

Social Competence and the Child with Learning Disabilities

by Richard D. Lavoie, M.A., M.Ed.



Since the inception of the field of learning disabilities in the 1960s, helping professionals have concentrated their resources and energies in the remediation and improvement of academic skills. Countless hours of classroom time have been devoted to the children's mastery of the skills related to language arts, mathematics and science. Finally, in the mid-1980s the field began to recognize the critical importance of social skills in the development and ultimate success of individuals with learning disabilities.

Research and observation clearly demonstrates that individuals with learning disabilities tend to be less accepted by peers, interact awkwardly and inappropriately in social situations and are socially imperceptive.

The goal for these children is to achieve an appropriate degree of social competence. Social skills are a collection of isolated and discrete learned behaviors. Social competence refers to the smooth sequential use of these skills in an effort to establish an ongoing social interaction.

There are two schools of thought related to the nature and causes of social incompetence. Proponents of the first hypothesis argue that social skill deficits are the result of the same neurological dysfunctions that cause academic problems. The second hypothesis holds that the social disabilities are caused by the child's chronic school failure and the rejection that often results. These researchers feel that the child has been unable to practice these social skills because of this isolation.

The cause of social incompetence is far less important than its effect. School-aged children and adolescents need to be accepted and supported by their peers. Their social incompetence often prevents them from establishing and maintaining such relationships. Consider the comments of Doreen Kronick, noted expert in learning disabilities and related social deficits:

To become a friend means to become interested in, and somewhat knowledgeable about the other person's interests, be sensitive to their needs and feelings, compromise on activities, laugh off differences, be supportive, allow the other person freedom to interact with others and spend time with themselves, be elated by their successes, share their sorrows sensitively, be able to communicate your pleasure, displeasure and anger without such communication being destructive to either party, and change and grow as your friend changes and grows. I wonder whether many learning disabled adolescents possess the sensitivity, empathy, flexibility, maturity, and generate sufficient interest and excitement to maintain such friendships.

Common Questions Related to Social Skill Development

Does formalized research support the concept that individuals with learning disabilities have deficient or ineffective social skills?

Yes. The research indicates that individuals with learning disabilities:

- are more likely to choose socially unacceptable behaviors in social situations
- are less able to solve social problems

- are less likely to predict consequences for their social behavior
- are less likely to adjust to the characteristics of their listeners in discussions or conversations
- are less able to accomplish complex social interactions successfully (i.e., persuasion, negotiation, resisting peer pressure, giving/accepting criticism, etc.)
- are more likely to be rejected or isolated by their classmates and peers
- are more often the objects of negative and non-supportive statements, criticisms, warnings and negative nonverbal reactions from teachers
- are less adaptable to new social situations
- are more likely to be judged negatively by adults after informal observation
- receive less affection from parents and siblings
- have less tolerance for frustration and failure
- use oral language that is less mature, meaningful or concise
- have difficulty interpreting or inferring the language of others

Do all individuals with learning disabilities experience social skill difficulties?

No. Research and observation indicate that some learning disabled students have a degree of social competence that is equal to or superior to their peers. However, social skill deficits create major obstacles for a significantly large subgroup of learning disabled students and adults.*

What factors or characteristics may contribute to an individual's social skill deficits?

There appears to be four characteristics that are shared by many individuals with learning disabilities who also have pronounced social skill deficits.

- COGNITIVE TRAITS:** Social skill deficits are more common among individuals with certain language processing deficits or measurable cognitive limitations.
- SEVERITY OF LEARNING DISABILITY:** Social skill deficiencies are more prevalent among individuals with severe or complex learning disorders.
- GENDER:** Females are more likely to experience social adjustment problems than are males.
- HYPERACTIVITY:** Individuals with ineffective impulse control tend to have more pronounced social skill problems.

What techniques are effective in the evaluation and monitoring of social skill deficits?

Before a skill can be effectively remediated, it must first be assessed and evaluated. Currently, there is no widely-accepted assessment tool that can provide the parent or professional with this critical information. There are, however, a number of techniques and strategies that can be utilized to secure a valuable "snapshot" of the individual's social capabilities and deficiencies.

