



Bòrd SSN nan Eilean Siar  
NHS Western Isles

Social Communication Team

# Early Intervention for Children with Social Communication Difficulties



# Contents

<b>introduction</b>	<b>3</b>
<b>Food for Thought</b>	<b>3</b>
<b>Triad of Impairment</b>	<b>3</b>
<b>Section 1: Social Communication</b>	<b>4</b>
Social Communication	
Developing Understanding	
Developing Meaningful Spoken Language	
<b>Section 2: Social Interaction</b>	<b>6</b>
Ways of Connecting	
Imitation	
Intervention Strategies	
<b>Section 3: Imaginative Play &amp; Flexibility</b>	<b>8</b>
Intervention Strategies	
<b>Section 4: Play</b>	<b>10</b>
Areas to Work on Through Play	
Areas to be Aware of	
Ways of Connecting	
<b>Section 5: Description of Toys</b>	<b>11</b>
Soft Non-Functional Toys	
- Cause & effect Toys	
- Musical Toys`	
- Functional Toys	
- Imaginative Toys	
<b>Section 6: Summary</b>	<b>11</b>
<b>Section 7: Adult Interactive Skills</b>	<b>11</b>
<b>Section 8: Challenging Behaviours</b>	<b>11</b>
<b>Further Information</b>	<b>12</b>

# Introduction

This booklet contains strategies for parents to help develop their child's social interaction and communication skills. There are also ideas for encouraging your child's imaginative play and how to use toys they are interested in to do this.

## Food for Thought

From birth onwards we learn how to function in our daily lives by learning formal and informal rules, by picking up subtle cues and by negotiating how we fit into this social jigsaw. We learn to read situations and respond appropriately, building on previously laid foundations.

This is the complex nature of social development, a mixture of rules, expected behaviours and social norms where everyone is expected "just to know" how it all pieces together.

A child with autism may not "just know" and as a consequence, struggle in these areas which we all take for granted.

## Triad of Impairment

Children who have autism have impairments in the following three areas:

- **Social Communication**
- **Social Interaction**
- **Imaginative Play**

These are often referred to as the Triad of Impairment.

These impairments are different in each child, some having more or fewer difficulties than others. Some children may also have an additional learning disability.

As well as autism, many other factors play a key role in your child's development, such as their personality and life experiences, all combining to create a unique individual.

Finally, children with autism also always experience a wide range of sensory sensitivities or difficulties.

# Section 1: Social Communication

Imagine being in a very unfamiliar situation.

For example, you are asked to live in the Amazon with a native tribe for three months. Neither the tribe's people nor you can communicate very well through language. You try to observe their routines but just when you think you understand them, they change. You observe codes of conduct and try to adhere to them but these are unpredictable and change depending on the situation and who is involved. When people speak to you, you feel stupid and frustrated because you can't understand them. Their gestures are alien to you. Overall, you feel confused, frustrated, anxious and worried. You want to withdraw, avoid interaction, and be on your own. If only someone could understand how you feel.

Some children with autism have difficulties understanding and using language but also in understanding non-verbal communication, such as eye contact, facial expressions, body language and gestures.

It is often quite difficult to determine the child's true level of understanding as routines, context and other cues all make it easier for children to understand what's going on without them necessarily understanding the words. Moreover, their desire, need or motivation to communicate may be absent or greatly diminished.

## **Developing Understanding**

In order to help your child understand language you need to be able to pitch your own language at the right level. For some children this may mean using single words such as "juice", "toast" and "shoes."

Initially minimal use of language may be less confusing for the child, only building words or phrases when it is clear that he/she understands the meaning. Supplement your language by holding the object you are speaking about, for instance "shoes" or where possible give some form of visual clue, i.e. a picture/symbol.

Use gesture, vocal emphasis (loud/quiet voice, high/low pitch) and physical contact to aid your child's understanding. Focus on input, i.e. modelling of words or phrases for your child as opposed to trying to elicit anything too mechanically. If the child has difficulty in comprehension he/she is less likely to use language appropriately and meaningfully.

Sometimes we get caught up in the moment and use language as we would in everyday situations with people who have no language difficulties. This can be overwhelming for a child with autism and can often lead to the child disengaging.

Silence can be a useful way of restoring calm in extremely stressful situations, allowing both you and your child time to gain composure. There is also much to be gained through observation and reflection. Many of the child's unique behaviours can be observed when you sit back quietly and simply watch.

## **Developing Meaningful Spoken Language**

Forms of communication that existed before your child could speak are necessary to the development of meaningful language as your child grows. Therefore, pointing and gestures should be incorporated into everyday activities where and when possible.

Bring objects up to eye level and encourage the child to look up, therefore maximising the opportunity for eye contact.

Use pointing when you can, shape the child's hand and finger into a point and share toys, books and objects together.

Use songs such as "eye, nose, cheeky, cheeky chin etc..." making it a two way process and therefore reciprocal. Encourage turn-taking and sharing of games.

