

For those of us committed to helping children overcome learning challenges, the quest to teach social skills is particularly important. Social learning impairments are associated with a wide variety of learning disabilities, although *they are especially problematic for people with nonverbal learning disabilities (NLD), noted to have underdeveloped right-hemisphere abilities*, including deficits in:

- reading facial expressions
- perceiving emotions
- using nonverbal communication (body language)

The constellation of social skills deficits often encountered in school age children are perhaps best described as *pragmatic communication* deficits, which encompass challenges understanding social conventions and applying social cognitive skills. On the next page you will find some common examples of pragmatic communication skills. This table is taken from my book, *Boys of Few Words: Raising Our Sons to Communicate and Connect*, © 2006.

Pragmatic (Practical) Communication Skills	
PHYSICAL	Examples
Maintaining appropriate conversational distance	Other children may complain that “he’s bothering me,” or say “tell him to stop touching me” while playing together. Sometimes inserts himself physically into a group of children by pushing or nudging others out of the way in order to join the conversation.
Eye contact	Doesn’t look others in the eye; hides behind hair/hat/sunglasses; stares to the point of discomfort.
Linking gestures with ideas and emotions	Body language doesn’t match speech (thanks you for giving him a desired gift but slumps and stares off into space); waves too strongly or too unenthusiastically for the circumstances; forgets to reinforce emotion with body language.
Using facial expression effectively	Facial expressions don’t convey interest in other people; expression is not congruent with topic or situation; doesn’t nod to show he gets the point, looks furious at small disappointment; forgets to smile
VERBAL	
Attending to time and place	Talks too fast; doesn’t know when to interject a comment or let others speak, doesn’t know how much information to share (goes on and on about a subject to someone’s obvious irritation).
Turn-taking	Consistently interrupts; doesn’t perceive when it’s someone else’s turn to talk.
Voice modulation	Has trouble with prosody (pitch, tone, volume, inflection); speaks too softly or loudly without regard for physical proximity (you’re across the room but he doesn’t raise his voice to answer you).
Giving compliments	Doesn’t know how to give a compliment relevant to a person and circumstances; sometimes unintentionally insults people (“you’re a lot less fat than you were”)
Greetings and Good-byes	Doesn’t know how to introduce himself to individuals or groups; can’t initiate social contact (avoids parties and gatherings); doesn’t know how to close a conversation (just walks off when he’s done talking); doesn’t shake hands/share hugs with close friends or family members;

	forgets to say "hello"
THINKING	
Detecting emotions in other people	Doesn't consider other people's emotional state before speaking (you're in the middle of an argument with someone and he asks you to make him a snack); doesn't realize when it's time to "back off"; doesn't read signs about how you feel (thinks you're mad when you're not)
Perceiving and expressing humor	Takes jokes, sarcasm or irony literally; laughs at inappropriate times; doesn't engage in word play or friendly teasing with peers
Knowing how to make conversational transitions	Forgets to take his turn in conversations (calls you up on phone and then says nothing); discussions filled with uncomfortable "dead space"; doesn't pick up on "leads" to continue conversation (So, you like baseball? Who's your favorite team?)
Anticipating other people's reactions	Neglects to consider the impact of his words before speaking; can't easily imagine how his words or actions will be perceived by others (says he likes one present more than another at his birthday party without anticipating that someone's feelings will be hurt).
<i>**All these skills should be considered in an age-appropriate context. Many of these skills are developed in adolescence. Compare your son's abilities relative to his peers.</i>	

Why Are Social Skills So Hard To Learn?

Most people use social skills quickly and automatically, and as a result, don't have the benefit of time to analyze which skills will be used in particular situations, or how best to apply them. When our social reflexes are well-attuned and effective, we don't need time to think - we just do and say what comes naturally.

Important to emphasize is that social skills are built on a foundation of interpersonal awareness. Without an appreciation of other people's nonverbal behavior, including sensitivity to nuances of language rhythm and intonation (prosody), it is difficult to formulate appropriate and constructive verbal and behavioral responses. In addition to having a basic awareness of other people, having an empathetic orientation toward others is very helpful in bolstering one's intuition about how to relate effectively. As some readers may be aware, a disproportionate number of children and adolescents with learning disabilities are observed to have low empathy.

To be in an empathic relationship with another person or group is the opposite of self-absorption. Empathy implies a departure from a state of self-centeredness, and immersion into the subjective experience of others. By definition, empathy is prosocial, because it emphasizes the value of comprehending and appreciating the thoughts and feelings of other people.

We all function in various types of groups: families, schools, teams, neighborhoods, and communities, among others. Social skills make our participation in these groups easier and more satisfying. Although lack of empathy has been associated with the presence of NLD, I would argue that what is missing for many learning disabled children are *overt* expressions of empathy, as are often conveyed through pragmatic communication. This is very different from the absence of empathy found among antisocial children and adolescents.