Sociometric devices. These instruments are designed to evaluate an individual's relative popularity within a peer group. They generally consist of a survey wherein all members of a group are required to place the names of their colleagues in rank order based upon traits such as popularity and cooperation. In effect, sociometric devices use a polling procedure to determine the social acceptability of individuals within the group.

These devices generally provide a valid instrument for determining social competence. However, they tend to be somewhat reactive and often reflect the constantly changing "in group/out group" dynamic that is common among school-age groupings.

Teacher-ranking systems. This strategy requires the teacher to record and measure the frequency of each child's social interactions with classmates. Such systems can be valuable but, much like sociometric

devices, provide no diagnostic information related to the quality of the interactions.

Behavior-rating scales. These checklists are completed by parents, teachers or peers and are used to measure a specific child's social behavior. They are valuable in determining the specific social skill deficits that require attention and remediation. They also provide data for a comparison of a child's social skills in a variety of disparate settings, for example, the home, the classroom, and the playground.

Interviews. This strategy is often quite effective for students with learning disabilities as it does not require extensive reading or writing skills. It also allows for a more intimate look at a child's social competence because it encourages anecdotes and the citing of specific situations and incidents.

Observation codes or checklists. Observation code strategies consist of highly-formalized observation measures. The examiner observes the child in a structured, social setting such as a reading group, scout troop meeting, or cafeteria, and objectively records the specific social behaviors of the child. The codes focus upon a small cluster of observable behaviors, for example cooperation, self-talk, and sharing; they can be quite valuable in diagnosis of skill deficits as well as evaluation of training effectiveness. Observation checklists are conducted in a similar manner and, again, focus upon a small cluster of observable behaviors.

The Social Autopsy

A social autopsy is an innovative strategy wherein an adult assists a socially deficient child to improve social skills by jointly analyzing social errors that a child makes and designing alternative strategies.

The accompanying video outlines the basic philosophy and procedures involved in the social autopsy process. The video format does not, however, allow for a detailed explanation of the fine points of this unique strategy. Below are some reflections upon this field-tested and highly successful procedure.

In order to ensure the success and generalization of the social autopsy procedure, the process should be taught to all adults who have regular contact with the child, for example, bus drivers, administrators, grandparents, cafeteria workers, and baby-sitters. In this way, the child will participate in dozens of autopsies daily, in a variety of settings. This intense exposure will foster growth and generalizations of target skills.

Use social autopsies in order to analyze successful social interactions on occasion. When the child has been particularly appropriate in a social setting, assist him in examining and identifying the behaviors that contributed to these positive situations. In this way, he is more likely to repeat those behaviors in other settings.

The success of the autopsy approach is linked to the fact that it provides the child with the three things that special needs students require in order to develop and learn:

- practice, or drill
- immediate feedback
- positive reinforcement

Keep in mind what the social autopsy process is...and what it is not:

IS	IS NOT
a supportive, structured constructive strategy to foster social competence	a punishment
a problem-solving technique	negative
an opportunity for the student to actively	controlled/conducted exclusively by the adult

participate in the process conducted by any significant adult in the child's environment	a "one-time" cure for the target behavior or skill
most effective when conducted immediately after the social error	
generally held as a one-to-one session	

The autopsy process is particularly effective in enabling the child to see the cause/effect relationship between his social behavior and the reactions of others in his environment.

During autopsies, the child may have difficulty analyzing and identifying his own feelings and emotions. For example, the child may report that he is "mad" at his friend when, in fact, he is actually jealous. The Kline scale, developed by consultant Adam Kline, can be a useful tool to assist the child in identifying and classifying his feelings. A copy of the Kline Scale appears at the end of this booklet.

Students with social competency problems also have paralinguistic (non-language) deficiencies that can be effectively isolated and remediated via the social autopsy approach. Among these deficiencies are:

- **KINESICS** (inability to read body language of self or others). Manifestations may include: failure to respond to facial expressions of others; inability to "read" feelings and attitude of others; incorrect use of gestures.
- **PROXEMICS** (inability to understand how physical space communicates with others). Manifestations: stands too close in social situations; stares; avoids eye contact; touches inappropriately.
- **VOCALICS** (inability to understand how volume pitches of voice communicates to others). Manifestations: misinterprets sarcasm; talks in monotone; talks too fast or too slowly; talks too loudly or too softly.

