



## Assessment of social behavior in children with autism: The development of the Behavioral Assessment of Social Interactions in Young Children

Jennifer M. Gillis<sup>a,\*</sup>, Emily H. Callahan<sup>b</sup>, Raymond G. Romanczyk<sup>b</sup>

<sup>a</sup> Auburn University, United States

<sup>b</sup> Binghamton University, United States

### ARTICLE INFO

#### Article history:

Received 7 April 2010

Accepted 13 April 2010

#### Keywords:

Autism

Social interactions

Behavioral Assessment

### ABSTRACT

There are a limited number of assessments available to examine social skills deficits in young children with Autism Spectrum Disorders (ASDs). The Behavioral Assessment of Social Interactions in Young Children (BASYC) was developed as a direct assessment of social deficits in young children with ASD relative to children without ASD. The BASYC is a semi-structured assessment designed to be administered by clinicians and teachers working with children with a possible ASD. The purpose of this study was to determine whether the BASYC discriminates social behaviors between children with and without ASD. There were 77 participants ( $n = 48$  children with ASD;  $n = 29$  children without ASD) in this study. Scores on the BASYC significantly predict group membership. Sensitivity and specificity of the BASYC was .977 and .871, respectively. Item discrimination indices revealed that the majority of items on the Social Responsivity scale discriminated well between groups; however, this was not the case for the Social Initiation scale. Although additional research is required, the BASYC is currently an instrument that is easy to administer, discriminates well between children with and without ASD based on social behaviors and may assist in goal planning and monitoring of social skills treatment progress.

© 2011 Elsevier Ltd. All rights reserved.

### 1. Introduction

Delays and deficits in the development of social interaction skills impede an individual's ability to develop meaningful social relationships and have been associated with poor academic achievement, peer rejection, anxiety, depression, and other forms of psychopathology (Bellini, Peters, Bennett, & Hopf, 2007). Social interaction deficits are considered to be the core deficit of autism (Kanner, 1943; Mundy, Sigman, & Kasari, 1994; Travis & Sigman, 1998) and some researchers suggest that the presence of deficits in reciprocal social behavior distinguishes autism from other psychiatric disorders (Constantino & Todd, 2003).

The diagnostic and statistical manual of mental disorders, 4th ed., text revision (DSM-IV-TR) of the American Psychiatric Association (2000), the current standard for diagnosis, specifies that the Pervasive Developmental Disorders (PDDs) include: Autistic Disorder, Asperger's Disorder, Pervasive Developmental Disorder—Not Otherwise Specified (PDD-NOS), Rett's Disorder, and Childhood Disintegrative Disorder. The term 'ASD' or autism spectrum disorder is now in common use, but is imprecise. The National Institute of Mental Health (NIMH) includes all of the disorders within the Pervasive Developmental Disorders as part of their definition of ASD (<http://www.nimh.nih.gov/health/publications/autism/complete-index.shtml>) whereas the American Academy of Pediatrics includes only Autistic Disorder, Asperger's Disorder, and PDD-NOS under their use of the term ASD (<http://www.aap.org/healthtopics/Autism.cfm>).

\* Corresponding author at: 226 Thach, Department of Psychology, Auburn University, Auburn, AL 36830, United States. Tel.: +1 334 844 6477; fax: +1 334 844 4447.

E-mail address: [jengillis@auburn.edu](mailto:jengillis@auburn.edu) (J.M. Gillis).

For our purposes we will refer to ASD as defined by the American Academy of Pediatrics. The three primary categories of symptom presentation in DSM-IV-TR for Pervasive Developmental Disorder are:

1. qualitative impairment in social interaction;
2. qualitative impairments in communication;
3. restricted repetitive and stereotyped patterns of behavior, interests, and activities.

