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Social Skill Autopsies: A Strategy to Promote and Develop Social Competencies

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Janet and I were enjoying a wonderful dinner at the home of friends. The hosts, Jerry and Linda, were the parents of a terrific young girl who attended our school. Barbie, twelve years old, had significant learning and language problems, and these difficulties often caused social difficulties. Her impulsivity and her inability to monitor her language effectively often created embarrassing situations for Barbie and her family.

Barbie joined us for dinner, and the five of us were enjoying an exceptional meal and stimulating conversation. The discussion turned to automobiles. "We're going to get a new car next week! It's s-o-o-o beautiful and it has a CD player. It's very fancy...not a cheap car like yours!" Barbie blurted out, excitedly.

The table went silent. Jerry was humiliated. Linda was near tears. Barbie, unaware that her comments were offensive, continued her conversation.

Jerry erupted. "That is the rudest thing you have ever said, young lady! Leave the table right now and go to your room." Confused, Barbie sheepishly left her seat and went to her bedroom, closing the door behind her.

The four of us quietly continued our meal under a pall of embarrassment. Jerry knows me well enough to recognize that I did not approve of his response. He finally broke the uncomfortable silence by saying, "Okay, Rick. I know that I blew that one."

"What did I do wrong? What should I have done?"

Reluctant to convert the meal into a consulting session, I replied, "We can talk later."

"No, really, Rick, I want to know. She's always doing that kind of thing. We punish her, but it doesn't seem to help."

"Jerry," I began, "you are wonderful with Barbie. You are her most effective teacher! What if you were trying to teach her the multiplication facts and she said that five times three equaled twenty. Would you have yelled at her and sent her to her room?"

"Of course not," Jerry responded. "I would have taught her the right answer so she would know it the next time."

"Exactly," I countered. "And that's what you need to do when she makes social errors, too."

This incident gave birth to the concept of the "Social Skill Autopsy." This technique is now used in schools and homes throughout North America and has been effective in improving the social competence of thousands of children. The strategy is based upon three basic tenets.

1. Most social skill errors are unintentional. It is universally accepted that a primary need of all human beings is to be liked and accepted by other human beings. Therefore, if a child conducts himself in a manner that causes others to dislike or reject him, can we not assume that these behaviors are unintentional and far beyond the child's control? Why would a child purposefully defeat one of his primary needs?
2. If you accept the premise that the offending behavior is unintentional, it becomes obvious that *punishing* a child for social skill errors is unfair, inappropriate, and ineffective.
3. Traditional approaches to social skill remediation are not effective.

These strategies—role-playing, demonstrations, videotaping, lectures, discussions—seldom have a positive impact on the development of children's social competence. They may have a temporary short-term effect, but the results are seldom lasting and do not often generalize to other settings.

The Autopsy approach provides the socially struggling child with an authentic real-life "laboratory" in which he can learn, develop, and apply effective social responses to actual social dilemmas. This authentic approach parallels the LD child's tendency to learn more effectively in practical situations. If you want to teach dining-out skills, conduct the lesson in a restaurant; teach bus etiquette on the bus; and so on.

Before outlining the process of the Social Skill Autopsy, it is useful to explain what this process is *not*. This technique is not intended to be a reprimand, a scolding, or a punishment. Neither should the Social Skill Autopsy be solely controlled by the adult, without input from the child. This strategy should not be viewed as a one-time intervention. Rather, the effectiveness of the Autopsy will be greatly enhanced if the strategy is used frequently. The technique will be ineffective if it is used in a hostile or angry manner. The child should feel secure and supported throughout the Autopsy process.

The Autopsy approach has been extremely effective in modifying and improving the social competence of children in a variety of settings. The technique is easy to learn and can be utilized by family members, babysitters, bus drivers, or coaches. By training all of the adults in the child's life, you ensure that he will be benefiting from dozens of Social Skill Autopsies each day. This intensive exposure will foster growth and generalization of the target skills. The success of this strategy lies in the fact that it provides the child with the four basic steps in any effective learning experience:

- practice
- immediate feedback
- instruction
- positive reinforcement

Scolding, reprimanding, and punishing provide none of these elements.

