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NORTHERN ILLINOIS UNIVERSITY

How are Social Stories used by Speech-Language Pathologists?

A Thesis Submitted to the

University Honors Program

In Partial Fulfillment of the

Requirements of the Baccalaureate Degree

With Upper Division Honors

Department Of

Allied Health & Communicative Disorders

By

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How are Social Stories used by Speech-Language Pathologists?

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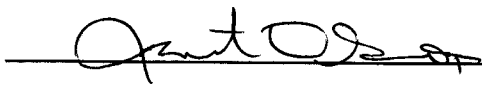
Faculty Approval Signature 

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ABSTRACT (100-200 WORDS):

Developed by Carol Gray, Social Stories ™ are used as an intervention method to help individuals understand social situations (Howley, 2005). In particular, individuals with autism spectrum disorder have benefited from the use of social stories for revealing implied and "hidden" social information that is vital for social interaction and understanding. This study conducted a survey about the creation and implementation of social stories used in the scope of practicing speech-language pathologists. The participants were all licensed and accredited speech-language pathologists from a clinical outpatient work setting. Their years of practice ranged from 5-40 years. Examination of the surveys revealed that social stories were used to target problem behaviors, following routines, interacting with other children, and understanding emotions. The process of creating and implementing the social stories remained constant across all the

surveys. The challenges implementing social stories differed across the surveys and included identifying explanations and motivations for each child.

Introduction

Autism spectrum disorders (ASDs) are developmental disabilities that affect individuals in multiple aspects of their life but particularly impact social development. Social interaction is a fundamental component of development in both children and adults (Howley, 2005). However, many people living with autism spectrum disorders face social challenges and difficulties in everyday life. The social challenges experienced by individuals with ASDs include difficulty understanding others' thoughts, emotions, feelings, and intentions. These challenges make social interaction with others difficult and often frustrating. The behavior of children living with ASD is often described as socially inappropriate, however, their social responses are based upon their unique experiences and understanding of the social world surrounding them (Howley,2005). In response to this pervasive problem, Carol Gray developed an intervention method known as Social Stories™ (Howley, 2005).

Social stories are written to help individuals with ASDs understand social situations. They can help an individual's adjustments to change, provide insight about others mental states and intentions, and can also be used to teach specific social skills (Kuoch & Mirenda, 2003). Essentially, social stories provide individuals living with ASD information that are hidden and implied in social contexts. Carol Gray describes this approach as providing missing information about the perspectives of others and about relevant social cues (Howley, 2005). According to Hutchins & Prelock (2006), social stories are short stories written with the intent to inform, advise, and reflect upon social situations. Social stories

are written for various reasons, including, changing problematic behavior, recognizing achievements and celebrating success, explaining, reassuring, and preparing for events. This intervention method is individualized and takes into account the child or adult's personal interests and motivation. This in conjunction with other factors such as developmental age, reading and comprehension ability, attention span, and preferred learning style are crucial to writing the social story for each individual (Howley, 2005). The content of social stories are comprised of three basic sentence types: descriptive, perspective, and directive. In addition to the content, the presentation of social stories is critical to its success. According to Howley (2005), individuals with ASDs are often described as visual learners. The strengths of individuals with ASD typically include precocious literacy skills and a predilection to using visualization in the development of understanding. These strengths are capitalized in the creation of social stories (Hutchins & Prelock, 2006). Objects, photographs, pictures, and symbols can be used to make the social stories more meaningful to the individual. Carol Gray's key aim in using social stories is to develop social understanding within an individual (Howley, 2005).

There have been a number of studies investigating the effectiveness of social stories. Kuoch and Mirenda (2003) investigated the effectiveness of social stories on three young children, all of whom were diagnosed with autism spectrum disorders. The dependent measures were the specific problem behaviors targeted for each child. Some of the targeted behaviors included aggression, yelling when asked to share, inappropriate gestures, and cheating

when playing games. This study resulted in decreased problematic behaviors in all three children, and upon check-up, these results were maintained over time.