Many children with nonverbal learning disabilities are better understood as being *asocial*, meaning that they can appear indifferent to social interaction.

We Can Help Teach Children to Solve Their Own Social Problems?

Not long ago, I was leading a social skills group for 3rd and 4th grade boys, about half of whom had been identified as having a learning disability. We were huddled in my office with kids bunched on sofas, sitting on the floor, and twirling in my desk chair. One seven-year-old boy, Grant, resisted joining in our group activity, which was to design and build a big “cyborg”. He stood near the door on the periphery of the group with a scowl on his face and body language that conveyed his fear and distrust of the group. Grant wasn’t responding to cajoling and encouragement to join us. I tried all kinds of approaches, changing the tone of my voice and my facial expression, in search of the combination that would help him join in. Still, he would not budge.

Several years earlier, my frustration probably would have resulted in me taking Grant outside and pleading with him to sit down and join the group. That’s because I used to have the faulty impression that “leading” a group, meant “controlling” the group. Since then, I have come to appreciate the extraordinary strong will of boys to do things in ways that reflect their own logic about how problems should be solved.

As the situation unfolded, it became apparent that Grant’s resistance provided the boys with a good problem-solving opportunity, and so I posed a question to the group. Did anyone have any ideas about how we could get Grant to join us? Most of the kids responded with suggestions of various kinds of rewards: games, candy, or premium seating (twirling chair). One typically shy boy, Tyler, suggested we could “buddy-up” so that everyone could have a partner, including Grant. Tyler also suggested that buddies sit next to each other so they could share tools. Most of the boys agreed this was a good idea and so we began a discussion of how buddies would be chosen. Again, Tyler spoke up, suggesting that Grant could pick his buddy.

Throughout this process, I was watching Grant closely, and was struck by his awareness of the group’s concern about him. His facial expression changed from one of distrust to a cautious grin. He’d obviously had some significant doubt about whether the boys would accept him, and how he would fit in – figuratively and literally. Tyler’s leadership in breaking through his fears paved the way for his integration in the group. As you might imagine, I felt very proud of Tyler for his sensitivity to Grant, and his ability to apply that sensitivity through active problem-solving. Although he never verbalized Grant’s feelings, Tyler’s suggestions were, emotionally speaking, quite sophisticated, and reflected an understanding of what Grant was feeling.

Socializing is not a “Logical” Process

When we think about teaching social skills to children, it is a natural step for us to begin thinking about skills as component parts of a larger system. While this may be a logical and practical way to go about the teaching of a “system,” it is not necessarily the best, or only, aspect of a therapeutic process designed to facilitate the development of social skills.

In addition, for individuals such as psychologists or counselors who may teach social skills, there is a tendency to systematize the teaching of such skills in limited periods of

time, such as teaching one skill per session for 12 – 15 weeks. When social skills are taught to groups this approach may be inevitable, but when working with children individually, there is typically more latitude, including allowing the child to play an important role in how the learning evolves. Experience has taught me not to exclude the importance of the relationship between teacher and student, or therapist and client, in helping children integrate new skills. In this sense, professionals allow the process of learning to be as organic as would be the process of healing syndromes like depression or anxiety.

An excellent working alliance is a critical foundation for learning most things, including how to relate to others.

This is because gaining social competence is more than conceptually grasping “skills,” it also involves relaxing enough to take risks – trying new things with uncertain outcomes.

From Skills to Awareness

Perhaps we need to remember that for the brain and mind to integrate new ideas, a fertile ground of receptivity must first be prepared. That receptivity often springs from an effective, trusting, working alliance. For many children, this means engaging in therapeutic and relational activities that are not purely didactic, because such structured activities are often associated with domains where they lack success. In other words, you can make it fun – play *is* the work of children.

While I would never want to give up my use of behavioral charts and records, or surrender my collection of therapeutic games designed to teach things like communication pragmatics and listening skills, I have come to believe that those exercises are somewhat empty without a solid alliance between my clients and myself.

The alliance gives children and teens the capacity to be receptive. Sometimes, people may not even be aware of their own resistance to learning new skills. For children with learning disabilities, these walls often come down slowly, but they do come down with tools like patience, commitment, and belief in the desire of children to connect with others.

Anything that might help a child connect the development of social awareness with a positive outcome should be considered a potential tool. Still, *we should remember that what we are building with these tools is a mind*, and a mind is not a machine – it is the very essence of being a person. We simply can’t program a mind according to standards of efficiency without regard for the individual within whom that mind lives.

This article originally appeared in the 2004 monograph of the *Learning Disabilities Association of Pennsylvania*. Portions of this article were adapted from Boys of Few Words: Raising Our Sons to Communicate and Connect, Guilford Press, 2006.

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