or community with typical peers) but also processes of inclusion (i.e., access to general educators, peers, activities, community, etc.). Inclusion is active, not passive, in its implementation.

An additional component of inclusion is ensuring practitioners are appropriately supported. Fox et al. (2011) point out that many early childhood practitioners feel underprepared to support children with the most significant social needs in their settings. Robinson and Myck-Wayne (2016) provide a model for training practitioners to support natural social interactions in early childhood. Overall, the opportunities afforded in inclusive settings, where the practitioner is supported and has appropriate skills, benefit all children in the setting (Opertti et al. 2014). While there are many aspects of the implementation of inclusion that still need to be addressed, early childhood educators have a growing understanding of the benefits of inclusion for young children.

For young children with disabilities, the benefits of inclusion include gains in social competence and improvement in social play as well as achieving social goals (Robinson and Myck-Wayne 2016). For young children without disabilities, inclusion has been demonstrated to improve acceptance, awareness, and respect (Crnic et al. 2017). However, in order for inclusion to be effective and improve long-term

outcomes for children with and at-risk for disabilities, social skills instruction must be included. Indeed, believing that simply being “put with” typically developing peers will improve social skills and competence for children with social difficulties will not lead to improved outcomes (Gutierrez et al. 2007).

### Strategies to Support Social Skill Development in Young Learners

In the following section, we will highlight strategies that have a strong evidence-base and may be incorporated into inclusive settings. While many of the strategies have been used more extensively with children on the Autism spectrum, these interventions are applicable to other populations as well. Increasing social behaviors, including communication, play, interpersonal, and other skills, may be an instructional focus for a wide variety of learners who have learning goals in social-emotional development. We have structured this section by strategy in order to provide definitions and background research for each recommended practice. Further, each section is organized to provide an overview of the strategy, including its research base, a vignette of the strategy being used, considerations for implementing the strategy, and resources for further information on the strategy.

#### Social Narratives

Social narratives, also called story-based interventions or social stories, use individualized stories to describe social situations. Gray developed the Social Story© based on the premise that young children with ASD often have difficulty reading social situations and formulating appropriate responses (Gray and Gerand 1993). This tool often begins with an experience an individual is going to encounter (e.g., visiting the dentist, going to the airport) or a challenging situation (e.g., being told “no”, sharing toys, waiting in the lunch line). Social narratives may also help describe alternatives to socially inappropriate behavior (e.g., nose picking, cutting in line). The story is written from the perspective of the individual (e.g., “Sometimes I pick my nose...”) and is therefore flexible and able to be individualized to a specific learner. Social narratives have a strong evidence-base for use with learners with ASD and have evidence of effectiveness with learners as young as 3 years old, where the story may be read to them rather than reading the story independently (Wong et al. 2015). The target social behaviors that can be addressed using social narratives are varied, making it an effective strategy for focusing on specific social-emotional goals.

Social narratives may come in a variety of formats, depending on reading levels, interests, and needs. For

example, comic strips might be used to illustrate and model appropriate social behaviors (Glaeser et al. 2003). A PowerPoint or similar tool might be used to create a digital story that can be used by the child or adult reading to the child. Power cards are another strategy that can be used to support children in building social skills based on their interests, although the strategy relies on the child having close to grade level reading skills (Gunn and Delafield-Butt 2016). By creating a story specifically on the target social skill, the intent is for the skill to generalize. There is an opportunity for the child to have it made clear what the expected behavior is, what happens when they display the expected behavior, and how their behavior affects others around them. Coogle et al. (2018) provided examples of how social narratives might be used to address specific, targeted skill development for young children.