Another study, done by Hutchins and Prelock (2006), employed a social story intervention in conjunction with use of comic strip conversations. This one was a family-centered assessment. The success of the social stories in this study was indexed by informant measures of target behavior change. Both subjects' families' created a diary about the changes seen in their child's behaviors or lack thereof. Also, a 10-point scale was used to measure change in the child's problematic behaviors. The intervention in this study was successful with one child and unsuccessful with the other. Reasons for this discrepancy were not explained. The case that did not yield any changes in behavior may have resulted from the complications associated with the child's pre-existing medical condition of seizures. Her seizures made inclusion in her class difficult. This child also found the process of creating comic strip conversations highly anxiety provoking.

Chan and O'Reilly (2008) implemented social stories in general education inclusion settings. They focused on the social communicative behaviors of two students, both diagnosed with autism, and enrolled in full-inclusion Kindergarten classrooms. Their social stories aimed to increase positive behavior and decrease undesirable behavior. Some of the subjects' undesirable behaviors included inappropriate social interactions such as standing too close to others, inappropriate vocalizations during class activities, and inappropriate social initializations to play with peers. Both cases resulted in a decrease in

undesirable behaviors and an increase in positive behaviors such as appropriate social initiations and hand-raising.

Despite the success of social stories in some cases, there is still a lack of information pertaining to the efficacy of this intervention method. Reliably measuring the efficacy of social stories is difficult. Previous research has utilized systematic observations of target behaviors; however, this is not an appropriate index of socially valid outcomes (Hutchins & Prelock, 2006). There are many factors that need to be considered when measuring the efficacy of social stories. Some factors include who creates them, who implements them, how often the stories are read, and where the stories are read. In addition, more information needs to be provided on the impact of social stories when they are used in isolation versus in conjunction with other intervention methods (Chan & O'Reilly, 2008).

Method

Participants

All participants currently work in an outpatient clinical setting. Additionally, on participant also reported working at a public preschool. The years of experience and clinical practice range from 5, 12, 19, and 40 years.

Procedure

A survey consisting of 11 questions was created to gather more information about the use of social stories by speech-language pathologists. The survey, as seen in Appendix 1, targeted information about how social stories are being used in the scope of their practice. The survey gathered information about

targeted goals with social story use, as well as the details surrounding the creation and actual implementation of the stories. Information on the preparation of the social stories and measurements of efficacy were also included.

The surveys were distributed to practicing speech-language pathologists with varying areas of expertise and specialty. On collecting the surveys, the responses were critiqued individually and compared to the others for patterns. Using the survey data, the application of social stories was better defined through examining the similarities, differences, and congruencies amongst the clinical use of them.

Results

Survey 1

Participant 1 has targeted both receptive and expressive language goals with social stories. The goals targeted most often with social stories include vocabulary and following routine procedures. Efficacy of the social stories is measured by an increase in verbalizations and a decrease in frustration and/or inappropriate behaviors. Speech-language pathologists and parents usually write the social stories. Social stories are implemented in the therapy session at the clinic by the clinician and at home by the parents. The social stories are typically read just once or twice. Factors that are usually considered before preparing social stories include the child's needs. Participant 1 has reported attending conferences as a source of instruction regarding social stories. Parents have been made involved by being advised on them how to create social

stories. Participant 1 did not note any significant challenges surrounding the use of social stories.

Survey 2

Participant 2 has targeted goals such as topic initiation, topic maintenance, requesting help, and sharing. The goals targeted most often with social stories include understanding emotions, taking turns, and responses to various types of behavior. For example, what to do or say when you're angry, frustrated, etc. Efficacy of the social stories is measured via a therapy activity that is implemented following the reading of a social story. The therapy activity corresponds to the social story. Data is then gathered regarding the skills that the child demonstrates throughout the duration of the activity. Student clinicians usually write the social stories with input from family members. However, both the parent(s) and/or caregiver(s) implement the social stories prior to the treatment session, as well as the clinician during the session. The social stories are initially implemented at the clinic during the treatment session. They are later implemented at school, home, or within other social settings at which that child may need additional cueing. The social stories are typically read before each therapy activity that targets a particular skill. For example, a social story about sharing is read before a play-based activity incorporating the skill of sharing. Factors that are usually considered before preparing social stories include the child's cognitive level, emotional intelligence, daily situations in which the child could benefit from a social story, and what individuals should be included in the story (e.g. teacher, sibling, or friend). Participant 2 has obtained formal

instruction on social stories through continuing education courses and input from other clinical practitioners. Parents have been involved in the social stories by assisting the clinician in developing specific stories tailored to the child's needs. Parents have also been a part of the preparation process. Social stories have been emailed to the parents prior to the treatment session. Participant 2 noted that generalizing the skills outlined in a social story to a functional situation is the most challenging component about using a social story.