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Social Skill Autopsies: A Strategy to Promote and Develop Social Competencies

By: Rick Lavoie (2005)

Janet and I were enjoying a wonderful dinner at the home of friends. The hosts, Jerry and Linda, were the parents of a terrific young girl who attended our school. Barbie, twelve years old, had significant learning and language problems, and these difficulties often caused social difficulties. Her impulsivity and her inability to monitor her language effectively often created embarrassing situations for Barbie and her family.

Barbie joined us for dinner, and the five of us were enjoying an exceptional meal and stimulating conversation. The discussion turned to automobiles. "We're going to get a new car next week! It's s-o-o-o beautiful and it has a CD player. It's very fancy...not a cheap car like yours!" Barbie blurted out, excitedly.

The table went silent. Jerry was humiliated. Linda was near tears. Barbie, unaware that her comments were offensive, continued her conversation.

Jerry erupted. "That is the rudest thing you have ever said, young lady! Leave the table right now and go to your room." Confused, Barbie sheepishly left her seat and went to her bedroom, closing the door behind her.

The four of us quietly continued our meal under a pall of embarrassment. Jerry knows me well enough to recognize that I did not approve of his response. He finally broke the uncomfortable silence by saying, "Okay, Rick. I know that I blew that one."

"What did I do wrong? What should I have done?"

Reluctant to convert the meal into a consulting session, I replied, "We can talk later."

"No, really, Rick, I want to know. She's always doing that kind of thing. We punish her, but it doesn't seem to help."

"Jerry," I began, "you are wonderful with Barbie. You are her most effective teacher! What if you were trying to teach her the multiplication facts and she said that five times three equaled twenty. Would you have yelled at her and sent her to her room?"

"Of course not," Jerry responded. "I would have taught her the right answer so she would know it the next time."

"Exactly," I countered. "And that's what you need to do when she makes social errors, too."

This incident gave birth to the concept of the "Social Skill Autopsy." This technique is now used in schools and homes throughout North America and has been effective in improving the social competence of thousands of children. The strategy is based upon three basic tenets.

1. Most social skill errors are unintentional. It is universally accepted that a primary need of all human beings is to be liked and accepted by other human beings. Therefore, if a child conducts himself in a manner that causes others to dislike or reject him, can we not assume that these behaviors are unintentional and far beyond the child's control? Why would a child purposefully defeat one of his

primary needs?

2. If you accept the premise that the offending behavior is unintentional, it becomes obvious that *punishing* a child for social skill errors is unfair, inappropriate, and ineffective.
3. Traditional approaches to social skill remediation are not effective.

These strategies—role-playing, demonstrations, videotaping, lectures, discussions—seldom have a positive impact on the development of children's social competence. They may have a temporary short-term effect, but the results are seldom lasting and do not often generalize to other settings.

The Autopsy approach provides the socially struggling child with an authentic real-life "laboratory" in which he can learn, develop, and apply effective social responses to actual social dilemmas. This authentic approach parallels the LD child's tendency to learn more effectively in practical situations. If you want to teach dining-out skills, conduct the lesson in a restaurant; teach bus etiquette on the bus; and so on.

Before outlining the process of the Social Skill Autopsy, it is useful to explain what this process is *not*. This technique is not intended to be a reprimand, a scolding, or a punishment. Neither should the Social Skill Autopsy be solely controlled by the adult, without input from the child. This strategy should not be viewed as a one-time intervention. Rather, the effectiveness of the Autopsy will be greatly enhanced if the strategy is used frequently. The technique will be ineffective if it is used in a hostile or angry manner. The child should feel secure and supported throughout the Autopsy process.

The Autopsy approach has been extremely effective in modifying and improving the social competence of children in a variety of settings. The technique is easy to learn and can be utilized by family members, babysitters, bus drivers, or coaches. By training all of the adults in the child's life, you ensure that he will be benefiting from dozens of Social Skill Autopsies each day. This intensive exposure will foster growth and generalization of the target skills.

