The impact of involvement in circle time on the social and emotional awareness of students diagnosed with an Autism spectrum disorder

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Abstract

This study examines outcomes associated with the implementation of circle time to improve the social and emotional awareness of students diagnosed with an Autism Spectrum Disorder. Circle time is described as a safe base where students can enhance their social and emotional learning skills within a child-centered and child directed context. Students diagnosed with an Autism Spectrum Disorder display deficits in their social and emotional competencies due to the neural circuitry responsible for emotional responses. Current research indicates positive results for students when a social and emotional learning curriculum is implemented. Although there is current research into both social and emotional learning curriculums, and the social and emotional needs of students diagnosed with an Autism Spectrum Disorder, there is a lack of findings in relation to the implementation of circle time to deliver a social and emotional learning curriculum to students diagnosed with an Autism Spectrum Disorder. The findings of this study suggest that participation in circle time experiences has a positive impact on the social and emotional development on students diagnosed with an Autism Spectrum Disorder (ASD).

Keywords: Social and Emotional Learning, Autism Spectrum Disorder, Circle Time, Behavior.

Introduction

This study investigates the effectiveness of implementing circle time to deliver a social and emotional learning curriculum. The study focuses on the outcomes of students diagnosed with an Autism Spectrum Disorder (ASD), and how their participation in the circle time experiences shape their developing social and emotional competencies.

Students diagnosed with an ASD face many challenges in relation to social and emotional development. Educators need to not only be aware of these challenges but also implement a learning curriculum that offers the best support for students. Social and emotional learning curriculums have been successful in assisting many students to develop their social and emotional competencies thus enabling them to interact and communicate effectively in and out of the learning environment.

Circle time provides teachers with a student-centered learning zone where they can explicitly implement a social and emotional learning curriculum. The teacher becomes the facilitator and a participant in the learning, steering the discussions and activities to suit the needs of the students.

Social and emotional learning curriculums focus on the development and enhancement of five core skills, including: self- awareness, social awareness, self-management, relationship skills and responsible decision-making.

The information gained through this study will help guide teachers' delivery of a social and emotional learning curriculum. More importantly, the outcomes will contribute to an understanding of the impact of circle time on students diagnosed with an Autism Spectrum Disorder (ASD).

Background

The underdevelopment of social and emotional skills in students diagnosed with an ASD is directly related to the differences in their neural circuitry responsible for the management of emotions. Students diagnosed on the spectrum generally have difficulties in developing the social and emotional skills required to effectively interact and maintain social awareness within group settings. Over the past decades there has been research into the development of social and emotional learning curriculums and the benefits these curriculums offer students (Durlak, Dymnic, Taylor, Weissberg, & Schellinger, 2011, p. 3). One valid implementation of a social and emotional learning curriculum is the use of circle time. Circle time allows the educator to become a facilitator in the discussion of various topics initiated from the social and emotional developmental experiences of the students.

Social emotional learning curriculums

Over the past two decades awareness of enhancing the social and emotional development of both students and adults has grown (Lantieri, 2009, p. 1). The growing interest into the effects of social and emotional learning came about during the 1990s with the publication of Coleman's, 'Emotional Intelligence: Why it can matter more than IQ' in 1995, which followed Howard Gardner's theory on Multiple Intelligences in 1993 (Zins & Ellias, n.d, p. 1; Lantieri, 2009, p. 1). Both Gardner and Coleman postulate that students who develop high levels of emotional intelligence display higher levels of mental health well-being, academic success and social skills.

Research into the outcomes of implementing social and emotional learning curriculums largely developed from the requirement for 'prevention and resilience' (Zins & Ellias, n.d, p. 1). With an increase in the number of children being diagnosed with mental health disorders, there has been an increased level of interest in social and emotional learning curriculums. Current research has demonstrated positive outcomes for students in the areas of academics, health, relationships and skills for lifelong success (Zins & Ellias, n.d, p. 1; Durlak, Dymnic, Taylor, Weissberg, & Schellinger, 2011, p. 3; Lantieri, 2009, p. 6).

Durlak, Dymnic, Taylor, Weissberg, and Schellinger (2011) conducted a large scale meta-analysis of social and emotional learning programs used for school students, the first of its kind. Implementing a mixed methods approach, the authors analysed 213 programs involving 270,034 students aged from kindergarten through to high school. The authors explored multiple outcomes associated with social and emotional learning, including: social and emotional skills, attitudes towards self and others, positive social behaviour, conduct problems, emotional distress, and academic performance (Durlak, et al., 2011, p. 411). The findings of this investigation indicate that students who participate in a social and emotional learning program display higher skill levels related to social and emotional learning. Furthermore, the authors suggest that these findings indicate participating students displayed higher academic performance levels when compared to non-participating students.

Social and emotional learning programs allow students to gain the ability to recognise and manage emotions, effectively solve problems and establish positive relationships (Zins & Ellias, n.d, p. 1). This is achieved through the delivery of child centered and child directed learning, where the learning reflects and addresses the current day-to-day social and emotional stresses that the children are facing. The Collaborative for Academic, Social, and Emotional Learning (CASEL) (as cited by Zins & Ellias, n.d, p. 1) define social and emotional learning as the process of acquiring and effectively applying the knowledge, attitudes, and skills necessary to recognise and manage emotions. These skills include the ability to recognise emotions within yourself and others, and use this emotional intelligence to regulate behavior and control impulses as well as to maintain reciprocal relationships.

There are five key components of an effective social and emotional learning curriculum, each of which focuses on social and emotional competencies (see Table 1). These competencies are effectively taught within a nurturing and supportive learning environment where the social and emotional learning is implemented within a child centered and child directed context. The use of circle time is one method that is widely used to implement a social and emotional learning curriculum.

Table 1: The five key competencies of an effective social and emotional learning curriculum (Lantieri. 2009, p. 5)

Key competency	Description
Self- awareness	The ability to recognise and assess one's emotions, interests, values and self-confidence.
Social awareness	The ability to empathise, recognise and accept the perspective of others and appreciate similarities and differences among peers, family and the wider community.
Self-management	The ability to regulate one's emotions, control one's impulses, manage stressful situations and display persistence.
Relationship skills	The ability to establish and maintain reciprocal relationships, co-operate with others, and seek and provide help and assistance.
Responsible decision making	The ability to consider ethical standards, safety, social norms and respect for others when making decisions.

Cefai, Ferrario, Cavioni, Carter, and Grech (2013) investigated the effectiveness of using circle time to improve primary school students' social and emotional learning. Adopting a mixed methods approach, the authors implemented a small-scale semi-randomised control trial with five participating classrooms. This study focused on teachers' and students' experiences and outcomes in relation to participating in circle time. This study found that circle time positively impacted on students' social and emotional learning; in particular, an improvement in listening skills, relationship building skills and self-regulation ability was identified. The study also suggested that both students and teachers enjoyed circle time. Participating teachers found circle time to be useful and meaningful, and expressed an interest in implementing circle time as part of the school curriculum. However educators expressed concern regarding poor time allocation for the implementation of circle-time.

Using circle time to enhance social emotional learning

Circle time allows a universal delivery for explicit teaching on various topics. Roffey (2009, p. 1) suggests that circle time games can be used to engage students and to encourage them to participate in group settings. The prepared activities presented in games, songs and discussions can enhance students' social and emotional development including their self-esteem, reciprocal relationship building skills and ability to share one's ideas and feelings (Roffey, 2009, p. 12; Leach & Lewis, 2013, p. 2).

To be most effective, circle time needs to take place within the normal daily routine of the learning environment rather than be an occasional event (Roffey, 2009, p. 1). Effectiveness is also increased when circle time discussions are based on principles of democracy, inclusion, respect and safety (see Table 2 for an explanation of these principles). When this happens, circle time provides a framework within which interactions may be enhanced (Roffey, 2009, p. 1; Roffey & McCarthy, 2013, p. 39).

Table 2: Principles for the effective implementation of circle time discussions (Roffey & McCarthy, 2013, p. 39)

Principle	Implementation of the principle
Equality and Democracy	Every participant, including students and teachers, are seen as equals. No one person may dominate, including the facilitator.
Safety (both socially and emotionally)	Every participant has the ability to make the choice to speak, and cannot be forced or coerced into speaking.
Respect	Having one speaker at a time, allowing other participants to listen openly and respectfully. There are no put-downs either in words, expressions or gestures.
Inclusion and choice	Every student has the right to be included, and each participant is expected to abide by the principles, however the emphasis is on pupil choice rather than adult control.
Positivity	The aim of the circle is to promote positive feelings, identify and develop strengths and solutions, bringing the class together in defining shared goals.
Agency	Students gain a sense of agency as there are no instructions on how to think or what to do, instead students are provided an opportunity to discuss and address important issues with others.

Leach and Lewis (2013, p. 2) suggest that the literature on circle time is dominantly positive, but recognize that there is little evidence of any relationship between circle time and the enhancement of children's social and emotional skills. Despite the lack of evidence to support circle time as a means of delivering a social and emotional learning curriculum, it is being widely used for this purpose within classrooms. It is believed that circle time can be a platform for inclusivity, allowing students diagnosed with ASD to develop their social and emotional learning within a safe and secure base.

The social and emotional development of students diagnosed with an Autism Spectrum Disorder

Autism Spectrum Disorder is a neurodevelopmental disorder which is associated with mild to severe deficits in pragmatics, social development and behaviour skills (Foreman, 2011, p. 289; Hanbury, 2007, p. 9; Kluth, 2010, p. 4). Students diagnosed with an Autism Spectrum Disorder can greatly benefit from participating in a social and emotional learning program as an aid to the development of these skills (The State of Queensland, 2014, p. 5).

ASD is one of the most commonly diagnosed childhood conditions with an estimation of 1 in 100 children being diagnosed (The State of Queensland, 2014, p. 5). The number of ASD diagnoses has increased significantly over the past decade, however it is unknown if the rise in diagnosis is due to an increase in the number of children with ASD, improved awareness and practices by diagnosing practitioners, or an increase in misdiagnosis (The State of Queensland, 2014, p. 5; Greg, 2011, p. 8).

Practitioners diagnosing children with ASD follow the criteria for diagnosis as set out in the American Psychiatric Association's Diagnostic and Statistical Manual (DSM). This criteria requires that children experience at least two social interaction impairments from the following list:

- the use of non-verbal skills such as eye contact, facial expression and gestures;
- establishing and maintaining relationships with peers;
- spontaneously sharing interests and enjoyment with others; and
- social and emotional reciprocity.

(Greg, 2011, p. 6)

As well as the two social impairments, the child must also display one or more clinically significant communication impairments and display a minimum of one form of restricted, repetitive or stereotyped interests or behaviors (Greg, 2011, p. 3).

Students on the Autism Spectrum Disorder develop social and emotional skills at differing levels and rates than a typically developing student. These social and emotional deficits are related to the development of brain neural circuitry that controls the responses of emotions (NYU Child Study Centre, 2012). Because students with ASD have minimal emotional intelligence, they require direct teaching of social and emotional skills to enable the development of mechanisms to regulate their own emotions and develop an awareness of the emotions of others.

Within the school environment students with ASD may display immature social regulation, inability to modulate response to disappointment or frustration, or anger in response to any deviation from expectancy (NYU Child Study Centre, 2012). With the use of a social and emotional learning curriculum, students, educators, and peers can become aware of the development of social and emotional skills, and the variety of individual needs. This can enable educators and peers to accept and understand students with an Autism Spectrum Disorder.

In comparison to the typically developing student, students diagnosed with an Autism Spectrum Disorder do not demonstrate the social competence required to develop reciprocal relationships, self-esteem and adaptability (Stichter, O'Connor, Herzog, Lierheimer, & McGhee, 2011, p. 2; NYU Child Study Centre, 2012). It is important for educators to develop a social and emotional learning curriculum that will foster the social and emotional development of students with an Autism Spectrum Disorder. The aim of these programs should be to assist the students in developing social cognition skills in order for the students to develop relationships with peers and educators (NYU Child Study Centre, 2012; Stichter, O'Connor, Herzog, Lierheimer, & McGhee, 2011, p. 2).

Conclusion

In conclusion, research over the past two decades indicates positive results for students when a social and emotional learning curriculum with a focus on the five core areas of self-awareness, social awareness, self-management, relationship skills and responsible decision-making is implemented. Students diagnosed with an Autism Spectrum Disorder face many challenges when it comes to social and emotional learning and engagement with peers. It is therefore imperative that educators implement a curriculum to allow these students the best opportunity to gain the required social and emotional competencies. Although there is current research into both social and emotional learning curriculum, and the social and emotional needs of students diagnosed with an Autism Spectrum Disorder, there is a lack of findings in relation to the implementation of circle time to deliver a social and emotional learning curriculum to students diagnosed with an Autism Spectrum Disorder.

Method

Participatory Action Research sees the researcher and the researched being active participants within the study (Robson, 2011, p. 188). This study adopted the design of participatory action research within a qualitative paradigm. Data was gathered through observations, checklists and video recordings. The data gathered focused on the participants' competencies in the five core areas of the social emotional learning curriculum including self-awareness, social awareness, self-management, relationship skills, and responsible decision-making (see Table 1 for a description of each). This data was then analysed through thematic coding and graphing.

Circle time was implemented Monday to Thursday for a six-week period. The circle time discussion ran for approximately fifteen to twenty minutes and was the first morning session in which the class participated. During this time topics such as friendship, personal strengths, feelings and problem solving strategies were discussed. The teacher initiated the discussion, however, the students guided the development of the topic through their telling of stories, feelings and events. The guiding principles of circle time were followed (see Table 2 for details).

The setting involved the whole class, a multi-grade kinder to year two class, which included 17 students. Of these 17 students, four were selected as participants of the study, fitting the criteria of having an ASD diagnosis. These four students included:

Child A – Female, 5 years of age
Child B – Male, 5 years of age
Child C – Female, 6 years of age
Child D – Male, 9 years of age

The instruments used to gather data included checklists, observations and video recordings. The class teacher completed a social and emotional development checklist (see Figure 1) to indicate participants' initial developmental levels in relation to social and emotional learning outcomes. The levels used to describe development were level 1: 'Becoming Aware', level 2 'Exploring', level 3 'Making Connections' and level 4 'Applying' (see Table 3 for further details). Written observations of students' interactions within circle time and learning engagements in the classroom, and social engagements during recess and lunch times were carried out daily. Video recordings of the circle time engagement were also conducted on a daily basis. Video recordings were analysed by observing participants' behaviour and language used to articulate their emotions and discuss regulation of emotions. The social and emotional development checklist was repeated at the end of week three and week six of the study for each of the four participating students.

Table 3: An explanation of the development levels used to assess participants' ability in relation to core skills

Social emotion development levels	
Level 1	Becoming Aware (**BA**): the student is able to meet the goal with explicit support from educator
Level 2	Exploring (**E**): the student is able to meet the goal with some support from educator
Level 3	Making Connections (**MC**): the student is able meet the goal with limited prompts from educator
Level 4	Applying (**A**): the student is able to meet the goal independently

Figure 1: The checklist used to assess the social emotional development level of each participant

SOCIAL AND EMOTIONAL LEARNING: STUDENT CHECKLIST

Student Name:_____ Age:_____ Year Level:_____

Core area: Self-Awareness & Self-Management

	BA	E	MC	A	Comments
Identify and manage one's emotions and behaviour					
Recognise and accurately label emotions and how they are linked to behaviour.					
Demonstrate control of impulsive behaviour.					
Recognise personal qualities and external supports					
Identify one's likes and dislikes, needs, wants, strengths and challenges.					

Core Area: Social awareness & Relationship Skills

	BA	E	MC	A	Comments
Recognise feelings and perspectives of others					
Recognise that others may experience situations differently from oneself.					
Use listening skills to identify feelings and perspectives of others.					
Use communication and social skills to interact effectively with others					
Identify ways to work and play well with others.					
Demonstrate appropriate social and classroom behaviour.					

Core Area: Responsible decision-making

	BA	E	MC	A	Comments
Consider ethical, safety and societal factors in making decisions					
Explain why unprovoked acts that hurt others are wrong.					
Apply decision-making skills to deal responsibly with daily academic and social situations					
Identify a range of decisions that students make at school.					
Make positive choices when interacting with peers.					

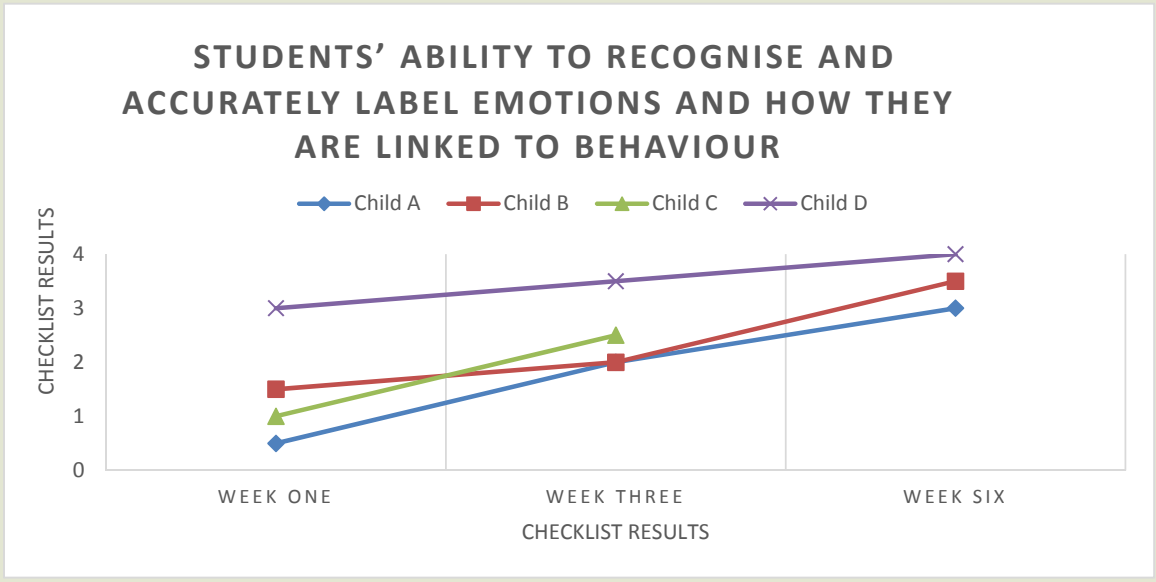
Findings and discussion

Self-awareness

Self-awareness is the child's ability to recognise their own emotions, interests, values and self-confidence (Lantieri, 2009, p. 5). Findings from the checklist records revealed that all of the participants made improvements within this domain. At the beginning of the study, participants' developmental levels varied considerably, from low 'Becoming Aware' (Level 1) (Child A) through to 'Making Connections' (Level 3) (Child D). By the end of the study Child A, B and C were at the 'Making Connections' stage (Level 3) whilst Child D had improved to the 'Applying' level (Level 4) (see Figure 2). Although all participants displayed improved ability to recognise their emotions, Child A made notable gains within this domain. Child A started the study meeting the criteria for level 1, 'Becoming Aware', requiring and relying on explicit support from the teacher. At the end of the study Child A had developed to level 3 'Making Connections', being able to recognise her emotions, interests and self-confidence with limited teacher assistance. Child A's ability to recognise her own emotions was also observed in anecdotal observations. The following transcript displays Child A recognising that she is not happy with something that has happened to her and displaying the ability to use language gained from the circle time activities to express her unhappiness to another child.

Child A: (Playing on the playground when another child took her hat off her.) Stop, you're dipping out of my bucket'. (The child gave her hat back and apologised.)

Figure 2: Checklist results showing changes in each participant in the core area of self-awareness



***Key: 1 = BA, Becoming Aware; 2 = E, Exploring; 3 = MC, Making Connections; 4 = A, Applying**

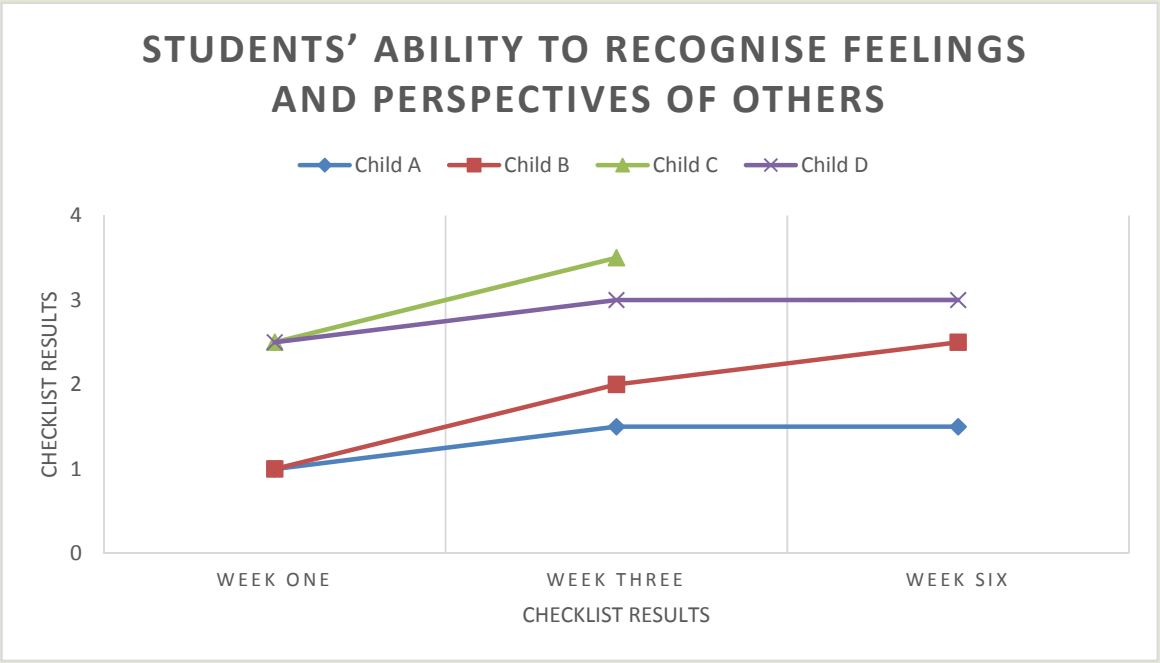
Social awareness

Social awareness is the child's ability to empathise, recognise and accept the perspective of others and appreciate similarities and differences among peers, family and the wider community (Lantieri, 2009, p. 5). These skills are particularly challenging for students diagnosed with ASD (Stichter, O'Connor, Herzog, Lierheimer, & McGhee, 2011, p. 2). Smaller growth scales were observed within this domain (see Figure

3), however, considering the short time period, this growth can be seen as having a positive impact on participants' social awareness skills. The following transcript retrieved from anecdotal observations demonstrates empathy towards peers.

Peer: (*Sitting with Child A*) I have biscuits. Do you want one?
Child A: I have a muesli bar, but I can't share it with you cause you get sick.

Figure 3: Checklist results showing changes in each participant in the core area of social awareness



***Key: 1 = BA, Becoming Aware; 2 = E, Exploring; 3 = MC, Making Connections; 4 = A, Applying**

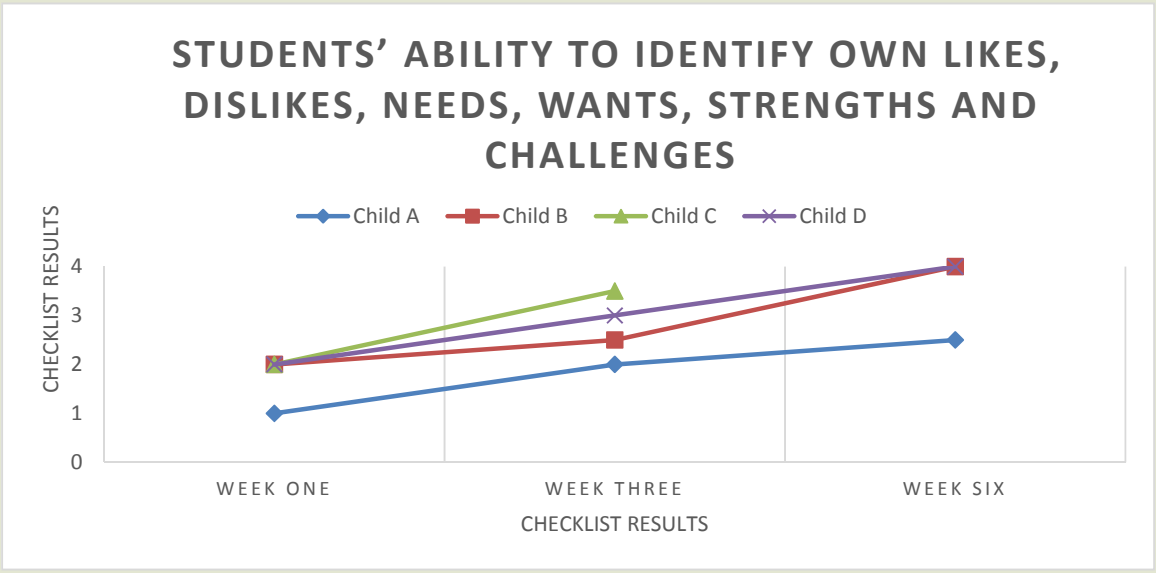
Self-management

Self-management is the child's ability to regulate their own emotions, control impulses, manage stress, and display persistence (Lantieri, 2009, p. 5). The results from the checklists display a significant growth in this domain for all participants (see Figure 4). The participants became increasingly aware of situations that caused them discomfort, and were able to demonstrate ways to both express their discomfort and implement appropriate actions to handle the situation. The following transcripts from anecdotal observations reveal two of the participants' ability to recognise and express their emotions and take appropriate action in uncomfortable situations.

Child B: (Is participating in a Math experience when he starts crying.)
Teacher: What's wrong?
Child B: I'm just going to let them down.
Teacher: Who are you letting down?
Child B: My first family.

Child D: (Is participating in a literacy lesson and sharing a book with a younger peer. Child D guides the peer to where he should be reading but the peer starts to climb over him. Softly he says…) Oh, no get off. (Child D gently guides the younger peer back to where he should be before pointing to the page where they are reading.)

Figure 4: Checklist results showing changes in each participant in the core areas of self-management



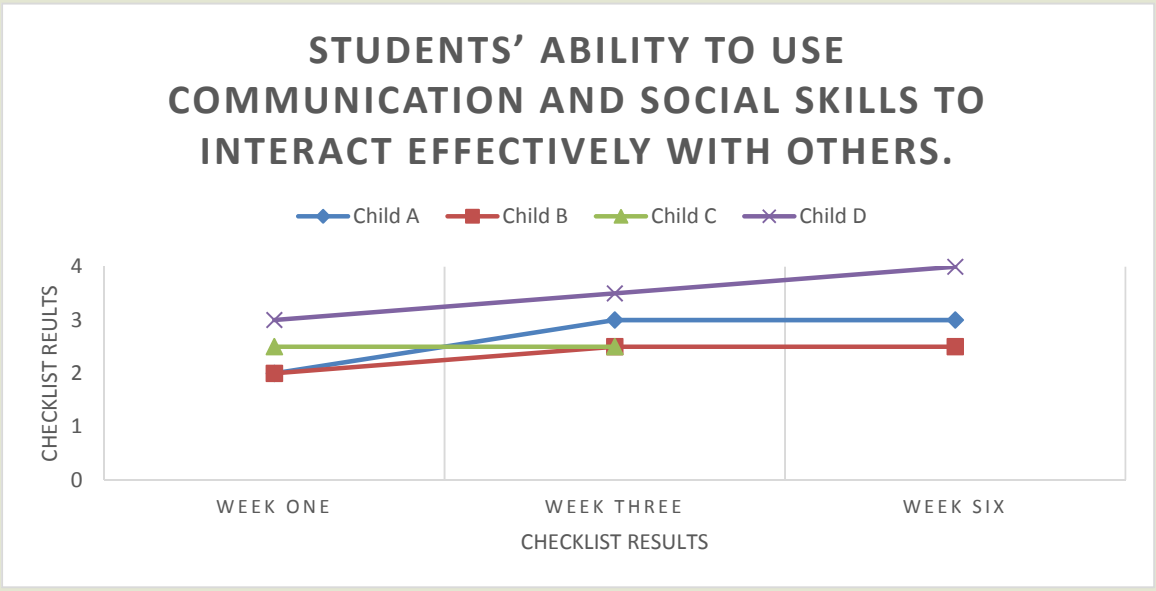
***Key: 1 = BA, Becoming Aware; 2 = E, Exploring; 3 = MC, Making Connections; 4 = A, Applying**

Relationship skills

Relationship skills include the child's ability to establish and maintain reciprocal relationships, co-operate with others, and seek and provide help and assistance (Lantieri, 2009, p. 5). This can be challenging for students diagnosed with ASD as they do not generally pick up on social cues or display empathy towards others (Stichter, O'Connor, Herzog, Lierheimer, & McGhee, 2011, p. 2); both of which are needed to maintain reciprocal relationships. However, during participation in circle time, the participants were required to take turns talking and listening to what their peers had to say, as a result the participants learnt more about their peers' interests and likes. While the checklist did not indicate a marked improvement for the participants in this domain, there appears to be a slight upward trend (see Figure 5). Toward the end of the study, the participants began to discuss (during circle time) and recognise situations where people might need assistance and problem solving skills to enable co-operation with others. The following transcript from anecdotal observations displays one participant's willingness to comfort and provide assistance to their peer.

Child B: (Observes that a peer is crying.) What a matter?
Peer: I miss my mum.
Child B: (*Gives the peer a hug*) It's ok, it's good to be at school.

Figure 5: Checklist results showing changes in each participant in the core area of relationship skills

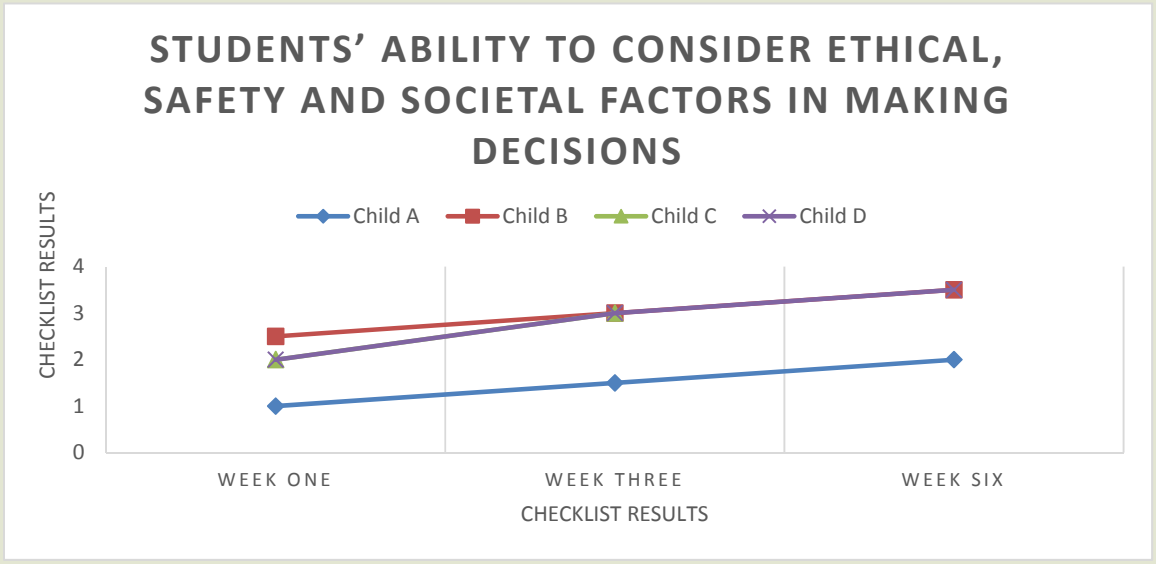


***Key: 1 = BA, Becoming Aware; 2 = E, Exploring; 3 = MC, Making Connections; 4 = A, Applying**

Responsible decision-making

Responsible decision-making is the child's ability to consider ethical standards, safety, social norms and respect for others when making decisions (Lantieri, 2009, p. 5). As students diagnosed with ASD can display limited impulse control and social awareness, their ability to make responsible decisions where the child considers safety, ethical standards and respect for others can be limited (Stichter, O'Connor, Herzog, Lierheimer, & McGhee, 2011, p. 2). The participants made small improvements in this domain over the six weeks. Three of the four participants developed from level 2 'Exploring', where they required some support from the teacher to achieve success within this domain, to level 3 'Making Connections', where they required limited prompting from the teacher to achieve success (see Figure 6).

Figure 6: Checklist results showing changes in each participant in the core area of responsible decision making



***Key: 1 = BA, Becoming Aware; 2 = E, Exploring; 3 = MC, Making Connections; 4 = A, Applying**

General findings regarding circle time

At the conclusion of the study, both the children and the mentor teacher provided positive feedback in relation to their participation in circle time. The concluding comments made by participants and the classroom teacher revealed that the children appreciated having an opportunity to discuss various topics within the circle time, and that the classroom teacher appreciated the children's honesty during circle time. Below are comments made at the conclusion of the study:

I appreciate circle time is talking about things
(Child A)

Mostly [what I] really liked was the being in a circle with everyone.
(Child B)

The good thing is about when we talked about our holidays.
(Child D)

The bad thing about it is circle time we didn't get to do it when you're away.
(Child B)

I like the fact that people, as they got used to doing circle time, they were being honest and they were feeling free that they could share their ideas and their feelings. They weren't trying to be showing off to other people, pretending. They were being honest and saying what was really in their hearts.
(Classroom teacher)

Future research directions

It is recommended that further studies be carried out regarding the outcomes associated with circle time experiences aimed at facilitating the social and emotional learning of students diagnosed with an Autism Spectrum Disorder.

Limitations

The limitations within the study include the short time frame of six weeks and the limited number of participants. Observations on Child C ceased in week four of the study because the child left the school.

Conclusion

It is important for educators to acknowledge and address the varying social and emotional needs of students diagnosed with an Autism Spectrum Disorder. The data from this study showed that students experienced slight improvement in all key domains of social and emotional learning areas, including self-awareness, social awareness, self-management, relationship skills and responsible decision-making. However, due to the limited time frame and small number of participants it would be beneficial to further investigate the connection between circle time participation and the improved social and emotional development of students diagnosed with an Autism Spectrum Disorder.

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