UNDERSTANDING YOUR CHILD’S TROUBLE WITH SOCIAL SKILLS

By Erica Patino, Understood.org

Making friends and fitting in—it’s an important part of a child’s life. It can be challenging at times, too. But if connecting with others is a constant struggle for your child, it could be a sign of learning and attention issues.

There are a few issues that make it hard to have conversations and socialize. There’s one, however, that’s mainly known for impacting key social skills. That condition is called nonverbal learning disabilities (NVLD). Learn more about what might be behind your child’s trouble with social skills, and how you can help.

What You Might Be Seeing
Trouble with social skills may not be that obvious in early childhood, depending on the cause. Some kids with NVLD, for instance, don’t show signs until grade school or middle school. That’s when socializing becomes more complex. You might start noticing that your child doesn’t seem to get it when others look or sound annoyed. Or maybe he responds inappropriately in conversations.

What Can Cause Trouble With Social Skills
NVLD is a learning issue that primarily involves social skills. Other conditions can also make it hard for kids to interact, but for different reasons. Here are some of the causes of trouble with social skills.

Nonverbal learning disabilities: This brain-based condition makes it hard for kids to understand communication that isn’t spoken. Kids with NVLD tend to miss social cues. Those are the messages people send through body language, facial expressions and tone of voice. For instance, kids with NVLD might not understand that a classmate who is crossing her arms and looking away doesn’t want to talk.

Many kids with NVLD don’t get abstract concepts. They may have trouble reading between the lines. If someone says, “I’m so mad I could spit,” they may take it literally.
DID YOU KNOW?

Harkening back to the impact of trauma, trauma-informed environments will need to make proactive accommodations for children coming from hard places. For example, glutamate, a neurotransmitter that is commonly elevated in children with histories of harm, is more active when children are dehydrated. This creates significant issues behaviorally, because glutamate is associated with aggression, violence, and seizures. By simply making water bottles accessible to children during school hours, glutamate levels can be controlled (Boudaba, Linn, Halmos, & Tasker, 2003). Insulin receptors are altered by chronic stress and prenatal exposure to alcohol, resulting in variations in blood sugar that are associated with dips in learning and behavior. Having snacks at times of day when children’s blood sugar may be low (e.g., mid-morning between breakfast and lunch; mid-afternoon between lunch and dismissal) can keep blood sugar from dropping too low and significantly improve behavior and learning (Benton, 2007; Benton & Stevens, 2008; Gailliot et al., 2007; Kaplan et al., 2004).

Finally, a majority of children with histories of harm are reactive to sensory input. Being prepared to meet these unique needs is critical. For example, in music class, if the sounds are too loud—or in art class, if the finger painting project is tactically aversive—children can be permitted to choose an alternative activity, thereby disarming their fear and earning their trust.

READ FULL PUBLICATION

PARENTING TIP FROM DR. DAN SIEGEL

Next time your child is upset or out of control emotionally, we recommend that you try the “below eye level” technique. Not only will your words and body language combine to convey empathy and connection, this relaxed, nonthreatening posture can actually calm you down as well.

VIEW PARENTING VIDEOS FROM DR. DAN SIEGEL