If your child can use certain words or phrases give him or her time to use them, shaping any sounds or attempts at words into meaningful language. He/she may echo words, phrases, songs or video clips which can be very misleading, as this form of repetition may not be social in nature or hold any true meaning.

At other times children echo words and phrases said by others as a way to process language. Whatever the child repeats, it is important that the adult attempts to give it meaning.

Encourage and reinforce all attempts to communicate non-verbally to decrease your child's level of frustration. Try to engage the child in the social use of language. If they have routine phrases, try to change them, make them into interactive games, sing the words and use actions, exercising any means by which to engage with your child, develop vocabulary, and encourage greater flexibility.



## Section 2: Social Interaction

A child with autism may have difficulty in understanding, forming and maintaining social relationships. The child may not wish to engage in interaction and withdraw. On the other hand he/she may wish to draw you in on the play but take control of what course this play takes. Some children are keen to be involved but do not know how to act appropriately and are therefore avoided by other children.

As with all the areas of impairment each child has their own individual profile and can be quite different to the next, which challenges the stereotypical portrait of the aloof, socially withdrawn autistic child. The child may not be able to read what another person is thinking and believes their thoughts are everyone's thoughts. This is sometimes referred to as "mind blindness" and can hinder the development of meaningful relationships. This can often lead to the child doing his/her own thing and not taking into consideration the other person's needs or desires.

### *Ways of Connecting*

It is up to us as adults to discover what interests and excites the child and to use these likes where and when possible. It is important to make interactions exciting and fun. This can be achieved by making large exaggerated movements and interesting noises which capture the child's attention.

Play down at the child's level (i.e. on your knees, all the while trying to make some form of social connection). Although this can be physically and emotionally tiring, the "fruits of your labour" often appear from the child when least expected.

However, if the child is already over stimulated you may wish to bring the play down a notch or two. A good way of doing this is using calm or quiet imitation.

### *Imitation*

Evidence suggests that there are many benefits to imitation. It can increase eye contact and make the child more socially aware of their environment. If you think about sitting on a bus and the person across from you starts to copy your every move and vocal sounds, you would become very aware of him/her.

Initially you may squint out of the corner of your eye, then as time marches on you may look across, give an unwelcoming stare or become interested in this strange phenomenon. This interaction had made you acutely aware of yourself.

Thus, imitation by another can make us more aware of our environment and ourselves. If you make an intentional movement and the other person copies you, for instance jumping up and down, this is a very powerful feeling as you learn that you can influence your surroundings. Imitation can be a good way of gaining the child's attention and keeping it. As mentioned above, imitating your child can help restore calm in stressful situations.

### *Intervention Strategies*

You could begin with scarves, bean bags, etc, where there is no designed purpose for these objects, and therefore there is no right or wrong way of playing with them. As mentioned earlier, be creative and use these objects imaginatively, offering ideas and examples.

Always give the child time to process the information. It is human nature to jump in and take over when the response does not come quickly enough. BE PATIENT.

Always be creative and social even when playing with functional toys such as tea sets or dollies. When playing with an animal inset tray, make the giraffe drink from the cup, which could be a stacking cup. Throw a ball, bounce a ball, catch a ball, sit on the ball, use the ball in all different ways. Extend these ideas and when appropriate encourage role-play.

These examples will increase the child's flexibility and if some of these skills can be generalised it will have a knock-on effect at home and in the nursery, where the unpredictability of life is not so threatening.





## Section 3: Imaginative Play & Flexibility

Children with autism can have restricted imagination, demonstrating rigidity of thought and inflexibility, resulting in obsessive and ritualistic play. This repetitive quality can make the child's play uncreative.

For example, pretend play (for example using a banana as if it were a telephone) which usually develops around 18 months can be impaired in children with autism. However, other children may be able to play imaginatively, although this can often be centred on restricted interests such as role playing as Scooby Doo or a Power Ranger.

It is therefore difficult to determine if it is truly imaginative or simply a form of re-enactment from previously seen footage. Lining up toys, repetitively pressing buttons, holding two like objects, carrying around a particular toy (for example, a train) for no meaningful purpose (i.e. non functionally), can all be the result of an impaired ability to think creatively. This may be one of the reasons why child with autism prefer predictability and explains why a change of routine can cause distress.

### **Areas to Be Aware Of:**

Strategies children use to avoid interaction:

- avoidance
- withdrawal
- leading the adult to another object
- lying down
- sleeping
- self absorption
- absorption in a toy
- making noises out loud
- cuddling
- placing hands over ears
- over use of toilet
- screaming
- crying

### **Ways of Connecting**

Toys are a useful way of gaining a child's attention, holding their interest and allowing us some way of connecting.

We call our toys tools, i.e. they help us achieve our goal, which is not simply to play with the toys but to interact with the child and find a common ground. We do not necessarily use all the toys for their designed purpose. As well as working on the various areas mentioned above, we want to increase the child's flexibility and stretch their development. This is difficult to achieve if the child's play is repetitive.

When playing with a toy, we try to use our imagination and make, for instance, a scarf into a skirt, a belt, a handkerchief etc. We find varied ways of playing with the one object demonstrating that a toy or object can be used for different purposes. This can be extremely difficult for the child to take on board and they may be distressed. It is therefore useful to be subtle in your approach, constantly assessing and reassessing how the child is coping.



When you have run out of ideas for that toy, bring another toy into the play without removing the old toy and continue to think up imaginative ways in which to join these two objects. You will keep the child's attention for longer as opposed to finishing with the old toy and moving on.

In doing this you are helping to increase their flexibility, extend their ideas whilst stretching their attention span and preventing routines from developing. Furthermore, you are engaging socially through fun activities.



## Section 4: Play

Play can be a fun way of accessing any child's world. However, for a child with autism play can be confusing, threatening and intrusive especially if another child or adult is initiating it. Nevertheless it is important for the adult to discover and explore ways in which to engage and connect, as it is through play that the child can develop new skills, reinforce established routines, learn from others, gain confidence and enjoy human contact.

You will have to adapt your play skills to meet the needs of each individual child.

### *Areas to Work on Through Play*

- Eye Contact (never forced or required, only offered and responded to)
- Pointing
- Turn Taking
- Sharing
- Gesture
- Language
- Avoidance of Interaction
- Flexibility
- Obsessive Behaviours
- Ritualistic Routines
- Tolerance/Change

### *Intervention Strategies*

Try imitating a child's every move, breaths, vocal sounds, words and actions. Try to be their mirror image and see how they respond.

You can use toys or objects. In this case it is best to be prepared by using pairs of objects like two drums or two feathers.

Make sure your environment is not a busy one, clear your area and give yourself space. If too many objects are around they will only act as distractions. If it's your first time imitating try to gently approach the child and start imitating.

You can become more demonstrative once the child is used to you imitating him/her. The eventual aim is to turn the imitation around so that the child copies you, and as a consequence is more open to learning from their social environment.

## Section 5: Description of Toys

### *Soft Non-Functional Toys*

- Scarves
- Bubbles
- Feathers
- Blankets
- Bean bags

### *Musical Toys*

- Drums
- Tambourines
- Cymbals
- CDs
- Keyboard

### *Imaginative Toys*

Any of the previously listed used imaginatively

### *Cause and Effect Toys*

- Spinning tops
- Jack in the box
- Pop-up toys
- Push & Go car

### *Functional Toys*

- Tea sets
- Car/transport
- Baby doll sets
- Hairbrush sets

## Section 6: Summary

- Use your observation skills
- Give the child time to respond
- Use pausing effectively
- Use what the child likes and adapt it i.e. let the child lead
- Gently/gradually introduce your own ideas
- Sometimes use no language and only gesture
- Do not clutter yourself or the area with toys
- Try using only one toy and build up gradually
- Try imitation/use paired objects
- Gently try to introduce your own ideas

## Section 7: Adult Interactive Skills

- Big, loud exaggerated gesture
- Animated, fun and exciting
- Eager, motivated and energetic
- Quiet, silent, low key
- Calm

## Section 8: Challenging Behaviours

Lastly, some children who have autism demonstrate challenging behaviours. These can usually be understood when you start to look more closely at what has happened prior to the outburst.

A need for the child to control the environment can often be a trigger when he/she finds it very difficult to accept that another person is doing something that they do not want. Patterns of

behaviour can be established early on where the child responds to things not going their way, for instance, by screaming, hitting out or by harming themselves (i.e. head banging).

This can be a very effective way to make the other person stop what they are doing or back off. This can be especially difficult when trying to get on with daily life (i.e. shopping, visiting relatives, etc.). It can knock the adult's confidence and make them want to avoid situations outside the home. Therefore, it is important whilst the child is young to re-establish boundaries and patterns of behaviour, enabling both child and parent to be more comfortable in their roles.

## Further Information

For further information please contact:

Social Communication Team  
Speech & Language Therapy Department  
Western Isles Hospital  
MacAulay Road  
Stornoway  
Isle of Lewis HS1 2AF

Tel: 01851 708282  
Email: [wi.asdteam@nhs.scot](mailto:wi.asdteam@nhs.scot)

## We are listening - how did we do?

We welcome your feedback, as it helps us evaluate the services we provide. If you would like to tell us about your experience:

- speak to a member of staff
- visit our website [www.wihb.scot.nhs.uk/feedback](http://www.wihb.scot.nhs.uk/feedback) or share your story at - [www.careopinion.org.uk](http://www.careopinion.org.uk) or 0800 122 31 35
- tel. 01851 708069 or 07814 071868 Monday-Friday between 9am-5.30pm.

Version 2 Review Date: September 2023  
Produced by: Speech & Language Therapy Department, Western Isles Hospital.  
*Adapted from Scottish Centre for Autism Early Intervention Booklet.*

### Disclaimer

The content of this leaflet is intended to augment, not replace, information provided by your clinician. It is not intended nor implied to be a substitute for professional medical advice. Reading this information does not create or replace a doctor/patient relationship or consultation. If required, please contact your doctor or other health care provider to assist you to interpret any of this information, or in applying the information to your individual needs.