Barbie was sent away from the table for her inappropriate remark, but no teaching, learning, or reinforcement occurred. As a result, an important learning opportunity was lost. Nothing occurred to make the behavior less likely to be repeated in the future.

Another reason that the Social Skill Autopsy approach is so effective is that it enables the child to clearly see the cause-and-effect relationship between his social behavior and the responses and reactions of others. Children with social skill difficulties often are unable to recognize this relationship and are frequently mystified about the reactions of their classmates, teachers, siblings, and parents. As a child once told me, "People get mad at me all the time and I just don't know why."

The Social Skill Autopsy strategy can be a very effective and responsive technique if used properly. It is critical to be mindful that an Autopsy should be conducted as an instructional, supportive, and nonjudgmental intervention. It should be conducted as soon as possible following the offending behavior and should not be viewed—by the adult or the child—as a scolding or negative interaction.

Conceptually, the Social Skill Autopsy is based on the idea of a medical autopsy. Webster's dictionary defines *autopsy* as "the examination and analysis of a dead body to determine the cause of death, the amount of physical damage that occurred, and to learn about the causal factor(s) in order to prevent reoccurrence in the future." The working definition of a Social Skill Autopsy is "the examination and analysis of a *social error* to determine the *cause of the error*, the amount of damage that occurred, and to learn about the *causal factor* (s) in order to prevent reoccurrence in the future."

The basic principle is to assist the child in analyzing actual social errors that she has made and to discuss the behavioral options that the child *could* have utilized in order to have improved the situation.

In seminars, I often cite a classic Social Skill Autopsy that I conducted in a dormitory. I was walking the halls of the residence when I heard loud arguing in Tom and Chip's dorm room. I entered the room and inquired about the nature of the argument.

"It's Tom!" Chip bellowed. "Yesterday I bought a brand-new tube of toothpaste. Tonight, Tom borrowed it and lost it!"

I turned to Tom and said, "Let's autopsy this!" I began by asking Tom to tell me what had happened. He explained that he was unable to find his own toothpaste. He borrowed his roommate's tube, although he was unable to locate Chip in order to get his permission. He went down the hall to brush his teeth in the bathroom. As he was brushing, Jim (a mutual friend of Chip's and Tom's) entered the bathroom and asked Tom if *he* could borrow the toothpaste. Jim passed it on to yet another student and its current whereabouts was now unknown.

The following dialogue took place:

LAVOIE: "Okay, Tom, I understand what happened. What do you think your mistake was?"

TOM: "I know, Mr. Lavoie. I won't make that mistake again. I promise. I never should have borrowed Chip's toothpaste."

LAVOIE: "No, Tom, that *wasn't* your mistake. It's okay for you and Chip to borrow things from each other occasionally. You are roommates and friends. You borrow his stuff and he borrows yours. That's not a problem."

TOM: "Oh, okay. I've got it now. I know my mistake. I shouldn't have lent Jim the toothpaste. I should have told him, 'No.' "

LAVOIE: "Nope, that's not your mistake, either. Chip and Jim are good friends, too. Chip surely would not have minded you lending an inch of toothpaste to his friend Jim. Try again!"

TOM: "I've got it! I shouldn't have let go of the tube. I should have squeezed the toothpaste onto Jim's brush and then returned the tube to Chip!"

LAVOIE: "Bingo, Tom, you've got it! Our social lesson for the day is not 'Do not borrow,' it's not 'Do not lend.' Rather, our lesson is 'When you borrow something from someone, it is your responsibility to be sure that it is returned. You cannot give that responsibility to anyone else.' Got it?"

TOM: "Yup, I've got it!"

LAVOIE: "Okay, let's make sure. Suppose you stuck your head into my office and said, 'Mr. Lavoie, all the kids are playing catch and I don't have a baseball glove. Can I borrow the baseball glove that you keep in your closet?' I say 'yes' and toss you the glove. While you are playing catch, your dorm counselor comes over and tells you to return to the dorm to finish some chores. As you head off the field, one of the kids asks to borrow the glove because you won't be using it. What are you going to say?"