### Vignette

Noah, a 7-year-old diagnosed with a developmental delay, is preparing to go on his first airplane ride. Noah's parents have approached his teacher, Ms. Luke, about the upcoming trip and their concerns about Noah's lack of experience with this situation. Noah's father recently read information about parents creating social narratives, and reaches out to discuss this approach with the teacher. As Noah's parents and teacher work together to discuss solutions, they collaboratively review the social skills checklist and social support strategies table to consider options. Together they decide a social narrative would be an appropriate intervention for this situation. Ms. Luke develops a story with Noah as the main character and adds in details about where he is going, the situations he will experience (e.g., airport security, boarding, getting his luggage), and what he will be expected to do during his trip. She also provides Noah's parents with a step-by-step list on how she developed the social narrative so they have the tools to develop their own for future situations. Ms. Luke reads the story to Noah every day at school and sends home a copy of the social narrative so his parents can read the story to him before the trip and while on the trip. After his trip, Noah's parents tell Ms. Luke about how successful Noah was in navigating this new experience. After this experience, Noah's parents created social narratives to address social situations of concerns, resulting in positive outcomes and advances for not only Noah, also his entire family.

### Implementing

When practitioners identify social narratives as an appropriate intervention, they will need to identify a specific social situation or skill for the target child. The practitioner will then develop a social narrative that meets the social development needs and provides specific support for the identified

social situation. Depending on the age of the child, practitioners will need to decide the format of the narrative and the level of support they need for accessing the narrative. The narrative should be introduced to the child and read multiple times before the expected social situation. As always, ongoing progress monitoring should occur.

### Additional Resources

On Carol Gray's social stories website, <https://carolgraysocialstories.com/social-stories/>, professionals and parents are able to benefit from information highlighting not only the definition, history, and origins of the social story, however also practical application tools. For example, the social story sampler section offers 16 different examples of social stories that may be implemented to enhance social skill development. Additionally, supports are available through autism focused intervention resources and modules (AFIRM), a free resource. While visiting the social narratives webpage at <https://afirm.fpg.unc.edu/node/589>, participants are able to view free modules focusing on several factors related to social narratives. These topics include the basics of social narratives, as well as planning, using, monitoring, and applying social narratives in a variety of settings.

### Scripting

Scripting gives learners a written and/or verbal model of a social skill or situation that is then practiced before it is used (Ganz and Flores 2010). This gives the learner guidance on what to say and/or how to act in different social situations before the situation occurs through a visual representation of the verbal interaction (Meadan et al. 2011). For example, scripting may be used to teach a young child how to ask to share a toy with a peer. The script for this example would focus on the words the child would use in this situation. Scripting has been demonstrated to be effective for children as young as 3 years old, with an ability to imitate language (or read efficiently) being a prerequisite before considering use of this practice (National Autism Center 2015).

### Vignette

Ella, a 5 year old diagnosed with down syndrome, has been struggling with appropriately greeting her peers at the beginning of the day—her father has noticed her having a difficult time finding the right words to say when he drops her off at school in the morning. Her father approaches her teacher and asks about a strategy he recently read about online called “scripting”. Ella's teacher talks to him about the strategy and works with him to develop a script Ella can use in the morning to greet peers and staff. Ella's father works with Ella at home to practice using the script—they practice with Ella's



big brother and her neighborhood friends. Soon, Ella can greet peers and school staff each morning as she is dropped off at school.

### Implementing

Practitioners implementing scripting will select this intervention to support children who might struggle with knowing what to say or do in specific social situations. Once the social situation is identified, practitioners will develop a script for the child to follow in the target social situation. The script should be taught to the child over time and the child should be prompted with the script in the target social situation. To prevent an over-reliance on scripts, it is important to fade the use of the script, plan for generalization across settings and people, and incorporate spontaneous responses into using this strategy (National Autism Center 2015).

### Additional Resources

For practical application approaches related to scripting, interested parties may visit <https://www.autismspectrumlearning.com/improvingbehavioursocialscripts/> to find a document titled Promoting Social Understanding Using Social Scripts, along with a one-page document to download. Guidelines and examples of different sections of the script, including the title, perspective, coaching, alternative, and descriptive sentences assist readers with gaining examples and practical tips for application. In addition, Vanderbilt's Center on the social and emotional foundations for early learning webpage <http://csefel.vanderbilt.edu/resources/strategies.html#scriptedstories> offers seven different scripted stories for social situations, as well as a tip sheet to support social skill growth in young children through scripting.