The one category that Autistic Disorder, Asperger Disorder, and Pervasive Developmental Disorder—Not Otherwise Specified all share is qualitative impairment in social interaction, and is required for diagnosis. Interestingly, this mirrors the original observations of Leo Kanner who first described autism. He wrote that “There is from the start an *extreme autistic aloneness* that, whenever possible, disregards, ignores, shuts out anything that comes to the child from the outside.” Kanner summed up his observations by stating that “The outstanding, “pathognomonic”, fundamental disorder is the children’s *inability to relate themselves* in the ordinary way to people and situations from the beginning of life”. p. 242 (Kanner, 1943). This emphasis on social interaction is generally agreed upon as the defining characteristic in ASD as well as a significant treatment challenge.

### 1.1. Development of social behavior

Requesting and offering are two early social behaviors often observed in children between 12 and 24 months of age (Franco & Butterworth, 1996; Hay & Murray, 1982). Offers and requests shown through pointing and preverbal communication methods, like gestures and vocalizations, serve as both responding and initiating behaviors for social interaction. Social initiation behaviors occur independent of a prompt from another person; whereas responding occurs after a social initiation from another person. Both are considered developmental predictors of social competence (i.e., information processing of social situation that involves interpretation of interpersonal and affective cues as social, and a decision to make a behavioral response appropriate to the situation), and additional complex social skills (i.e., perspective-taking, goal-directed social exchanges, etc.; Crick & Dodge, 1994; Hay & Murray, 1982; McEvoy, Rogers, Pennington, 1993).

### 1.2. ASD and social behavior

Social deficits observed in children with ASD include difficulties understanding the facial expressions of others, initiating social interactions, responding to the social bids of others (Hauck, Fein, Waterhouse, & Feinstein, 1995), and responding to the emotions of others (Sigman, Kasari, Kwon, & Yirmiya, 1992). Previous research has also identified specific social behaviors that discriminate children with ASD from those without autism at 2 years of age. These behaviors include:

- deficits in showing (directing attention) (Stone, Coonrod, Ousley, 2000);
- decreased attention to the voice of others (Townsend, Harris, & Courchesne, 1996);
- the use of another’s body as a tool (e.g., taking another’s hand and putting it on a toy in an attempt to have the person turn it on);
- little to no interest in other children;
- limited use of pointing to communicate with others;
- deficits with understanding gestures;
- lack of seeking to share enjoyment with others (joint attention) (Lord, 1995).

Research has also shown that the social interactions of individuals with ASD are significantly different from those with other developmental disabilities (e.g., Down syndrome). Individuals with ASD have been found to be less likely than those with other developmental disabilities to orient to social stimuli, to respond to the social bids of others, and to initiate social interactions with same aged peers and adults (Dawson, Meltzoff, Osterling, Rinaldi, & Brown, 1998; Hauck et al., 1995; Jackson et al., 2003; Sigman & Ruskin, 1999).

### 1.3. Assessing social deficits

Most habilitative curricula developed for individuals with ASD include specific social skills instruction or training. Social deficits in children (both typically developing and with autism) have been correlated with lower levels of academic achievement and lower scores on measures of cognitive and emotional development (Hartup & Moore, 1990; Hughes & Hall, 1987; McClellan & Katz, 2001). Attention to the development of specific interventions to improve social skills in individuals with ASD has been increasing (Barry et al., 2003; Bellini & Peters, 2008; Elliott, Gresham, Frank, & Beddow, 2008; Koegel, Koegel, & McNERney, 2001; Strain & Hoyson, 2000; White, Koenig, & Scahill, 2007). Thus, the accurate assessment of children’s social skills in order to select appropriate goals, specific behaviors, and skills for intervention would seem critical.

#### 1.3.1. Measures currently used to assess social deficits

Currently there are a number of tools designed to assess the development of social skills (for a review see Matson & Wilkins, 2009, for a review of social skills assessments for children with ASD, see Matson & Wilkins, 2007). Of the tools that have been

Download English Version:

<https://daneshyari.com/en/article/370847>

Download Persian Version:

<https://daneshyari.com/article/370847>

[Daneshyari.com](https://daneshyari.com)