TOM: "I'd say, 'Sorry, but it's not my glove, so I can't lend it to you. It belongs to Mr. Lavoie. Why don't you come with me while I return it to his office? Then maybe you can ask him to borrow it.' "

LAVOIE: "Great! Now, Tom, I want to give you a little social homework. Today you learned that it is important to return what you borrow and that you can't give that responsibility to anyone else. Sometime this week, I want you to use that skill. I will check in with you on Friday and you can tell me how and when you did it!"

As you see, the Social Skill Autopsy has five basic and separate stages:

1. *Ask the child to explain what happened.* You will want to have him start at the beginning, if possible. However, some children give a more accurate and complete accounting of an incident if encouraged to begin with the climax of the event and work backwards. Don't interrupt or be judgmental. You want his clear recollections.
2. *Ask the child to identify the mistake that he made .* This is an important and interesting part of the Autopsy process. Many times, the child will be unable to determine when and where the error occurred or his interpretation is inaccurate.

Tom initially felt that borrowing the toothpaste was his error. It wasn't. Had I merely punished Tom ("Give Chip three dollars for a new tube of toothpaste"), Tom would have erroneously felt that his mistake involved borrowing the toothpaste.

Often, a child will get in trouble with an authority figure, but the child will have no idea what he has done wrong. "I got in trouble at practice today." "What did you do?" "I dunno. But I got the coach mad!"

How can a child stop repeating a social error if he is unable to determine or understand what the error is?

3. Assist the child in determining the actual social error that he made . Discuss the error and alternate social responses. At this point in the discussion, the adult should avoid using the word *should*. ("You *should* have waited your turn," "You *shouldn't* have asked the principal if he wears a toupee.") Rather, use the word *could*: "You *could* have asked if you could take your turn next because Mom was coming to pick you up early," "You *could* have asked the principal about his new car or complimented his ties." This strategy underscores the concept that children have options in social situations.
4. The scenario is *the part of the process wherein the adult creates a brief social story that has the same basic moral or goal as the social faux pas*. The scenario should have the same basic solution as the incident. It should require the child to generate a response to the fabricated situation that demonstrates his ability to generalize and apply the target skill.
5. Social homework is *strongly recommended by Syracuse University psychologist Arnold Goldstein as a strategy to ensure the mastery and application of the target skill*. This step requires the child to use the target skill in another setting and report back to the adult when this had been done. This technique causes the child to seek out opportunities to apply the social skill that he has learned. In the toothpaste scenario, I assigned Tom the task of using the skill of appropriate borrowing. A few days later, he excitedly told me that the dormitory counselor had lent him her large snowman mug when the dorm students had cocoa on a wintry night. As Tom was rinsing out the mug, another student asked if he could borrow it. Tom told him that he was not at liberty to lend the mug, but encouraged his dormmate to ask the counselor if he could use it. Tom's application of the "borrowing concept" demonstrated that he is well on his way to mastering this skill.

Children respond very well to this strategy, and, if it is correctly applied, they do not view the technique as a scolding or a reprimand. On the contrary, they come to view the Autopsy as an intriguing and effective strategy designed to improve their social competence.

Students actually request Autopsies when they are involved in a social interaction that they do not understand. A fourteen-year-old girl once entered my office and asked, "Mr. Lavoie, can you help me? Last night my sister called me from college and we ended up having a big argument. I know that I said *something* wrong that made her angry, but I don't know *what* I did. Can we do an Autopsy on the call?"

Remember the Autopsy is:

- a supportive, structured, constructive strategy to foster social competence
- a problem-solving technique
- an opportunity for the child to participate actively in the process
- conducted by any significant adult in the child's environment (teacher, parent, bus driver)
- conducted in a familiar, realistic, and natural setting
- most effective when conducted immediately after the social error

It is not:

- a punishment or scolding
- an investigation to assign blame
- controlled/conducted exclusively by an adult
- a one-time "cure" for teaching the targeted social skill