The success of this strategy lies in the fact that it provides the child with the four basic steps in any effective learning experience:

- practice
- immediate feedback
- instruction
- positive reinforcement

Scolding, reprimanding, and punishing provide none of these elements.

Barbie was sent away from the table for her inappropriate remark, but no teaching, learning, or reinforcement occurred. As a result, an important learning opportunity was lost. Nothing occurred to make the behavior less likely to be repeated in the future.

Another reason that the Social Skill Autopsy approach is so effective is that it enables the child to clearly see the cause-and-effect relationship between his social behavior and the responses and reactions of others. Children with social skill difficulties often are unable to recognize this relationship and are frequently mystified about the reactions of their classmates, teachers, siblings, and parents. As a child once told me, "People get mad at me all the time and I just don't know why."

The Social Skill Autopsy strategy can be a very effective and responsive technique if used properly. It is critical to be mindful that an Autopsy should be conducted as an instructional, supportive, and nonjudgmental intervention. It should be conducted as soon as possible following the offending behavior and should not be viewed—by the adult or the child—as a scolding or negative interaction.

Conceptually, the Social Skill Autopsy is based on the idea of a medical autopsy. Webster's dictionary defines *autopsy* as "the examination and analysis of a dead body to determine the cause of death, the amount of physical damage that occurred, and to learn about the causal factor(s) in order to prevent reoccurrence in the

future." The working definition of a Social Skill Autopsy is "the examination and analysis of a *social error* to determine the *cause of the error*, the amount of damage that occurred, and to learn about the *causal factor* (s) in order to prevent reoccurrence in the future."

The basic principle is to assist the child in analyzing actual social errors that she has made and to discuss the behavioral options that the child *could* have utilized in order to have improved the situation.

In seminars, I often cite a classic Social Skill Autopsy that I conducted in a dormitory. I was walking the halls of the residence when I heard loud arguing in Tom and Chip's dorm room. I entered the room and inquired about the nature of the argument.

"It's Tom!" Chip bellowed. "Yesterday I bought a brand-new tube of toothpaste. Tonight, Tom borrowed it and lost it!"

I turned to Tom and said, "Let's autopsy this!" I began by asking Tom to tell me what had happened. He explained that he was unable to find his own toothpaste. He borrowed his roommate's tube, although he was unable to locate Chip in order to get his permission. He went down the hall to brush his teeth in the bathroom. As he was brushing, Jim (a mutual friend of Chip's and Tom's) entered the bathroom and asked Tom if *he* could borrow the toothpaste. Jim passed it on to yet another student and its current whereabouts was now unknown.

The following dialogue took place:

LAVOIE: "Okay, Tom, I understand what happened. What do you think your mistake was?"

TOM: "I know, Mr. Lavoie. I won't make that mistake again. I promise. I never should have borrowed Chip's toothpaste."

LAVOIE: "No, Tom, that *wasn't* your mistake. It's okay for you and Chip to borrow things from each other occasionally. You are roommates and friends. You borrow his stuff and he borrows yours. That's not a problem."

TOM: "Oh, okay. I've got it now. I know my mistake. I shouldn't have lent Jim the toothpaste. I should have told him, 'No.' "

LAVOIE: "Nope, that's not your mistake, either. Chip and Jim are good friends, too. Chip surely would not have minded you lending an inch of toothpaste to his friend Jim. Try again!"

TOM: "I've got it! I shouldn't have let go of the tube. I should have squeezed the toothpaste onto Jim's brush and then returned the tube to Chip!"

LAVOIE: "Bingo, Tom, you've got it! Our social lesson for the day is not 'Do not borrow,' it's not 'Do not lend.' Rather, our lesson is 'When you borrow something from someone, it is your responsibility to be sure that it is returned. You cannot give that responsibility to anyone else.' Got it?"

TOM: "Yup, I've got it!"

LAVOIE: "Okay, let's make sure. Suppose you stuck your head into my office and said, 'Mr. Lavoie, all the kids are playing catch and I don't have a baseball glove. Can I borrow the baseball glove that you keep in your closet?' I say 'yes' and toss you the glove. While you are playing catch, your dorm counselor comes over and tells you to return to the dorm to finish some chores. As you head off the field, one of the kids asks to borrow the glove because you won't be using it. What are you going to say?"

TOM: "I'd say, 'Sorry, but it's not my glove, so I can't lend it to you. It belongs to Mr. Lavoie. Why don't you come with me while I return it to his office? Then maybe you can ask him to borrow it.' "

LAVOIE: "Great! Now, Tom, I want to give you a little social homework. Today you learned that it is important to return what you borrow and that you can't give that responsibility to anyone else. Sometime this week, I want you to use that skill. I will check in with you on Friday and you can tell

me how and when you did it!"

As you see, the Social Skill Autopsy has five basic and separate stages:

1. *Ask the child to explain what happened.* You will want to have him start at the beginning, if possible. However, some children give a more accurate and complete accounting of an incident if encouraged to begin with the climax of the event and work backwards. Don't interrupt or be judgmental. You want his clear recollections.
2. *Ask the child to identify the mistake that he made.* This is an important and interesting part of the Autopsy process. Many times, the child will be unable to determine when and where the error occurred or his interpretation is inaccurate.

Tom initially felt that borrowing the toothpaste was his error. It wasn't. Had I merely punished Tom ("Give Chip three dollars for a new tube of toothpaste"), Tom would have erroneously felt that his mistake involved borrowing the toothpaste.

Often, a child will get in trouble with an authority figure, but the child will have no idea what he has done wrong. "I got in trouble at practice today." "What did you do?" "I dunno. But I got the coach mad!"

How can a child stop repeating a social error if he is unable to determine or understand what the error is?

3. Assist the child in determining the actual social error that he made. Discuss the error and alternate social responses. At this point in the discussion, the adult should avoid using the word *should*. ("You *should* have waited your turn," "You *shouldn't* have asked the principal if he wears a toupee.") Rather, use the word *could*: "You *could* have asked if you could take your turn next because Mom was coming to pick you up early," "You *could* have asked the principal about his new car or complimented his ties." This strategy underscores the concept that children have options in social situations.
4. The scenario is *the part of the process wherein the adult creates a brief social story that has the same basic moral or goal as the social faux pas.* The scenario should have the same basic solution as the incident. It should require the child to generate a response to the fabricated situation that demonstrates his ability to generalize and apply the target skill.
5. Social homework is *strongly recommended by Syracuse University psychologist Arnold Goldstein as a strategy to ensure the mastery and application of the target skill.* This step requires the child to use the target skill in another setting and report back to the adult when this had been done. This technique causes the child to seek out opportunities to apply the social skill that he has learned. In the toothpaste scenario, I assigned Tom the task of using the skill of appropriate borrowing. A few days later, he excitedly told me that the dormitory counselor had lent him her large snowman mug when the dorm students had cocoa on a wintry night. As Tom was rinsing out the mug, another student asked if he could borrow it. Tom told him that he was not at liberty to lend the mug, but encouraged his dormmate to ask the counselor if he could use it. Tom's application of the "borrowing concept" demonstrated that he is well on his way to mastering this skill.

Children respond very well to this strategy, and, if it is correctly applied, they do not view the technique as a scolding or a reprimand. On the contrary, they come to view the Autopsy as an intriguing and effective strategy designed to improve their social competence. Students actually request Autopsies when they are involved in a social interaction that they do not understand. A fourteen-year-old girl once entered my office and asked, "Mr. Lavoie, can you help me? Last night my sister called me from college and we ended up

having a big argument. I know that I said *something* wrong that made her angry, but I don't know *what* I did. Can we do an Autopsy on the call?"

Remember the Autopsy is:

- a supportive, structured, constructive strategy to foster social competence
- a problem-solving technique
- an opportunity for the child to participate actively in the process
- conducted by any significant adult in the child's environment (teacher, parent, bus driver)
- conducted in a familiar, realistic, and natural setting
- most effective when conducted immediately after the social error

It is not:

- a punishment or scolding
- an investigation to assign blame
- controlled/conducted exclusively by an adult
- a one-time "cure" for teaching the targeted social skill

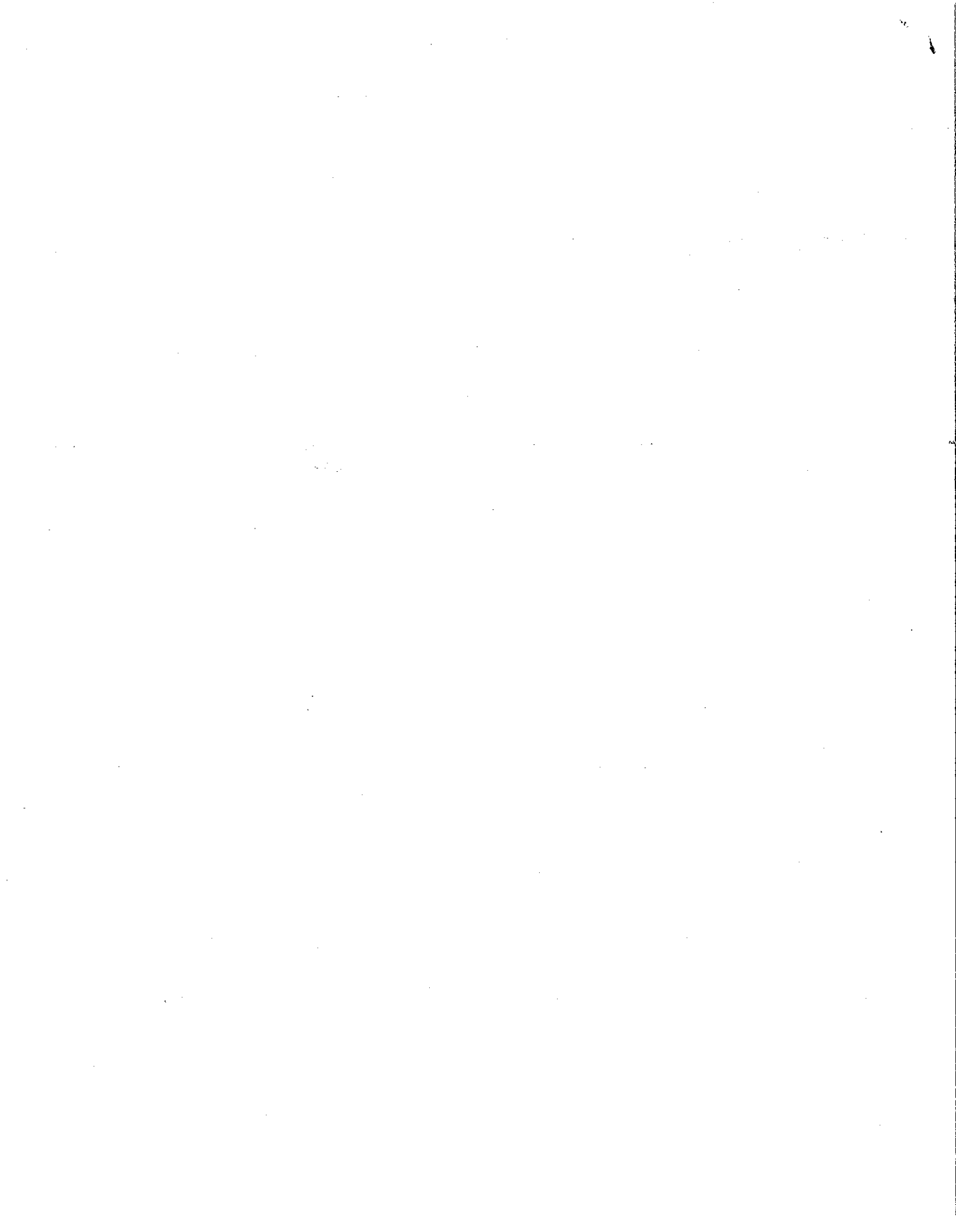
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Saturday, December 5, 2009

Promoting Social Skills using Social Autopsies

Frequently children with special needs require training and support for them to develop appropriate social skills. This post is based on the book "Social Skill Autopsies: A Strategy to Promote and Develop Social Competencies" by Rick Lavoie (2005). Social skills autopsies are designed to be a supportive structured, constructive strategy to help a child develop social competence. Unlike some other social skills training techniques, it focuses on errors the child actually makes and helps him or her to better understand how to avoid making the social error in the future.

According to Lavoie, the Social Skill Autopsy has five basic and separate stages:

1. **Ask the child to explain what happened.** You will want to have him start at the beginning, if possible. However, some children give a more accurate and complete accounting of an incident if encouraged to begin with the climax of the event and work backwards. Don't interrupt or be judgmental. You want his clear recollections.
2. **Ask the child to identify the mistake that he made .** This is an important and interesting part of the Autopsy process. Many times, the child will be unable to determine when and where the error occurred or his interpretation is inaccurate. Tom initially felt that borrowing the toothpaste was his error. It wasn't. Had I merely punished Tom ("Give Chip three dollars for a new tube of toothpaste"), Tom would have erroneously felt that his mistake involved borrowing the toothpaste. Often, a child will get in trouble with an authority figure, but the child will have no idea what he has done wrong. "I got in trouble at practice today." "What did you do?" "I dunno. But I got the coach mad!" How can a child stop repeating a social error if he is unable to determine or understand what the error is?
3. **Assist the child in determining the actual social error that he made .** Discuss the error and alternate social responses. At this point in the discussion, the adult should avoid using the word *should*. ("You *should* have waited your turn," "You *shouldn't* have asked the principal if he wears a toupee.") Rather, use the word *could*: "You *could* have asked if you could take your turn next because Mom was coming to pick you up early," "You *could* have asked the principal about his new car or complimented his ties." This strategy underscores the concept that children have options in social situations.
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this skill.

Research shows that many children respond very well to this strategy. One key is that it be applied in a positive supportive way so it is not viewed as scolding or a reprimand. In combination with other social skills building programs, can be an effective tool to help children with socialization issues to understand what is going wrong in specific social interactions and help them avoid making the same mistakes in the future.

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Posted on Saturday, December 5, 2009 at 12:23 PM by Dawn Gregg

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SOCIAL AUTOPSIES

CHARACTERISTICS OVERVIEW CHART

Verbal Skills	Grade Levels	Cognitive Level	Areas Addressed
<input type="checkbox"/> Nonverbal	<input type="checkbox"/> PK	<input type="checkbox"/> Classic	<input type="checkbox"/> (Pre)Academic/Cognitive/Academic
<input type="checkbox"/> Mixed	<input type="checkbox"/> Elementary	<input type="checkbox"/> High Functioning	<input type="checkbox"/> Adaptive Behavior/ Daily Living
<input type="checkbox"/> Verbal	<input type="checkbox"/> Middle/High		<input type="checkbox"/> Behavior <input type="checkbox"/> Communication/Speech <input type="checkbox"/> Social/Emotional

BRIEF INTRODUCTION

A social autopsy is a problem-solving strategy designed to support social skills. Students who have difficulties understanding social interactions can use a social autopsy as a way to analyze the social errors they made. Through the process, the student learns more effective interactions (Bieber, 1994).

DESCRIPTION

Mainly developed for students with learning disabilities, the social autopsy can help students understand the often subtle procedures involved in social interactions by analyzing social errors that they committed and choosing alternative solutions to correct the errors in the future. Working with an adult, the student analyzes an inappropriate behavior and learns about successful interactions or behaviors in the situation. In order to implement the desired behavior or generalize the strategy, Lavoie (cited in Bieber, 1994) suggested that the procedure involve all relevant people, including parents, teachers, bus drivers, administrators, and cafeteria workers.

An instructor first identifies situations for teaching successful interactions and supporting a student in a social setting. The student examines the positive interactions or behaviors in the setting and practices them in an effort to increase her likelihood of implementing the behaviors in other settings.

Lavoie emphasized that the social autopsy provides practice, immediate feedback, and positive reinforcement. The social autopsy is usually conducted by a significant adult for the student in a one-to-one session.

Examples of where social autopsies may be used include:

- Ignoring others' greetings
- Asking a question in a class without raising hand
- Continuing to talk on the same topic
- Sneezing without covering own mouth

STEPS

The student can analyze with an adult as follows:

1. *Identify the error.* The student describes to an instructor what happened and identifies what the error was. Identifying the correct emotions about the error can be difficult. The instructor helps the student understand the moment. In addition, the instructor teaches the unspoken rules that govern people's behavior in a given setting.
2. *Identify the persons who were hurt by the error.* Lack of theory of mind can be an obstruction in identifying others' feelings or thoughts about the error. Teaching theory of mind may become a central aspect for this step.
3. *Decide how to correct the error.* The student may need to observe the natural setting in which the desired behavior can happen. The instructor helps the student identify what other people do in the same situation and how the consequences can be different.
4. *Develop a plan that does not cause the error.* Based on the identified way to alter the error, the student makes a plan and writes down in the worksheet what to do for the next time.

Social Autopsy Worksheet
What happened?
What was the social error? Who was hurt by the social error?
What should be done to correct the error?
What should be done next time?

BRIEF EXAMPLE

Kevin, who is in the fifth grade, is always talking about his favorite topic, spaceships. Whenever he had a chance to talk with peers, no matter what the current topic was, he started to talk about spaceships. Ms. Reed, a special education teacher, decided to conduct a social autopsy with Kevin during lunch time. Kevin was asked to observe peers in the cafeteria and to make notes about general topics of people's conversations. Ms. Reed helped him to understand what small talk means and the social function of such talks. Kevin analyzed the general conversation, including the length of time each person spoke, the taking of turns, changing of topics, etc.

Kevin became aware of many conventional ways people meet and greet each other. With a peer's assistance, Kevin was able to practice social interactions based on his findings from the social autopsy. He was excited to interact with his peers because he now understood why people say certain things or behave in certain ways in social situations.

SUMMARY

A social autopsy can be used to analyze social errors and to find an appropriate way to correct them. An adult instructor helps the student understand social interactions and the desired behavior in a setting.

RESEARCH TABLE

Number of Studies	Ages (year)	Sample Size	Area(s) Addressed	Outcome
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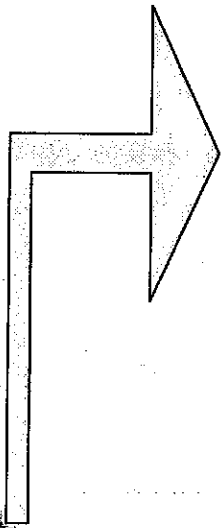
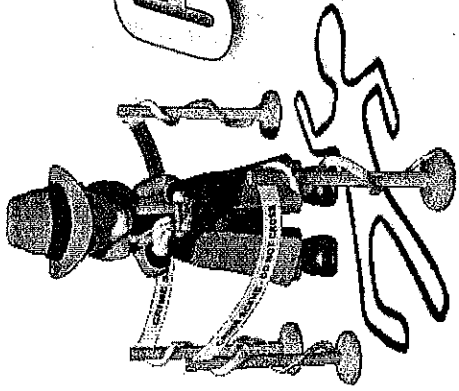
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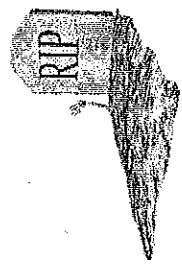
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Lavoie, R. D. (1994). *Learning disabilities and social skills with Richard Lavoie: Last one picked ... First one picked on* [Video and Teacher's Guide]. (Available from PBS Video, 1320 Braddock Place, Alexandria, VA 22314-1698).

RESOURCES AND MATERIALS

- Asperger Syndrome and Six Strategies for Success: http://www.ccbd.net/documents/bb/BB_V14N1_Aspberger.pdf
Social autopsies are defined on page 5 of this seven-page pdf. There are also other helpful strategies for use with students with Asperger Syndrome.



Here's what was going on:	Here's what I did that caused a social error:	Here's what happened when I did that:	Here's what I should do to make things right:	Here's what I'll do next time to keep it alive:
				

Based on Rick Lavoie's social autopsy information 1994- the child can draw, write, or dictate each step.