### Pivotal Response Training

While pivotal response training (PRT) has been established as an evidence-based practice for children diagnosed with ASD, PRT is an approach for providing instruction on interpersonal as well as communication and play skills that relies on the child to initiate and self-manage behavior (Cadogan and McCrimmon 2015). PRT is described as a naturalistic applied behavior analysis treatment for increasing social communication and behaviors for individuals with ASD (Cadogan and McCrimmon 2015; Murphy et al. 2015). PRT allows for the loose training of social skills and behaviors (Pierce and Schreibman 1995), which is particularly helpful given the fluidity of social skills. The evidence indicates PRT is effective for learners ages 2–16 years old, with slightly better outcomes for learners under the age of 5 (Wong et al. 2015). In addition, PRT has been used in

a variety of settings, including at home with parents and other family members (e.g., siblings) (e.g., Gengoux et al. 2015; Koegel et al. 1996) and in school settings with teachers, staff, and peers (e.g., Murphy et al. 2015; Suhrheinrich 2015).

### Vignette

As childcare owner Ms. Bryan observes Jakob, a 3-year-old recently diagnosed with ASD, she notices his frequent glances to the block area as they complete the morning circle. Ms. Bryan and Jakob move to the block area during free choice time and she asks him to identify which blocks he would like to play with today, encouraging Jakob to take the lead in the social exchange. Drawing upon the identified interest, Ms. Bryan assists in facilitating the social exchanges between Jakob and Sarah, a peer that joins in to play in the block area. These exchanges are led by Jakob's interests; including multiple opportunities for choice making, initiating and responding, task variation, and natural reinforcement.

### Implementing

To implement, practitioners, as always, need to be familiar with individualized education program (IEP) and/or individualized family service plan (IFSP) goals and age-appropriate social skills. The practitioner, or implementer (e.g., peer, sibling, parent), first creates a natural opportunity for the child to engage (i.e., sets up a play arrangement that includes toys of interests, creates an opportunity to interact through an activity). The implementer then waits for the child to initiate a response, which can be verbal or gestural, and responds to the child, encouraging elaboration. Turn taking across responses is then encouraged as appropriate. Ongoing progress monitoring should, as always, occur to ensure effectiveness of the intervention.

### Additional Resources

Additional information regarding PRT may be gathered by visiting the AFIRM module focused on this topic. Available at <https://afirm.fpg.unc.edu/pivotal-response-training>, this module that contains four lessons provides extensive knowledge, as well as practical application guidelines. Other resources are offered for parents that may also be beneficial for professionals may be found at <https://www.autismparentingmagazine.com/what-is-pivotal-response-training/>. This webpage includes an infographic that highlights the details of PRT, as well as a free printable copy of the ultimate guide to PRT.

## Structured Play Groups

While there is a small evidence-base for structured play groups (a total of four studies based on the review of evidence-based practices by Wong et al. (2015), there is evidence of the effectiveness of using structured play groups with children ages 6–14 years old. Wong et al. 2015 describe structured play groups as “small group activities characterized by their occurrences in a defined area and with a defined activity, the specific selection of typically developing peers to be in the group, a clear delineation of theme and roles by adult leading and/or prompting or scaffolding as needed to support the students’ performance related to the goals of the activity” (p. 1960). This means practitioners using structured play groups will plan an activity with a specific theme and materials, will identify peers to be included in the play, and will lead the play activity through use of prompts and other supports. This provides support to children who experience difficulties with social skills, particularly in the areas of play, communication, and joint attention. Structured play groups have also been effective in reducing repetitive motor behaviors in children who also have difficulty with social communication and interaction (Loftin et al. 2008). Currently, research studies have included the use of LEGO® play in a structured play group (Legoff and Sherman 2006; Owens et al. 2008). In another study, the researchers utilized toys that promoted interactive play (Wolfberg and Schuler 1993).

### Vignette

In her early childhood classroom, Ms. Meissner determines several of her learners would benefit from a structured play group to develop play and turn-taking skills. She considers the activities that most motivate her students and decides LEGO® building blocks would facilitate the most interaction and are a shared interest among her three target learners. Ms. Meissner then selects three peers to participate in the structured play group to support and model appropriate play and turn-taking, picking peers that consistently demonstrate skills in these areas. Ms. Meissner plans for the structured play group to occur during center rotations so that she can create a group consisting of these six learners and provide facilitated support in the center while other learners in the classroom engage in other activities independently or with her classroom aide. Ms. Meissner prepares the structured play group activity by creating an activity schedule for building a LEGO® structure together (i.e., a task analysis showing step-by-step instructions for building a structure) and gathering LEGO® blocks for the learners to share. During the structured play group, Ms. Meissner facilitates the interactions among her learners, providing feedback and guidance as the learners work to build a LEGO® structure together. She continues the structured play group, varying

the LEGO® structure builds and, eventually, materials as the target learners build skills. Ms. Meissner also targets generalization of play and turn-taking skills by building in opportunities throughout the day for learners to practice these new skills (e.g., during exploratory play, during outdoor play, at snack/mealtime). As she monitors her learners, she has data that demonstrates improvements in play and turn-taking skills. Ms. Meissner can then begin to target additional and expanded skills.

### Implementing

It appears that, ideally, a practitioner implementing this strategy would carefully select the play activity and materials to ensure multiple opportunities for interaction and would select peers to help in facilitating the play activity. Much like peer-mediated strategies described in the next section, peer training may need to occur in order to garner support from peers. However, unlike in peer-mediated strategies, the practitioner, or another adult, would remain actively involved in the activity, providing support, redirection, and feedback as appropriate.

### Additional Resources

The Texas Statewide leadership for autism training webpage, located at <http://txautism.net/interventions/structured-play-group-spg>, offers the definition and research summary of structured play groups, as well as steps for implementation, and several different variations of possible play groups, along with practical application suggestions. Additionally, a video titled Fun and Learning with Structured Play Groups produced by the University of Louisville Kentucky Autism Training Center. Available at <https://www.youtube.com/watch?v=rOdHx3dWZho>, this webinar provides examples and application strategies.

### Peer-Mediated Strategies

Bell and Carter (2013) defined peer-mediated strategies as the involvement of one or more peers providing support to other students in their learning environment. In inclusive settings, this process often involves teaching typical peers to support evidence-based strategies that may be utilized to increase academic, social, or communication skills in peers with disabilities. Classmates could aid in the development, practice, and acquisition of vital skills to be successful in the learning environment and increase participation throughout a variety of settings. Peer-mediated strategies frequently result in a range of benefits for typical peers as well, in both academic and social areas of development (Harris et al. 2009). Increased social skill and language development, initiating play, improved turn taking and play initiation are

all skills that contribute to positive social exchanges in the early childhood environment. In addition, young children that become peer tutors for their friends with disabilities may build their self-esteem, self-confidence, and improve attitudes towards school (Winter 2007).

One specific peer-mediated strategy that has promising evidence for preschool age children is the *Stay Play Talk* strategy. With this strategy, peers are taught to stay with their partner (or friend), play with their partner, and talk with their partner throughout the day (Barber et al. 2016). Barber et al. (2016) demonstrated the strategy could be effective in increasing total initiations, frequency of responses, and reciprocal interactions between the *Stay Play Talk* peers. One of the important pieces of information their study provided was that the *Stay Play Talk* strategy decreased overall need for adult prompting in child interactions, an important consideration to having natural child social and play interactions (Barber et al. 2016).

### Vignette

As noon approaches, Ian is joined by two of his peers as they walk to the lunchroom. As a kindergarten student diagnosed with a developmental delay, Ian benefits from social interactions that occur with his typically developing peers as they participate in the “lunch buddies” program. Ian’s peers, Justin and Avery, have learned through direct instruction from their teacher how to model social conversation skills with Ian during the lunch period. These skills include turn taking, compromising, and role-playing as they interact with Ian, resulting in increased communication exchanges and confidence among all three peers.

