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ADULTS PERSPECTIVES OF FRIENDSHIPS AND SOCIAL INTERACTION BETWEEN STUDENTS WITH AND WITHOUT COMPLEX SUPPORT NEEDS DURING A PANDEMIC

by

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DISSERTATION

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DEDICATION

I would like to dedicate this dissertation to Ema Morales who encouraged me to expand my horizons and explore life through a different lens. Thank you for helping me to be a better person and for encouraging me each and every day to be the best person I can be.

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ADULTS PERSPECTIVES OF FRIENDSHIPS AND SOCIAL INTERACTION BETWEEN STUDENTS WITH AND WITHOUT COMPLEX SUPPORT NEEDS DURING A PANDEMIC

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ABSTRACT

Social interactions and friendships are important for all individuals including those with complex support needs (CSN). The voices of adults including parents/guardians, primary caregivers, teachers, and related service providers who responded to a survey provided insight into supporting social interactions and friendships for children with CSN during the Covid-19 pandemic. This mixed methods study used thematic analysis to explore participants' responses to open-ended questions while multiple choice questions were analyzed through descriptive statistics. Additionally, this study included a research narrative to speak to the various roles I hold related to this study (i.e., parent, educator, researcher). Three themes and three subthemes emerged from the data and are discussed in detail within the study. I also discussed limitations of this study, possibilities for future research, and implications.

Keywords: children with complex support needs, friendship, social interactions, Covid-19 pandemic, research narrative, mixed-methods, survey research, disability

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Chapter One

Social Relationships and Students with Complex Support Needs

Social relationships are vital to human functioning in every culture (Sigelman & Rider, 2018) creating a sense of belonging and establishing a social network in which one feels safe, important, and included (Hall, 2019; Hodges et al., 1999). Forts and Luckasson (2011) discussed the social impact of literacy in their lives that created a special bond between them, inspiring Forts to compose a poem illustrating the desire for friendship:

> One beautiful, clear night this past summer, my Dad and I were
> sitting on our boat dock. We were laying back in our chairs &
> looking up at the sky waiting and hoping to see some shooting
> stars.
> The sky was filled with lots of blinking stars and I told my Dad,
> that someday I hope to have as many friends as the number of stars
> that are in the sky.
> Do you know that I really feel that I am getting very close to my
> wish of having as many friends as the number of stars that are in
> the sky.
> (Forts & Luckasson, 2011, p. 124)

Forts' aspiration to achieve a goal of becoming friends with as many people as possible illustrates the importance of making connections with other individuals.

Importance of Social Relationships

Individuals across the globe spend a substantial amount of time interacting with one another and building relationships of various degrees of intimacy (Hall, 2019). The time spent building relationships proves to be beneficial for an individual’s self-esteem (Franco & Levitt, 1998) and happiness and well-being (Holder & Coleman, 2009). Social relationships provide a sense of belonging (Hall, 2019), reduce feelings of loneliness and depression (Nangle et al., 2003), and decrease the likelihood of becoming a victim of bullying (Hodges et al., 1999). Relationships provide opportunities for individuals to develop a new skill to support each other academically, emotionally, and offer multiple lenses to view the world (Anderson et al., 2011). Additionally, social relationships help with developing problem-solving skills and learning to advocate for one’s beliefs (Anderson et al., 2011).

Social relationships come in many different forms (e.g., professional, intimate, friendships between people with similar interests) and can provide support throughout an individual’s life, affecting one’s satisfaction in life. Relationships can also play different roles at different times in life. Relationships in younger adulthood include intimate relationships, professional relationships, and relationships with family members and friends that provide opportunities to continue refining the social skills individuals begin learning from birth, into childhood, and the teen years. In older adulthood, for example, social relationships help individuals manage stress and improve physical and cognitive health (Sigelman & Rider, 2018) as well as offer emotional support as adults grow older and prepare for death (Sigelman & Rider, 2018). Many of these relationships formed during younger adult years and are found among family members, spouses, and friends.

Having social relationships is essential for all children in building empathy for one another, knowing how to provide and receive emotional support, and knowing how to provide and receive academic support (Schaefer et al., 2018). Learning to receive and provide support in school settings can develop the prerequisite skills for managing projects in one's professional field when becoming an adult (Asmus et al., 2017; Biggs et al., 2018; Carter et al., 2016). During the childhood years, acquiring social skills also creates a space for children to explore the "changes and carryover in personal and interpersonal aspects of development, such as motives, emotions, personal traits, interpersonal skills and relationships, and roles played in the family and in the larger society" (Sigelman & Rider, 2018, p. 5).

Play is a primary way in which children learn social skills and establish social relationships. As children grow from ages 2 to 5, they experience something called "the play years" where the form of play develops from solitary play to cooperative play. As children enter their school years, they engage less in pretend play and more in rule-governed play (Barnes, 1971; Parten, 1932). This transition in play behaviors demonstrates that children increasingly become more social and demand connections from others as they grow and develop; therefore, school settings provide children with a perfect opportunity to have their social needs met.

Definitions and Development of Friendship

Friendships are one important type of social relationship. Over the years, researchers have examined friendship and operationally defined it to include core characteristics that encompass the complexity of social relationships found among children and adults. Three of these characteristics include: (a) social networks, (b) reciprocity, and (c) favored companion.

Social Networks

Anderson et al. (2016) and Boutot (2007) included social networks as a core characteristic to be included in defining friendship. A social network is the “level of involvement [with others]” (Anderson et al., 2016, p. 703) students have in their classrooms. Boutot (2007) stated that a social network is being accepted and a part of a meaningful social group.

Reciprocity

Winchell et al. (2018) and Chang et al. (2016) identified reciprocity as a core characteristic of friendship stating that reciprocity is when two individuals acknowledge one another by (a) having a conversation; (b) listening to one another; and/or (c) helping one another. Winchell et al. (2018) highlighted two friendship interventions commonly used to support students with autism spectrum disorder (ASD) build stronger social and emotional skills, including Social Skills Training and Peer Mediated Instruction/Intervention. Reciprocity is a key component to successful implementation of these interventions. Chang et al. (2016) for example conducted a joint attention assessment using the Early Social-Communication scales to capture the reciprocity between participants in their study examining friendship between preschool children with and without ASD attending a mainstream preschool classroom.

Favored Companion

Favored companion was identified as a core characteristic of friendship by Asmus et al. (2017) and Biggs and Snodgrass (2020). A favored companion is an individual who is especially liked by the person and with whom the person wants to spend time (Asmus et al., 2017). Biggs and Snodgrass (2020) included favored companion as a key characteristic of friendship by exploring social relationships between third and fourth grade students without complex support needs and peers who used an augmentative and alternative communication device (AAC; e.g., Prologuo2Go, communication book with line-drawn graphic symbols, QuickTalker23 speech generating device). These researchers defined friendship using the following criteria:

> (a) the student without a disability showed sustained interest in spending time with one of the students with complex communication needs; (b) interacted positively with the student on a daily basis and; (c) would likely consider him or her to be a friend. (p.4)

In *The Four Loves*, C. S. Lewis discussed the complexity of friendship in which he explained the moment someone says to another, “What? You too? I thought I was the only one!” (Lewis, 1960/2017, p. 785) is the moment when friendship is born. Starting as acquaintances and slowly creating a bond to form a close friendship takes time (Hall, 2019). Hall (2019) conducted two studies that explored degrees of friendship (i.e., acquaintances, casual friend, friend, good/best friend) by applying Dunbar’s (1996, 2010) social brain hypothesis and Communication Bond Belong Theory (Dunbar as cited in Hall, 2019) to survey responses of newly acquainted adults. Hall explored associations between time spent together and reported levels of friendship and whether different types of conversation (i.e., small talk, everyday talk) impacted friendship closeness over time. Hall (2019) found the more time adults in the study spent with each other outside of the workplace or classroom, the more likely that their friendship level increased from acquaintances to casual friend, casual friend to friend, and/or friend to good/best friend. The type of conversation between adults also influenced the level of friendship between adult participants. Everyday talk (i.e., catching up, talking about the events in your day, serious conversation, playful talk, expressing love) indicated increased closeness while primarily engaging in small talk (i.e., discuss current events, talk about pets, sport, TV/music/movies) was associated with decreased friendship closeness. Hall (2019) stated that the "proportion of time spent hanging out or watching tv or gaming positively predicted closeness" (p. 1286). These findings suggest that for adults, the continuation of building relationships outside of the workplace or classroom is crucial for individuals to build strong relationships which could lead to friendships that continue providing social and emotional support.

Friendship Development for Young Children with Complex Support Needs

The benefits of social relationships discussed previously stand true for all individuals including children with complex support needs (CSN). I am defining this group as individuals who require lifelong supports across multiple domains, such as academic skills or home living skills, with diagnoses such as intellectual disability, autism spectrum disorder, or multiple disabilities (Copeland & Keefe, 2018). All children have the right to establish a social network in and outside of the classroom, at home, and in their communities. Parents of some children with CSN typically work to establish a social network for their children at home that includes relatives (e.g., parents, siblings, grandparents, aunts, uncles, cousins) and people from the community (e.g., church members, neighbors; