A Manual for Using Social Stories with Children in Licensed Child Care Programs

by

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The procedures in this manual are meant to be used by agency staff, as part of the broader services they provide, or under supervision of agency staff.
Dedication

To my Nanny and Grandpa, thank you for encouraging me to pursue my dreams. You would have been so proud to see how far I have come. Rest in peace.
Abstract

The ‘Manual for Using Social Stories with Children in Licensed Child Care Programs’ was developed by the researcher as a practical and educational resource for staff members. The content of the manual focused on the use of Applied Behaviour Analysis (ABA) principles and social story interventions in pre-school classrooms for children with Autism Spectrum Disorder (ASD). The purpose of the manual was to provide an educational tool to staff members; it consists of behavioural techniques aimed at teaching students’ appropriate social skills. The content of the manual was created to meet the needs of licensed child care agencies and programs. The manual focused on these following areas: effective use of the manual, basic principles of ABA, relevant ABA techniques, and development and application of social stories. The manual also provides numerous social story resources for staff members to implement and encourages students to develop appropriate social skills. The manual was not assessed empirically or tested in pre-school classrooms. However, the utility of the manual was designed by the requests and feedback for each section provided by staff members. This was done to ensure that the manual would meet the needs of particular individuals and classroom settings. Qualitative feedback provided from agency supervisors and staff members highlighted the manual’s practicality for the staff members, as well as, staff’s high degree of satisfaction with its content. The thesis addressed strengths, limitations, recommendations for future research, and multilevel challenges in creating the manual. Strengths identified in the thesis include: strong empirical evidence from the literature; the manual is individualized to the setting and population; and a collaboration of individuals assisted in the development of many social stories. A major limitation identified was that no quantitative data was collected, which potentially limits the manual’s generalizability. It is recommended that future research be conducted to assess the manual’s suitability to be used by staff members, its impact on social skills development for children with autism, and its overall impact on the behaviour of staff members using the manual.
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To my parents, who have supported and encouraged me from the start. Thank you for your unconditional love.
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Chapter I: Introduction

It is common that licensed child care staff are occupied with providing care to many young children. Many licensed child care staff appreciate extra help and resources. The following information will provide a brief description of Autism Spectrum Disorder (ASD), social implications and consequences for development, treatment options, and why the delivery of a manual is a relevant topic.

Autism Spectrum Disorder (ASD) is a developmental disorder which is characterized by deviations in social behaviours, lack in communication skills, and unique interests (Mash & Wolfe, 2013). The fifth addition of the Diagnostic Manual of Mental Disorders (DSM-V) characterizes ASD as having social and communication deficiencies, engaging in restricted and repetitive behaviours and interests, having intellectual deficits and strengths, experiencing sensory and perceptual impairments, and displaying cognitive and motivational discrepancies (American Psychiatric Association [APA], 2013). Mash and Wolfe (2013), also noted that children with ASD are affected by various social impairments. These social impairments include difficulties relating to others, adjusting to social cues, focusing attention to others, and understanding feelings and emotions (Mash & Wolfe, 2013). Murray et al. (2009) portrayed the social difficulties experienced by children may be persistent and lifelong. However, the authors stated that implementing particular interventions can enhance social and communication skills amongst children with ASD.

A literature review of social story intervention strategies for increasing prosocial behaviour conducted on children with autism by Crozier and Tincani (2007) found that children with social skill discrepancies who receive early intervention tend to experience positive outcomes later in life. Crozier and Tincani (2007) found that early interventions, within a preschool setting, increased prosocial behaviours and decreased antisocial behaviours. Kokina and Kern (2010) also mentioned that a lack of early intervention may lead to children experiencing negative outcomes later in life. Negative outcomes likely to occur include experiencing loneliness, difficulty beginning and sustaining relationships, and a variety of mental health problems (Kokina & Kern, 2010). The authors concluded that beginning interventions early with preschool aged children may be valuable in reducing future negative outcomes. According to Gray and Garand (1993), social story interventions have been successful in introducing changes in routines, explaining behaviours of others, and teaching appropriate social skills to those with ASD. Social stories are essentially books to help children with ASD to understand and respond to difficult social scenarios (Sansosti, 2008). It is important for teachers in licensed child care programs to begin an effective intervention to prevent potential negative outcomes. Rispoli, Neely, Lang, and Ganz (2011) noted that well-trained individuals may have an affirmative impact on intervention programs. The creation of a manual with the focus of social stories would provide training for teachers to implement a social story intervention.

Rationale

The aim of developing a manual by the researcher is to provide an informative resource to help encourage children to develop appropriate social skills. Providing an informative resource to teachers on social stories, teachers will then gain and continue to use these behavioural techniques within the classroom. It is also essential to acknowledge the manual will be used with all children. Consistency will likely be maintained when staff read the social stories to all children and it becomes a routine.

Hypothesis
It is hypothesized that the use of a social stories manual in licensed child care programs will encourage staff to teach appropriate social skills and children can develop appropriate social skills.

**Thesis Summary**

The thesis contains five sections, first of which is the introduction (Chapter I). After the introduction, a comprehensive literature review (Chapter II) will be presented, including subject matter such as an overview of autism, social skills deficits, the impact of challenging behaviours in schools, developing social skills, and social story interventions. Next, the methodology (Chapter III) will discuss the manual and procedures involved. Based on the findings of the literature review, the methodology section will include a description of the setting, participants, procedures, and a feedback form provided to staff. This chapter will also include a description of each section provided in the manual. The results section (Chapter IV) will follow the methodology section. The results section will present findings from the Satisfaction Survey for Staff and the Manual for Using Social Stories with Children in Licensed Child Care Programs in an appendix. Lastly, the conclusion, discussion, and limitations (Chapter V) will be discussed to review the manual and its contribution to the field, and make recommendations for future studies in regards to providing manuals to licensed child care staff.
Chapter II: Literature Review

Introduction

This literature review will evaluate a variety of research studies that implemented social stories to increase social behaviours in children with ASD. The literature review will also include an overview of autism, description of the population and setting, a social story intervention definition, early interventions, and manual-based treatments. Social stories are described as intervention methods that aim to reduce complicated instructional interactions and offer individuals with autism access to social information (Gray & Garand, 1993). When the information is provided, social skills are performed within the target situation (Gray & Garand, 1993). This method has shown clinical advantages when implemented. It is hypothesized that the use of a social stories manual in licensed child care programs will encourage staff to teach appropriate social skills and children can develop appropriate social skills.

Overview of Autism

Definition. Autism Spectrum Disorder (ASD) is a developmental disorder that is characterized by abnormalities in social skills, deficits in language and communication skills, and repetitive behaviours and interests (Mash & Wolfe, 2013). A child may be diagnosed with autism before the age of three when abnormal functioning in social interaction, language skills, or imaginative play skills are displayed (Mash & Wolfe, 2013). Children who are diagnosed with ASD may display various severities of symptoms and abilities; as well as, there can be overlap among the disorders (Mash & Wolfe, 2013). ASD contains multiple core deficits, such as social impairments, communication impairments, restricted and repetitive behaviours and interests, intellectual deficits, sensory and perceptual impairments, and lastly, cognitive and motivational deficits (Mash & Wolfe, 2013). Karkhaneh, Clark, Ospina, Seida, Smith, and Hartling (2010), also identified autism as a lifelong developmental disorder. Similar to the authors noted above, the American Psychiatric Association (2000) characterizes ASD by impairments within social interactions, verbal and nonverbal communication abilities, and restricted, stereotyped, and repetitive displays of behaviour. Autism also involves repetitive use of words and body movements, which are defined as stereotyped behaviour (American Psychiatric Association, 2000). The definition of autism is relevant to the target population.

Population and Setting. The target population was pre-school aged children. Some of the children were diagnosed with ASD. The age of the children ranged from three-years-old to five-years-old. Studies which involve the implementation of social stories with pre-school aged children will be reviewed with higher relevance. Although, studies involving the implementation of social stories with older children will also be reviewed. The setting of two licensed child care programs were similar in regards to the structure of learning and classroom set-up. Both programs included a time for all students to read together as a class and there were specific areas for the students to read. Some studies that will be reviewed in the following literature will have similar settings.

Social Stories

Definition. Gray and Garand (1993), first described a social story intervention as methods that aim to reduce complicated instructional interactions to successful responses in social situations and offer individuals with autism access to social information. The authors hypothesized that when social information is provided to children with autism, social skills can be performed within the target situation. According to Gray and Garand (1993), a social story included basic sentence types, which are, descriptive, directive, perspective, and affirmative. The
social story also included a basic social story ratio, which is, two to five descriptive, perspective, or affirmative for every directive sentence used (Gray & Garand, 1993). Also, a social story can include additional sentence types, which are control and cooperative (Gray & Garand, 1993). Gray and Garand noted important techniques for successfully implementing social stories. They provided insight into implementing social stories for students with autism that can independently read and others who cannot. Gray and Garand suggested that an adult reads the social story twice to a student who can read independently, present a tape-recorded social story to students who cannot read independently, and lastly, students with ASD benefited from social stories when all students in a classroom listen to the same story. With relevance to the thesis and the development of a manual to assist staff members in teaching social stories to increase socially appropriate skills for children, the students with autism will benefit by listening to the social stories read by staff (as mentioned by Gray & Garand, 1993). When students listen to the same social story, they are provided with the same information. By implementing a manual that includes various examples of social stories for staff members to read to students as a class learning activity, children with autism are then encouraged to demonstrate socially appropriate behaviours by sharing the stories with their peers.

Early interventions. The thesis addressed pre-school aged children which included three to five-year-olds. The following studies are evaluated in terms of the significance of early interventions. Crozier and Tincani’s study (2007) assessed the importance of implementing social stories within the age group of three to five-year-olds. Pre-school aged children were also chosen for this study to determine the suitability of social stories for this age group. The authors completed a study involving three participants. Each participant attended a preschool and were diagnosed with autism. Similar to the settings and student population of the child care programs involved in the development of the manual, the settings in this study involved students with disabilities and regular developing peers. The interventions for Crozier and Tincani’s study occurred in the participant’s classrooms and each social story was read aloud to the participants. Crozier and Tincani (2007) also followed Gray and Garand’s (1993) social story sentences requirements. The authors concluded there was a decrease of inappropriate behaviours and an increase in socially appropriate behaviours amongst all participants (Crozier & Tincani, 2007). The authors recommended that future studies should replicate their study, as there is a need for more data collection on the effectiveness of social story intervention with this age group (Crozier & Tincani, 2007). Lastly, Crozier and Tincani suggested maintenance data to be collected to determine if staff continue the use of social stories with participants. The presented thesis offers a manual for staff with a variety of social stories to be implemented and encourages staff members the continued use of social stories. In a study completed by Clark, Vinen, Barbaro, and Dissanayake (2017), 48 children with an early diagnosis’ of autism and 37 children who received a diagnosis of ASD after the age of three, were selected to evaluate the efficacy of early intervention. Data analysed implied more children diagnosed before three-years-old were attending mainstream educational systems compared to participants diagnosed after three-years-old (Clark, Vinen, Barbaro, and Dissanayake, 2017). The authors hypothesized that children diagnosed earlier would demonstrate higher cognitive abilities in school-aged classrooms compared to the children diagnosed later. The authors hypothesis was significant when evaluating the results and conclusions of the study completed. Clark et al. (2017) concluded that children with an early diagnosis’ achieved better outcomes in school-ages classrooms, although there is a significant limitation to consider. Clark et al. (2017) noted the study did not collect baseline data on the later diagnosis group. This limitation may have impacted the results of the
study because there was no previous data on the later diagnosis group’s cognitive abilities before the age of five. The manual developed outlines specific applied behavioural analysis (ABA) principles for staff members to collect baseline data and identify target behaviours to ensure an effective social story intervention is implemented.

Social story interventions. A meta-analysis by Bozkurt and Vuran (2015) analyzed interventions that used social stories to teach social skills to children with ASD. A total of 22 studies that implemented a social story intervention were reviewed. A total of 70 participants were examined, each having a diagnosis of ASD. The age group of the participants ranged from two-years-old to 15-years-old. Bozkurt and Vuran stated that 80 percent of the studies were completed in a school environment and the reasons for selection included initiating verbal communication, social interaction skills, reducing inappropriate behaviours, and increasing on-task behaviours. The effectiveness of social stories was examined and the results validated that social stories are an effective intervention for teaching social skills to children with ASD (Bozkurt & Vuran, 2015). Bozkurt and Vuran also mentioned there was a positive increase in social interaction, play skills, conversational skills, and reduction of inappropriate behaviour. The studies concluded that social story interventions were effective and participant’s social skills increased (Bozkurt & Vuran, 2015). Although not all of the studies recruited children within the pre-school age group, Bozkurt and Vuran concluded that children within the age group of three to 15 diagnosed with autism will likely benefit from social story interventions. This study was restricted to single subject interventions and group studies were not conducted.

Although there are minimal studies that examine group social story interventions for children with autism, one study conducted research on using social stories in a group setting to preschool who are deaf or hard of hearing. Richels, Bobzien, Raver, Schwartz, Hester, and Reed (2014), completed a study that analyzed the use of social stories with three children between the age of three and five. The study took place in a preschool setting designed to enhance hearing abilities in young children. Richels et al. chose three storybooks with selected targeted emotions, each story was read aloud to the participant, and each participant was asked a question about emotions. Richels et al. concluded that the use of group-specific social stories was effective in teaching emotion words to pre-school aged children with hearing difficulties. The study suggested a limitation was the small sample size of only three children (Richels et al., 2014). The manual for this current study is intended for a group of ten to 12 children and a group of eight children.

Ozdemir (2008) found that social story interventions are effective at decreasing disruptive behaviours in a study with three participants diagnosed with autism. This was done by creating short and individualized stories to support those children with autism in new and potentially complicated social situations (Ozdemir, 2008). The three participants were between the ages of seven and nine and the study was in a school setting. Three social stories were developed for the participants and were displayed in a storybook format. Each story was read aloud by the teacher each morning and after recess. After 27 intervention sessions, Ozdemir concluded the percentage of disruptive behaviours decreased by 40% compared to baseline data. Ozdemir also concluded that social story interventions are likely to be approved by teachers and used within regular classroom schedules. Lastly, the intervention used strong visuals to enhance learning by personalizing the social stories used (Ozdemir, 2008). The manual created offers multiple visuals in each social story. The social stories are presented in a storybook format, similar to Ozdemir’s study.
In comparison to Ozdemir, Iskander and Rosales (2013) used pictures or drawings to provide a visual in a social story. The complexity of the social story varied depending on the child’s level of performance. Unlike the literatures noted above, Iskander and Rosales clarified that their goal was to provide information in a social story, not to change problematic behaviour. In correspondence to the manual created, its intended use is to provide information to staff members to encourage children to learn appropriate social behaviours. It is hypothesized problematic behaviours will decrease and appropriate social behaviours will increase, although, the main focus is to increase appropriate social behaviours. Iskander and Rosales’ study involved two participants: an eight-year-old male and an 11-year-old male, both diagnosed with ASD who displayed problematic behaviours within the classroom. The social story intervention was implemented before each session with both participants. This study provided social information to the two participants during the ongoing classroom routine (Iskander & Rosales, 2013). The study highlights a significant limitation which indicates the inconsistency of classroom activities may impact the data collected. The data was collected during a variety of classroom activities. It is suggested in the manual developed that staff implement social stories within group instruction or small group activities. This may also imply a limitation due to potential change of classroom activities.

The studies currently evaluated demonstrate social story interventions in a storybook format. A study completed by Vandermeer, Beamish, Milford, and Lang (2015) uses an iPad to display social stories. Three participants were involved in the study, each having a diagnosis of autism, demonstrated poor on-task behaviour during learning activities, and had previous experience using an iPad (Vandermeer et al. 2015). The study took place in a day-care facility and the participants were four to six-years-old. Each participant was presented with the application Stories2Learn in their regular morning routine for 18 sessions in a 4-week period. Vandermeer et al. concluded that each participant had an increase in on-task behaviour with the presentation of iPad social stories. Information in terms of a child’s learning style was not examined, which Vandermeer et al. stated as a limitation. For example, whether a participant was a visual or auditory learner was not conducted. In comparison to the thesis presented, the researcher did not conduct learning styles of the pre-school students. Also, an iPad was not available at the agency so the format of storybook social stories was made for staff and students to utilize.

**Manual-Based Treatments**

There are limited studies that conduct the effectiveness of manual-based treatments for children with autism, and specifically, manuals with the focus of social stories. A group of researchers developed a manual of a parent training program for children with pervasive development disorders (PDD). Johnson et al. (2007) stated that the Research Units in an Autism Network assembled a comprehensive manual for a behavioural parent training program. The purposes of the manual created included empirical support for each component, it could be implemented within various settings, and it could be duplicated in separate occasions (Johnson et al. 2007). The authors also stated a training manual was developed to provide a short-term treatment plan that covered techniques with empirical support. Similar to the current thesis, a manual was created to assist staff in teaching appropriate social behaviours with empirical evidence provided in the manual. Johnson et al. conclude that this type of program is flexible and cannot be described as an individualized intervention. Although, there is minimal research on manuals for children with autism, research does suggest providing information and behavioural techniques with empirical evidence is beneficial in manual-based treatments.

**Summary**
This research literature review discussed the importance of understanding characteristics of autism, description of population and setting, social story definitions, early interventions, a detailed evaluation of various studies in regards to social story interventions, and lastly, manual-based treatments. At the time of this thesis, a manual was designed to provide information on the implementation of social stories to licensed child care staff. The current manual was designed to address gaps in the literature, which was implementing social stories within a group context and offering various social stories for different social situations and activities. It is intended for staff members to encourage students to learn appropriate social behaviours through the use of social stories. In addition, it was hypothesized that the use of a social stories manual in licensed child care programs will encourage staff to teach appropriate social skills to students. While this hypothesis could not be tested directly because of time constraints and imposed research limitations, the manual was developed to aid child care staff in their future interactions with children diagnosed with autism.

Word Count: 3,012
Chapter III: Method

Participants

Educators. This thesis manual was developed for staff in licensed child care programs. The manual was provided to two licensed child care programs. The educators’ knowledge and skills in ABA interventions were limited.

There were two staff members within the pre-school setting, both with a background in early childhood education. One staff member had been working at the agency for five years, while the other staff member had been working at the agency for three years. One member did not have any experience delivering individualized programs, while the other had minimal experience. Minimal experience delivering individualized programs included using visual schedules with an individual diagnosed with autism. There are no restrictions with the use of the material in the manual. It is intended for educators within the pre-school setting to use with students. The management team of the agency decides on the pre-school staff to administer the manual. Within the classroom, there are two staff members and ten to 12 students. It is common that each staff member attends to six to eight children.

In the second licensed child care program, there is one staff member with a background in early childhood education. She has had experience working at the agency for 15 years and has minimal experience delivering individualized programs. She has had the opportunity to deliver visual prompts to children having difficulty complying with instructions. There are no restrictions with the use of the material in the manual. The management team at the agency selects the staff member to administer the manual. Within the classroom, there is one staff member and eight, five-year-old students.

Students. There are ten to 12 pre-school students in the first child care program. There is one student diagnosed with ASD. Other students are typically developing. For selection process, inclusion criteria included all students were to be registered at the agency and attend on a regular basis. There were no exclusion criteria included in the selection process because the manual was created with the intentions that all students were capable of listening to the social stories presented by the staff member reading from the manual. The purpose of the social stories provided was to develop social skills and encourage social inclusion; therefore, it was reasonable to include all children. Consent was not obtained as it was not necessary and an individualized program was not developed. Personal information and data was not collected from the students to design the manual. The intended age range is from three-years-old to five-years-old. The second child care program included eight, five-year-old students. One student was diagnosed with autism.

Design

The manual was created by the author during a 14-week field placement as part of an applied thesis in the Honours Bachelor of Behavioural Psychology at St. Lawrence College. The manual focuses on social story interventions. Additionally, the manual offers information about the basics of Applied Behaviour Analysis and an overview of autism. The manual is intended for child care staff to use with pre-school aged students. The format of the manual includes various sections, making it easier for staff members to read. It also includes visually appealing paragraphs with bolded headings and point-form sections. Each section provides the reader with useful information in regards to specific applied behavioural analysis principles, social story techniques, and autism characteristics. The manual provides diverse social story examples within
the appendices. Various social stories were selected in terms of the schedule of activities at the licensed child care programs. Social story techniques are described in a straightforward manner, so it is easy for staff to understand and implement with participants. The aim of developing a manual is to provide an informative resource to staff to help encourage children to develop appropriate social skills.

**Setting**

This manual was developed for two classrooms. One classroom consisted of ten to twelve, three-year-olds and the other classroom consisted of eight, five-year-olds. Some children had special needs. These needs include autism spectrum disorder. The layout and size of each classroom were similar to classrooms within a public school.

**Measures**

At the time of the creation of the manual, testing of efficacy was not included in the process. Upon completion of the manual, feedback was collected in the form of a staff satisfaction survey. The survey was given to staff members two weeks after the delivery of the manual. The evaluation also provided a space for staff to leave any additional comments they had. Feedback received from staff is assessed later in the discussion chapter.

**Procedure**

The implementation of the manual occurred in two licensed child care programs. The implementation occurred within a group context at both programs. It was suggested that staff members read the social story every day to the participants and before the expected task occurred. For example, the manual recommends a licensed staff member to read the social story “Going to the Gym” before the class goes to the gym. The students are provided with the appropriate social skills before the task occurs. All students are offered the same social information, which results in a significant value for children with autism.

The social stories were implemented by one staff member at each daycare. The educator sat down with a group of students and read the story to them. The educator is also encouraged to ask the students questions in regards to the social story which was read. Social stories were implemented prior to the occurrence of an activity. As mentioned in the manual, staff must be consistent with the implementation of social stories. For example, the manual recommends staff implement the social stories on a regular basis until changes in behaviour can be observed. The manual offers staff members with behavioural techniques to collect data on the functions of behaviour.

The manual entails five parts, which are described below. The five parts included are; an introduction, basic principles of applied behaviour analysis, techniques to remember, information on autism, social stories, and appendices of multiple social stories.

**Part I: Introduction.** This portion of the manual provides the purpose of the manual, a rationale, description of contents, materials required, and effective use of the manual. It introduces the user to the significance of providing early intervention to young students. By using the manual effectively, intervention can be delivered adequately.

**Part II: Basic principles of applied behaviour analysis.** This portion of the manual provides the user with information about applied behaviour analysis. This section delivers further detail about defining a behaviour, ABC’s and the function of a behaviour, as well as, examples of a behaviour definition. This is consistent with the framework of social stories by understanding why a behaviour is occurring and how a social story intervention can modify challenging behaviours to socially appropriate behaviours.
Part III: Techniques to remember. This section provides techniques for staff members to use when implementing a social story intervention. These are techniques to ensure a social story intervention is successful. This section was included to prompt licensed child care staff members to consistently implement an intervention. Consistency in delivery of services serves a function in the overall outcome of an intervention.

Part IV: Defining autism. This section provides information about autism, main deficits of autism, reducing disruptive behaviours, teaching appropriate social behaviours, social skill deficits, and a summary. This portion of the manual provides the user with knowledge in regards to providing interventions to children with ASD.

Part V: Social stories. This section of the manual provides an introduction on social story interventions and the components required within a social story. The clear and concise information provided in this section encourages the user to the social stories delivered in the appendices and begin intervention with students.
Chapter IV: Results

Final Product
The final version of *the Manual for Using Social Stories with Children in Licensed Child Care Programs* can be found in Appendix B. This manual was created for licensed child care staff to use with preschool aged students. The manual focused on using social stories with children to increase appropriate social behaviours. Each section of the manual provided valuable information for staff members. The following areas that were included: an introduction, applied behavioural analysis principles, implementation techniques, autism definitions and characteristics, and lastly, the components of a social story. In addition, the manual was specifically designed for two pre-school settings in order to ensure a practical and efficient method of delivery that would not interfere with regular scheduled activities.

Feedback Received
A satisfaction and feedback survey was created which can be found in Appendix A. This survey included seven statements, which discussed the content of the manual, how user friendly it is, and if it would be a beneficial instrument to the agency. The researcher also encouraged agency supervisors and staff members to leave comments and suggestions for potential improvement. A five-point rating scale was used with one indicating that the individual was *completely dissatisfied* and five stating that the staff member was *completely satisfied*. The manual was reviewed by two placement supervisors, two staff members at one preschool, and another staff member from a different pre-school. Each individual corresponded to the survey with a rating of 5 on each statement provided. In general, feedback from all staff members indicated that the manual’s content was meaningful and that the overall design and method of delivery was appropriate for use in everyday activities. The staff members also stated that social stories provided in the appendices would be a valuable asset to the agency.

However, the two placement supervisors who reviewed the manual had minor concerns. They expressed that some of the wording used in the manual may be unclear for staff members who have never worked with children diagnosed with autism or never have implemented a behavioural program. Due to time restraints, adjustments could not be made to the manual. The placement supervisors proposed that they would provide further information to staff members if requested by staff members. It is important to note this limits the generalizability of the manual to other agencies. The placement supervisors assisted in the development of numerous social stories provided in the appendices of the manual. They stated the material was useful and appreciated the design and layout of each social story. Based on this feedback, it was determined the contents of the manual were meaningful and practical for the specific population.
Chapter V: Discussion

Summary

A gap in the literature was found in regards to the implementation of social story interventions in preschool age group settings, which indicated a need for an intervention incorporating these two areas. Also, licensed child care staff members requested additional assistance due to some children in the classroom diagnosed with learning or developmental disabilities. To respond to that need, the purpose of the present thesis was to design a manual that provided an informative resource to help encourage children to develop appropriate social skills. It is hypothesized that providing an informative resource to child care staff members on social stories, staff members will then gain and continue to use these behavioural techniques within the classroom.

The manual’s core curriculum was determined using input and resources from a variety of sources. For example, information on autism and social story interventions was assembled based on original and current literature. The social story examples provided in the appendices of the manual were developed by the researcher in regards to occurrences of activities at the agencies, and recommendations provided by agency staff and supervisors. To ensure suitability of the manual’s content and literacy level, informal feedback was obtained from two agency supervisors, two staff members from one child care program, and another staff member from a different program. Although there were minimal recommendations for changes, changes were not made due to time constraints.

Strengths

A key strength of the thesis is that it incorporated a variety of strong empirical evidence into its final product. For example, the manual’s development was conducted by a review of the literature on topics relevant to social story interventions. Considering this, the manual essentially reflects best practices. Current literature was chosen through St. Lawrence College’s library resources.

Within the manual, many different social story examples are provided in the appendices. Each social story was personally created by the researcher with the assistance of agency staff and agency supervisors. Every social story was created as situations and ideas arose from the researcher, agency staff, and agency supervisors. For example, after observing students having difficulty lining up to walk to the gymnasium on three consecutive occasions, staff members requested a social story be made. Also, the manual was created individualized to the setting and population. For example, the manual is intended to be used by staff members in two licensed child care agencies with children in the pre-school age group.

In addition to the above strength, another important strength to consider is the setting the manual was developed for. The manual was created to be used within a group setting. The literature reviewed stated it is important for all children to receive the same social information in order to display appropriate social behaviours (Richels et al., 2014). By providing social stories in a group setting, all students are receiving the same social information. Also, because the manual is intended to be used in a group setting, it is more likely that modeling will occur.

A final strength of this thesis is that it is based on the collaboration of information from several sources, professionals, both internal and external to the agency, were taken into account throughout the development. Changes were easily made throughout the process of the manual.
This helped to ensure the utility of the manual in practice and contributed to the manual’s social validity. During the process of the development of the manual, supervisors and agency staff provided recommendations and suggestions. The manual is considered highly reliable because individuals who will use the manual also helped in the development. Therefore, the quality of the manual is consistent.

**Limitations**

Although the manual has the potential to be valuable, there are some limitations that must be considered. One of the largest limitations is that no quantitative data was collected during this time. Although qualitative measures were obtained, there was limited feedback from professionals, which allowed for limited revisions. Provided this, it cannot be assumed that the manual will be considered suitable by all staff members or that the resources within the manual will be appropriate for all pre-school children. This limitation potentially limits the manual’s generalizability.

As mentioned in the previous section, qualitative data was collected from two placement supervisors, two staff members from one daycare, and one staff member from another daycare. This is considered a small sample size, which does not provide accurate reliability and validation of the usefulness of the manual.

Another potential limitation is that there is no evidence that this manual will be effective when used within the specified group settings. The activities in the manual were chosen to target and increase specific skills. With the consistent development of young children and ongoing change of activities in licensed child care programs, some social stories may not be applicable after a certain time period. It is recommended that staff members are aware of changes and create or adjust social stories in regards to the occurrence of activities.

**Ethical Implications**

With regards to receiving consent, both child care agencies would need to attain consent for all students to participate in any behavioural data collection study. This may pose as an ethical concern when reading social stories to all students. If a child’s parent does not consent, it may hinder providing social stories and social information to all students.

**Multilevel Challenges to Service Implementation**

**Overview of issue.** Difficulty in delivering services and implementing aspects of Applied Behavioural Analysis may be correlated with frequent staff rotations and inconsistency of exercising behavioural techniques. This issue has an impact on mediator training to implement effective client programs as there are minimal opportunities to train, observe, and evaluate staff on their skills for implementing behavioural programs or techniques.

**Client level.** Treatment programs in daycare settings are important in assisting children to socialize and promote the development and practice of skills necessary for continuation of learning and transitioning from pre-school to kindergarten. This involves consistent adherence to individualized client care plans. Although the Behavioural Psychology student was on-site to support one individual, there were also many opportunities for staff to provide services and demonstrate effective use of behavioural techniques. Consistency with delivery of service amongst staff members when working with a particular client is likely to decrease service gaps and provide more enhanced support hours within the delivery of the client’s treatment program.

**Program level.** Although mediator training may be necessary to implementing an effective behaviour program, it can be a time-consuming process. When delivered effectively, programs can be implemented correctly by all staff members and clients can receive the necessary and proper treatment. However, some barriers to program success may include rotating
staff, inconsistent communication, disorganized schedules, and inconsistency with program delivery.

**Organizational level.** Barriers to beneficial services include lack of staff training in relation to behavioural techniques and principles. This may be associated with poor program and monitoring adherence. Inconsistency with implementing behavioural techniques may be costly at the organizational level in regards to services provided from the agency as the organization will lose enhanced support hours due to inconsistency of use from the services provided. With lost enhanced support hours, the organization is affected in terms of staff schedules and providing valuable services to the client.

**Societal level.** Implications for inconsistency with implementing effective treatment programs can affect individuals with ASD as they progress through life. For example, failed early intervention may have implications on later difficulties with transitions. Clients who do not receive consistent program delivery and opportunity to develop their social, developmental, and intellectual skills may have some difficulty integrating into different levels of education. Society has behaviour norms, and in regards to children with special needs, it is important to encourage and teach acceptable behaviours to use in the community.

**Recommendations for Future Research**

As discussed previously, the hypotheses proposed could not be tested because of time constraints. Future research should collect clinical data to evaluate the efficacy of social story interventions within a group setting of pre-school aged children. Ideally, a study which involves pre- and post-treatment phases would also collect reliability and validity data on social story interventions in a group setting of preschool aged students. A suggestion which may address the reliability and validity limitation would be to conduct surveys before the implementation of the manual, three months into using the manual and its resources, and a follow-up survey. A larger time frame would be needed for feedback to be gathered from professionals. Implementing the manual in this format would allow testing of the hypotheses proposed in this thesis and would determine the manual’s validity and effectiveness. It is also recommended that changes be made to the manual in regards to the results found. This would serve to improve the overall content of the manual and encourage generalization across child care staff and participants.

**Contributions to the Field of Behavioural Psychology**

The field of Behavioural Psychology promotes positive behaviour change through successful outcomes for clients. A goal of Behavioural Psychology is to provide individuals with empirically-based interventions that improve clients’ functioning and quality of life. This thesis contributes to this goal as it provides empirically based evidence within the treatment approach of social stories. This type of intervention has the potential to assist children in understanding social situations and displaying appropriate social behaviours.

In addition, professionals in the field of Behavioural Psychology are continuously expanding the literature on intervention techniques and participant populations. The Behavioural Psychology field has the aptitude to modify intervention procedures to meet the needs of the environment and clients. This thesis enhances the growing body of literature by successfully combining social stories interventions within group settings. With relevance to current literature, very few studies have completed a manual that addressed social story interventions in pre-school aged group settings.
References


Total Word Count: 7,558
Appendix A
Satisfaction and Feedback Survey

This survey will allow me to see if there is any relevant information that you feel I have missed or that is important to include into the manual. Please place an “X” under the rating you feel is appropriate. Thank you!

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<th>2 Dissatisfied</th>
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Please provide any additional feedback or comments.
A Manual for Using Social Stories with Children in Licensed Child Care Programs

Developed by Dayna Hearn
Honours Bachelor of Behavioural Psychology
St. Lawrence College
2017

1Image found on Google Images and represented here as no permission needed, free to use or share. Retrieved on November 29, 2017 from: https://www.google.ca/advanced_image_search
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Part I: Introduction

Purpose of the Manual & Rationale

This manual is developed for the use by licensed child care staff. The manual provides information and resources for staff regarding the involvement of children that may have developmental and intellectual disabilities. It is designed to provide staff with a variety of social stories to help encourage children to develop appropriate social skills within the licensed child care program.

Children who are diagnosed with Autism Spectrum Disorder (ASD) most often learn a variety of life skills and strategies that are essential for appropriate social skill development when a significant intervention is used.\(^2\) The following manual will provide current information about Autism Spectrum Disorder (ASD) and the importance of an early intervention.

This manual has been developed to give a practical understanding of some of the basics of applied behaviour analysis (ABA) in a concise and easy-to-read means. The reader can learn where to begin with the development of a social story and how to potentially increase the child’s social skills or appropriate social behaviours.

Description of Contents

In this manual the reader will find resources to assist children in developing appropriate social skills and making transitions easier for students with ASD. The social stories in this manual are designed to fit licensed child care programs. This manual focuses on basic principles of ABA, social skills deficits, and specifically social story intervention aspects. The manual is a resource for licensed child care staff that will encourage appropriate social behaviours displayed by the students, as there are many social stories provided.

This manual contains information on how to define behaviours and understand why they are happening. By providing this information, staff will acquire knowledge in regards to developing personalized social stories. Other tips to consider when using ABA with children will also be provided.

Materials Required

Materials required will vary with each program. Different materials and instruments are effective. However, there are a variety of social stories provided in the appendices of this manual.

\(^2\)See article by Kokina and Kern (2010).
Using this Manual Effectively

In order to utilize this manual in the most effective approach for learning ABA, and how to implement social stories for encouraging appropriate social skill development, it is important to follow these steps:

- Read this manual in its entirety. By doing so, the reader will become familiarized with the manuals content. This allows for increased focus on what the manual has to offer and introduces concepts of ABA.

- Before implementing a social story intervention, understand the function of the child’s behaviour. By understanding and observing behaviour, a personalized social story can be created.

- Follow the procedures in the step-by-step directions as they are outlined. It’s important to use creativity as well. Changing materials or aspects of the social story to match the current interests of students can greatly influence their motivation to comply with the social story.

- It is important that procedural steps are not skipped. Each have a purpose in some way.
Introduction

Applied behaviour analysis (ABA) is the scientific study of behaviour. The field of psychology is useful for staff in licensed child care programs because behavioural challenges hinder the child’s learning and development abilities. Managing challenging behaviours through ABA can increase learning and morale, allowing the classroom to a pleasant and enjoyable environment. Young students can then, grow to develop skills needed to transition to kindergarten or grade one.

Defining a Behaviour

This is an important step to achieve before creating a personalized social story and implementing the social story. Defining can help a teacher clarify what behaviours they are seeing and what they would like to change. This step helps to elude confusion when explaining to the child what is expected of them. The behaviour can be one to be reduced or that is desired to be increased.

The first step in defining a before is to recall what the behaviour looks like. The simplest way to define a behaviour is to apply who, what, when, what the behaviour is not. It is important to avoid attempting to define thoughts, feelings, or things that cannot be seen by someone other than the child themselves.

- **Who:** "Lucy."
- **What:** what does the behaviour look like? A variety of examples can be noted if applicable. "Sitting: bottom is on base of chair or floor, with feet on the floor." It is also relevant where applicable to include if the child will or will not do the behaviour.
- **When:** when will the behaviour occur? "During lunch time."
- **Where:** where the behaviour should occur. "Inside the classroom at the table."
- **What it is not:** examples of exceptions. "Sitting does not include if Lucy asks to get up to use the washroom or get a napkin."

An example of a simplistic behavioural definition can look like this:

"Lucy will sit in her seat at the table, at lunch time. This looks like her bottom on the base of her chair, with feet on the floor. This behaviour does not include asking to get up from the table to use the washroom or to get a napkin."

---

3Content in this chapter is adapted from Mayer, Sulzer-Azaroff, & Wallace (2014).
ABC’s and Function of a Behaviour

Determining the function of a behaviour is the next important step for the development of a personalized social story for a child. When a behaviour is occurring, the staff member only needs to observe two items: what happened before (A), the behaviour (B), and what happened after it (C). After the ABC recordings, staff can reflect. Reflecting back on what they observed is the day allows connections to be made. However, the results of completing an ABC after the occurrence may not be as accurate.

A  Antecedent (before)
B  Behaviour
C  Consequence (After)

* See Appendix A for an ABC chart.

What happens before (antecedent) a behaviour occurs is called a ‘trigger’. Changing the antecedent to a behaviour is an important aspect of ABA. This can stop the behaviour from occurring again. If the trigger for the behaviour does not occur, the behaviour is less likely to occur as well. If the antecedent cannot be changed, the consequences (C) can be changed. This would make the inappropriate behaviour less desirable.

After the student has engaged in a behaviour, the consequence maintains the behaviour. The student’s history or past experiences may determine if they continue to engage in a challenging behaviour. If the child has gained benefits or attention from engaging in particular behaviours in the past, they will expect the same favourable outcomes.

The consequences that follow a behaviour can determine the behaviours function. Most behaviour is presented to help the individual gain something. Some possible functions of behaviour are:

- Gain tangible items
- Gain the ability to escape
- Gain positive and/or negative attention (most often from peers, staff, or family)
- Gain stimulatory sensation (rocking, making sounds, scratching, etc.)

After engaging in the behaviour and the student enjoys access to any of the noted areas, that is likely the behaviours function. At this point, it may be necessary to observe the child several times to make note of the ABC’s involved and determine the function.
Part III: Techniques to Remember

Medical History

Before beginning any program with a child, it is important to acquire the child’s history from their parents’ about any medical conditions or concerns. Some behaviours occur as a result of a medical condition, meaning behaviours may not be appropriately managed with ABA techniques.

Be Positive

Any individual implementing a social story intervention with a child should try and focus on positive behaviours that can be increased. Also focus on behaviours that are opposite or alternatives to the behaviours wanting to be decreased. Focusing and rewarding positive behaviour helps the child to practice socially appropriate behaviours. This also helps the intervention to remain a positive experience for the child involved.

Be Consistent

This includes being consistent on the delivery of social stories and visuals. Consistency also includes ignoring some behaviours. Consistency is important in developing and maintaining the behaviour change made by the social story intervention. If a staff member does not follow through on the procedures outlined, challenging behaviours will likely continue to occur within the classroom.

Be Patient

It is common that behaviours will become worse within the beginning or middle stages of an intervention. However, if the intervention is implemented consistently, the behaviours displayed should be short lived and improve with time.

Be Firm

When a directive has been given, it is recommended the teacher should not pay attention to the student’s inappropriate behaviour to alleviate the stress the behaviour produces in the classroom. It is important the teacher remains firm in the original decision made so the student does not expect the teacher to give in next time the behaviour reoccurs. It is also important not to threaten the students with a punishment that can bot be fulfilled.

Content in this chapter is adapted from Mayer, Sulzer-Azaroff, & Wallace (2014).
Autism Spectrum Disorder (ASD) is a disorder within the brain that is characterized by abnormalities in social contexts, language and communication skills, and different behaviours and interests.

When a child displays delays or abnormal functioning in social interaction, language skills, or imaginative play skills before the age of three, he or she may be diagnosed with having autism.

Autism is defined as a spectrum disorder due to different combinations in symptoms, abilities, and characteristics of an individual.

Three factors which contribute to differences among children with ASD include:

1) Level of Intellectual Ability
   → ranges from profound disability to above-average intelligence.

2) Severity of Language Difficulties
   → differences in language skills (some children with ASD may speak a lot and some may be mute).

3) Behaviour Changes with Age
   → some behaviours develop with age and some children develop speech or social skills with age.

Main Deficits of ASD

Social Impairments –
   • Difficulties relating to others
   • Difficulty adjusting to social cues
   • Difficulty focusing attention to others
   • Difficulty understanding other’s feelings and emotions

Communication Impairments –
   • Difficulty using verbal skills and gestures
   • Difficulty using appropriate language within social contexts
   • Display language differences by using pronoun reversal

Restricted and Repetitive Behaviours & Interests –
   • Individuals display repetitive patterns of behaviours (i.e., repeating the same sounds or movements)
   • Interact in activities or interests that include obsessive habits
   • Display abnormal fixations or concerns

Content in this chapter is adapted from Mash & Wolfe (2013).
**Reducing Disruptive Behaviours**

Disruptive behaviours may include tantrums, throwing objects, self-stimulation, aggressive behaviours, and self-injurious behaviours. These behaviours are most common within early intervention and should be eliminated immediately. Usually the goal is to teach a child more adaptive forms of social interaction and communication. Rewarding and ignoring procedures are often used to teach a child more adaptive forms of social interaction and communication.

**Teaching Appropriate Social Behaviours**

Developing and increasing appropriate social behaviours is a high treatment priority for children with ASD. Ways to enhance social interaction include teaching imaginative play and specific social skills. Specific social skills include initiating and maintaining social interactions, sharing and taking turns with others, and including others in activities. Children with high functioning ASD often improve their appropriate social behaviours when a group social skills intervention is implemented.

**Social Skill Deficits**

Developing and understanding social skills is important for young children to learn because it will help them to develop a greater sense of self and interactions amongst others around them. The successful teaching of social skills will allow students to be able to communicate effectively and develop appropriate relationships with peers. Deficits in social skills can be common and can be a difficult skill to teach within a classroom setting.

**Summary**

- Treatments for autism focus on social, communication, cognitive, and behavioural deficits.
- The most effective treatments use structured skills strategies. These strategies are personalized to the individual.
- Almost all children with ASD benefit from early intervention.

---

PART V: Social Stories

Introduction

Social stories have been successful for individuals with autism in increasing their responses and reactions within social situations. Social story interventions demonstrate the success in introducing changes in routines, explaining behaviours of others, and teaching academic skills. Social stories are implemented to provide a variety of purposes. Social stories often teach new routines for children, increase desired or appropriate behaviours, and reduce difficult or problematic behaviours.

There are many articles and studies that have been completed in regards to social story interventions. Social story interventions have been successful because they are visual, easy to write and apply, and identical stories can be used continuously with children. The study completed by Bozkurt and Vuran (2014), noted that the use of social stories was important in the teaching of social skills and socially acceptable behaviours to children as it decreased the likelihood of future negative outcomes. Learning to socialize and recognize social cues are important skills for all children to achieve to build relationships with peers.

Gray and Garand (1993) stated that a child’s perspective is important when developing social stories. It is important to carefully observe and correctly describe what a child may hear, feel, or see in situations.

The social story examples provided in the Appendices B to L are mostly generic social stories. These social stories were created with a program called Boardmaker. It is important to recognize that personalizing social stories for the children is also effective. Children will be interested and motivated to learn from a personalized social story.

Four Types of Sentences –

Affirmative – provides information to reassure the reader.

Descriptive – provide facts about the situation.

Directive – provide personalized statements.

Perspective – provide individual reactions or feelings in regards to the situation.

According to Gray and Garand (1993), the social story ratio includes two to five descriptive, perspective, and/or affirmative sentences for every directive sentence.

---

7Content in this chapter is adapted from Gray & Garand (1993).
8See article by Bozkurt and Vuran (2014).
References


Appendix A
ABC Chart

Client: ______________ Setting: ______________
Date: ______________ Observer: ______________

Operational Definition of Behaviour:
_____________________________________________________________________
_____________________________________________________________________

<table>
<thead>
<tr>
<th>Time</th>
<th>Antecedent</th>
<th>Behaviour</th>
<th>Consequence</th>
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Appendix B
Going Outside Transition Social Story

Going Outside then Inside

My name is _____. I go to preschool at _____.

Each Image found on BoardMaker with permission to use from agency, as the program was purchased by the agency. Retrieved on November 15, 2017 from BoardMaker.
I do many fun activities at school.

Cars

Paint

I like to play on the motorcycle outside.

I also like to play on the teeter-totter.
I like to play with the cars inside.

When we go to different places, we walk in a line.
First, we go outside.

When outside play is finished, then we come back inside.

When we get ready I know how to walk in line by:

1. Staying in line walking behind my friend in front of me.

2. Keeping my hands to myself.

3. Using a quiet voice.
Running and talking loudly are fun things to do outside.

When I am walking in a line, it's important to follow the rules.

I lined up with my friends!
_____ Sits and Eats Lunch

My name is ____. I go to preschool at _____.

18
At school, we eat our lunch and snacks sitting at the table.

I sit and chew. I don't run around when I'm chewing food.
I'm able to sit for 20 minutes!

When it is time to eat, I will try and stay in my seat at the table.
I sat during lunch!
Uses the Washroom

My name is ___. I go to preschool at ____.
At school, I use the washroom.

I will sit on the toilet for 30 seconds.
Someone will assist me with my pull-up.

I wash my hands.
When my teachers ask me to use the washroom, I will listen.

I'm done in the washroom.
I sat on the toilet!
Appendix E
Going to the Gym Social Story

Going To The Gym

I really like playing in the gym.
When it is time to go to the gym,
I will line up with my friends.

We walk to the gym.

When I get to the gym, I can run and play.
I stay inside the gym until gym time is over.

When gym time is done, I will line up with my friends and walk back to the class.
Appendix F
Art Time Social Story

Art Time

I really like doing crafts at preschool.
I will listen to my teacher when she says to go to the table for art.

Then I will put on my smock.
I will sit and wait until my teacher is ready to start art.

Then I can paint on my paper!
When I am all done, I will take off my smock and wash my hands.

I stayed in my seat and finished my craft!
Appendix G
Using My Manners Social Story

Using My Manners

Please \( ? \) Thank You

When I want something, sometimes I forget to ask nicely.
I say things like "give me that" or "that's mine."

It's not nice when I do that and people won't want to help me or share with me.
I can use my manners by saying please and thank you.

When I use my manners, people will want to help me.

This makes me and my friends happy.
Appendix H
When Someone is Bothering Me Social Story

When Someone is Bothering Me or Hurting Me

1. Look at them.

2. Say "stop it, I do not like that."

3. Put hand up in a "stop" sign.

4. If this does not work, get help from a teacher.
Appendix I
Going Outside Social Story

Ryder Says

**Ryder says:**
Stand in line

**Ryder says:**
Hold teacher’s hand

**Ryder says:**
Wait at the end of the stairs

**Ryder says:**
Walk on the path

**Teacher says:**
Go play

**Ryder says when I go outside...**

I listen to my teacher  
I play  
I take turns

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13Image found on Google Images and represented here as no permission needed, free to use or share. Retrieved on November 20, 2017 from: https://www.google.ca/advanced_image_search
Playing With Others

I like to play with others.

I can ask, "Do you want to play with me?" Or "Can I play with you?"

If they say "No", it is okay.

I can ask someone else to play or play by myself.
Appendix K
Fire Drill Social Story

The noise you hear is a fire alarm.

It is OK. Get in line behind me.
Appendix L
Keeping My Hands to Myself Social Story

**Keeping My Hands To Myself**

Sometimes when I am upset or excited I put my hands on other people.

When I put my hands on other people, I need to stop.

I need to keep my hands to myself.

I can take 5 big breaths. This will help me stay calm.

I keep my friends and myself safe when my hands are on my own body.