### Implementing

Practitioners seeking to implement peer-mediated strategies will, as always, identify the individual goals of the child(ren) identified for intervention (e.g., goals in the IEP or IFSP). In addition, practitioners will need to identify peers to serve as models and/or tutors for the target child(ren) and provide training for the peers on effective strategies that can be used to engage and extend social interactions. It should then be determined when and how peers will provide support to the target child(ren). Ongoing monitoring of progress toward goals should occur to ensure the intervention is effective.

### Additional Resources

A resource provided by Vanderbilt University includes a detailed peer-mediated strategies resource available at <https://vk.mc.vanderbilt.edu/assets/files/resources/psiPeermedstrategies.pdf>. This document includes the definition, effectiveness, and types of peer-mediated strategies, as well as

detailed steps for implementation, including planning supports in context, selecting peers, preparing peers, and monitoring and providing feedback to peers. Another support focused on the types of peer-mediated strategies, guidelines for who should be peers, and tips for constructing a peer-mediated program can be found at <https://www.iidc.indiana.edu/pages/Incorporating-Typical-Peers-Into-the-Social-Learning-of-Children-with-Autism-Spectrum-Disorders>.

### Video Modeling

Video modeling is a widely studied strategy, with years of research supporting its use to address a variety of skills. It is currently evidence-based for use with children and youth ages 0–14 years old across a variety of domains including social skills, communication, joint attention, play, and adaptive behavior amongst other areas (Wong et al. 2015). Video modeling is a visual model of a target behavior using a video recording and display to “assist learning in or engaging in a desired behavior or skill” (Wong et al. 2015, p. 1960). The extensive evidence-base covers skills including giving compliments (Apple et al. 2005), social initiations (Buggey et al. 2011; Nikopoulos and Keenan 2003), social responses (Buggey et al. 1999), responding to strangers (Akmanoglu and Tekin-Iftar 2011), perspective taking strategies (Charlop-Christy and Daneshvar 2003; LeBlanc et al. 2003), engaging in play (Hine and Wolery 2006), sharing (Marcus and Wilder 2009), conversation (Sherer et al. 2001), helping others (Reeve et al. 2007), and playing with siblings (Taylor et al. 1999). While this is an extensive list of the research involving young children and use of video modeling, it is certainly not exhaustive. Today, with access to video recording devices being close at hand (typically in the phone held in one’s hand), video modeling is an accessible option for providing visual supports for children.

### Vignette

As the morning meeting ended and Mr. Goodwin encouraged the preschoolers to make activity selections with a friend during exploratory play, he turns his attention to 4-year-old Shelby. Shelby often chooses individual activities and often requests the use of the classroom iPad rather than playing with a peer. This pattern concerns Mr. Goodwin, as he wants to fully encourage growth of Shelby’s social skills, and he worries she misses out on social exchanges with peers. Upon reflection of Shelby’s past behavior, he realizes Shelby does not initiate play with any of her peers. Her only interactions appear to be with adults when she requests the use of technology or states a need related to hunger or using the restroom. Building upon Shelby’s interest in technology, Mr. Goodwin decides to use the iPad to film short videos of two of Shelby’s peers making a choice to play together,

building with blocks together, and sharing a short conversation about the blocks. When Mr. Goodwin shows Shelby the video, she immediately recognizes her peers in the video and is interested in watching it on the iPad. Mr. Goodwin shows Shelby the video before exploratory play each day and then asks Shelby whom she will play with today. After a couple of weeks using the video and noticing Shelby's initiations increase, Mr. Goodwin asks Shelby if she would like to be in a new video, playing with her friends. Shelby agreed, building a foundation of stronger social skills.

### Implementing

To implement video modeling, a practitioner will identify a skill a child needs support in mastering and will consider if it is one that can be captured via video. A practitioner will then select whether the child will be video recorded completing the skill accurately or whether a peer might be used as a model of the skill being completed accurately. The practitioner will then practice the skill with the target child or a peer, and will then record the child or peer. The completed video will be shown to the target child prior to the time in which the skill is expected to be performed, much like a social narrative is used. A video may even be used during a sequenced skill to show the child what step to take next. As usual, progress monitoring to evaluate the effectiveness of the strategy should be utilized.

### Additional Resources

The topic of video modeling is also addressed through an AFIRM module. At <https://afirm.fpg.unc.edu/video-modeling/>, individuals are able to learn not only the basics of video modeling, but also how to prepare and optimally facilitate the use of this social support. Another way to gain more information and examples of video modeling is to visit <https://www.youtube.com/watch?v=vTyouZyCMXc> to view a video titled How to Teach Social Skills: Social Skill Videos for Video Modeling. This webpage highlights a wide variety of situations with inappropriate and appropriate ways to manage social situations.

### Social Skills Training (SST)

SST, typically a published curriculum (e.g., *Dinosaur Curriculum* (Webster-Stratton 2000), *Superflex* (Madrigal and Garcia Winner 2008)), comprises a group of practices taught in small and large group settings with individuals as young as 2 years old (Fettig 2013). These practices include addressing conversation skills, friendship skills, emotion recognition, problem solving, social competence, and perspective-taking, as well as specific skills such as turn taking, sharing, and asking for and offering help (Collett-Klingenberg 2009).

Kroeger et al. determined children between 4 and 6 years old made more gains in social skills when taught in direct instruction teaching groups (Kroeger et al. 2007). Previous research has demonstrated gains made in social-emotional development and behavior for those preschool-age children with disabilities who participated in a social skills curriculum (U.S. Department of Education, Institute of Education Sciences, What Works Clearinghouse 2013). SST provides instruction in social skills and competence in a systematic way.

### Vignette

As Mr. Taylor leads small group time during the preschool day, he begins the activity by posing a question to the children enrolled in the inclusive half-day program, "What are things that might be hard to do here at school?" As the 4-year-olds share examples that come to mind, Mr. Taylor notices Grace, a preschooler diagnosed with Down syndrome, crossing her arms and looking down at her shoelace that has become untied. The group works together to talk about appropriate ways to ask for help in different situations at school, such as tying a shoe, reaching a toy, and finishing a task. He then has his learners role play asking for help while he provides guidance.

### Implementing

Practitioners seeking to implement SST will be familiar with the individual goals (e.g., Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP)) of the child(ren). Drawing on professional knowledge of development of social skills and competence, practitioners can then identify appropriate curriculum for addressing the developmental needs and IEP/IFSP goals. Naturalistic opportunities can also be utilized to meet goals, for example, identifying a circumstance as one in which the child is lacking the appropriate social skills.

### Additional Resources

A wide range of supports are available to offer specific examples of SST strategies. For example, the SST AFIRM module, at <https://afirm.fpg.unc.edu/social-skills-training>, provides basic knowledge about the approach, as well as activity-based scenarios to assist with application. In addition, What Works Clearinghouse provides a summary of the effectiveness of three SST models to assist decision making to optimally support social skill development. This intervention report is available at [https://ies.ed.gov/ncee/wwc/Docs/InterventionReports/wwc\\_socialskills\\_020513.pdf](https://ies.ed.gov/ncee/wwc/Docs/InterventionReports/wwc_socialskills_020513.pdf).



## Even More Resources

Many of the professional organizations supporting the field of early childhood and special education offer globally focused approaches to support social skill development in young children facing a wide variety of settings and opportunities for skill enhancement. For example, the National Association for the Education of Young Children webpage highlights social skill development in children during infancy/toddlerhood, preschool, kindergarten, and early primary at <https://www.naeyc.org/search/social%20skill%20development>. In addition, the Division for Early Childhood provides a range of supports through their Resources webpage, available at <http://www.dec-sped.org/resources>. Details are offered regarding recommended practices, learning decks, and resources to support practice, just to name a few. The Council for Exceptional Children also provides publications to support social skills, including a variety of approaches and benefits for learners impacted by disabilities. Through the webpage <http://pubs.cec.sped.org/category/social-skills/>, approaches based on friendship, peer support, and classroom practical tools and suggestions are provided.