Survey 3

Participant 3 has targeted goals concerning not interrupting, hugging, greetings, sharing, eye contact while listening, raising one's hand in class, waiting, haircuts, church, recess, wearing seatbelts, speaking on the telephone, and other behaviors such as humming. The goals targeted most often depends upon the family's concerns. Frequently, the social stories have targeted waiting, sharing, and interrupting. Efficacy of social stories is measured by a parent and school report and behavioral changes. The clinician usually writes the social stories with input from the family or the story is jointly written with the family. The social stories are usually implemented by the clinician, family, and school if deemed appropriate. Social stories are usually implemented in the clinic first through practice and role play, and then in the home and/or school. The social stories are typically read before and after the targeted behavior and then additionally as reminders. The stories usually take several weeks of reading and practice. Factors such as the child, situation, motivation, family concerns, school concerns, and substitute behaviors are taken into consideration before preparing

social stories. Participant 3 has attended CE conferences and read journal articles as instruction regarding social stories. Parents are involved in every step of creating a social story. The stories are explained to the parents in terms of how they work and how to write them. The clinician practices writing social stories with the parents and parents have the final decision concerning the content. The speech-language pathologist practices through role play with the parents and the social stories. Participant 3 noted that finding the right explanation and motivation for each child, as well as ensuring that the social stories are adequately implemented and frequently practiced are among the most challenging aspects about using social stories.

Survey 4

Participant 4 has targeted goals such as behaviors and routines. Behavioral goals have been used for various reasons; for hitting and compliance throughout different times of the day. Goals about routines such as toileting, daily schedules, and changes in routines have been targeted through use of social stories. Behavioral goals were indicated as the goal most targeted with social stories. Efficacy of social stories is measured by determining if there is consistent use of the social story and if it improves or decreases the targeted behavior. Speech-language pathologists or the social worker usually writes the stories with the child. Usually, the social stories are implemented by the classroom team. A classroom team is comprised of special education aides who often implement the stories if they are read daily because the speech-language pathologists may not always be available or in the classroom. Social stories are

implemented in different settings dependent on each child's situation. Good parent involvement may consist of reading the story prior to the issue that is present in the school day or upon arrival of the therapy session. If the targeted topic or situation is directly related to school, the classroom team implements it. Social stories are typically read once a day. Some factors that have been considered before preparing the stories include the student's level of understanding (e.g. amount of pictures, words). Participant 4 indicated that some instruction on creating and implementing social stories was received in graduate level classes. The participant also reported receiving a book, written by Carol Gray, from their school district on how to write and implement social stories. Parents have been involved in many aspects of social story implementation. Parents are always made aware of the current social story being used. Parents are given copies of each social story. Some are encouraged to read them to their child each night or right before school as a reminder of a certain skill or expectation. Participant 4 reported that consistent implementation of social stories is the most challenging aspect of this therapeutic intervention method.

Discussion

How clinicians create and implement social stories was similar in all the survey responses. In all cases, the social stories were written by the clinicians in conjunction with family members. One respondent reported that social stories are written with the child as well. All respondents indicated that the writing of social stories is very family-based, and the family's input should always be

sought and valued. The clinicians also teamed with the parent(s) and/or caregiver(s) to implement the social stories. All respondents also reported that social stories were implemented by the treating clinicians, parents, and sometimes the school system. Social stories are implemented within the clinical setting, the client's home, school, and other social settings. This provides some initial evidence that speech-language pathologists used social stories dynamically across contexts thus increasing generalizations of the behaviors targeted in social stories.

Respondents differed in how often social stories were read. Two out of the four surveys indicated that social stories were read frequently. Respondents 2 and 3 reported that the social stories were read prior to, during, and after therapy sessions or when targeted social situations are anticipated or occur. Respondent 1 differed in that social stories were reported to be read only once or twice. Respondent 4 reported that social stories were read only once a day.

Targeted goals of social story use were similar among the data collected. Many of the goals were related to social behavior: following routines, understanding emotions, taking turns, not interrupting, hugging, greeting, sharing, initiating communication, and requesting. Respondent 1 also targeted vocabulary as a goal targeted through the use of social stories. Social behavioral modifications seemed to be the common goal for social story use by these participants.

In preparation for the writing of social stories, all participants considered various factors. Factors surrounding the child: personal needs, cognitive level,

emotional intelligence, and motivational factors were considered throughout the creation of the social stories. The types of pictures and words recognized and understood by the child are considered. External factors such as family and school concerns, as well as daily situations that can benefit from a social story are also taken into consideration.

All respondents measured the efficacy of social story use as an intervention method in subjective ways. Increases in verbalizations, decreases in frustration and/or inappropriate behaviors, as well as student and school reports were used in determining efficacy of a social story. This is similar to the Kuoch and Mirenda study (2003) in which a reduction of the targeted problematic behavior was used as an indicator of efficacy of social story implementation. Also, following the reading of a social story, one participant used a therapy activity to see if the client demonstrated any targeted skills. Personal observations are reliable and important; however, future studies should explore combinations of functional assessment measures with case study models using event recording to compare data pre and post treatment.

The instruction regarding social stories was minimal amongst the survey participants. Three participants listed conferences and continuing education courses as the source of their instruction on the use of social stories. One participant reported instruction on using social stories during their pre-professional university coursework and reading a book on how to write and implement social stories, written by Carol Gray, the creator of social stories (Howley, 2005).

The challenges of using social stories as an intervention method varied across participants. Being able to generalize the skills highlighted in a social story to other functional situations was a reported challenge surrounding social story use. Also, being able to identify the child's motivation and the right explanation for his/her behavior posed a challenge. Ensuring that there is an adequate and frequent amount of practice was also reported to be difficult and time consuming. A previous study provided copies of each social story to the parents of the subjects and asked that they consistently implement the stories via a weekly checklist to monitor daily reading (Goldstein & Thiemann, 2001). The Connecticut Birth to Three System has created a guide for parents and service providers of young children with autism spectrum disorders, which states that "Families are the first and most important teachers for their child. They are the constant in a child's life. Service systems and personnel will change over time, but families maintain the continuity from day to day and year to year. Families become lifelong advocates for their child (2008)."

Future Directions

The data collected from these surveys were very detailed and focused. However, the number of returned surveys was small. All of the respondents worked in an outpatient clinic setting with only one who worked in a public pre-school setting as well. This setting may target a different population than other work settings of speech-language pathologists and speech-language pathologists in other work settings might use social stories differently. Future studies should include a wider range of work settings and more respondents.

Beyond just distribution in more diverse work settings, surveys used in future research studies should include direct questions about the diagnosis of the clients using social stories. The data from this study implies that many of the clients were school-aged; however, there are other populations where this intervention method is used. Including questions about the demography of individuals will better explain how social stories are used in clinical practice.

The current survey also included open-ended questions that required lengthy answers. This was time consuming for respondents to complete and time consuming to analyze. Perhaps future mass surveys designed with multiple choice answers might help create a coding system that would give clearer definitions and improve response rate. This study will be used to create a more streamlined survey that will be more easily completed by larger numbers of clinicians from a range of work settings.

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Appendix I

Survey

Work Setting _____

Years of Practice _____

"How are Social Stories Used by Speech-Language Pathologists?"

By Ashley McLean and Janet Olson
Northern Illinois University

We are interested in the different ways clinicians use social stories in speech & language therapy. This survey is designed to help us begin to gather that information. Please answer each question to the best of your ability. When you have finished the survey please return it to us in the self-addressed, stamped envelope. Do not put your name on the survey or envelope. If you have never used a social story, please disregard this survey.

1) What goals have you targeted with social stories?

2) What goals do you target most often with social stories?

3) How do you measure efficacy of social stories?

4) Who usually writes the social stories?

5) Who usually implements the social stories?

6) Where are the social stories usually implemented?

7) How often do you typically read the social stories?

8) What factors are usually considered before preparing social stories?

9) What kind of instruction have you received regarding social stories?

10) How have you involved parents in social stories?

11) What do you find most challenging about using social stories?