## Selecting and Using Strategies

As was briefly discussed under SST, supporting those responsible for implementing these practices is of utmost importance now that there is a depth of evidence for the effectiveness of these high-impact social skills practices. Indeed, without support for implementation, the practices that research has demonstrated to be effective for improving outcomes for learners will not reach those learners (Odom 2009). This support can be given at two levels in particular: early childhood practitioners and parents of young children. Table 1 illustrates areas in which a child may have difficulty, along with possible strategies to address those areas of challenges.

Early childhood practitioners working in early intervention/early childhood settings should be prepared to provide a strong foundation regarding social skill development. Practitioners need to understand and implement evidence-based and best practices while utilizing strategies for optimally supporting growth in young children. There must be a match between skills and intervention (Strain et al. 2011). A tool to support practitioners in determining which strategies may be effective for addressing social skill development for children is the checklist in Table 1. While a practitioner may be familiar with many strategies, deciding which strategy to use may be complex. Thus, the checklist might be used to match a target skill (e.g., joint attention) with possible intervention strategies (e.g., peer-mediated strategies). This

**Table 1** Social support strategies

Child has difficulty with	Possible strategies to utilize
Joint attention	Pivotal response training Peer-mediated strategies Parent-implemented interventions
Play	Social narratives Pivotal response training Structured play groups Peer-mediated strategies Video modeling Parent-implemented strategies
Initiation	Scripting Pivotal response training Structured play groups Peer-mediated strategies Video modeling Social skills training
Turn taking	Pivotal response training Structured play groups Peer-mediated strategies Social skills training Parent-implemented interventions
Sharing	Scripting Structured play groups Peer-mediated strategies Social skills training
Conversation	Scripting Pivotal response training Structured play groups Peer-mediated strategies Video modeling Social skills training
Emotion recognition	Social skills training
Problem solving	Social narratives Social skills training
Socially appropriate behaviors	Social narratives Scripting Structured play groups Peer-mediated strategies Video modeling Social skills training
Emotion/self-regulation	Social narratives Scripting Video modeling Social skills training
Navigating environments	Social narratives scripting Peer-mediated strategies Parent-implemented interventions
Perspective taking	Social narratives Social skills training

may be helpful in narrowing down potential strategies and also in identifying specific areas of need for young children, an important step in prioritizing targets and goals.

## Parent-Implemented Strategies

While the previous sections have focused on practitioner implemented or peer-mediated strategies, another set of strategies focuses on parents implementing evidence-based strategies. The view of parent-implemented strategies as a positive support for the development of young children is widespread among the literature. The vital importance of these approaches is important to study as we focus on early intervention models and supports (Oong et al. 2013). Silleret et al. (2013) highlighted the longitudinal research centered on gains for young children with disabilities when parents engaged in interventions. In addition, several specific benefits for learning and development of young children when parent-implemented strategies are utilized are also documented. Approaches implemented by families typically occur in the natural environment, increase the hours of intervention children receive, and increase long-term use of the skills supported (Wetherby et al. 2014). Other researchers have discovered significant gains for young children with disabilities when parent-implemented strategies were employed (Ingersoll and Wainer 2013).

## Conclusion

In summary, several strategies are available for providing instruction and opportunities to build social skills and competence for young children with developmental disabilities and children who are at-risk. When practitioners and families are considering which strategy or strategies to implement, understanding what areas a child needs support in can aid in identifying appropriate approaches. Engaging in the decision-making process by considering areas of need, as well as areas of strength for the child will help in matching intervention to skill development and provides an opportunity for being a more effective approach. Parents, caregivers, and families are also an important component in providing support and opportunities for social skill development. Parent-implemented strategies are effective for supporting generalization during skill development. We have provided a table with social support strategies (Table 1) that can be used by practitioners, as well as families, to match target areas with possible strategies. We have also provided resources for further exploration of specific strategies.

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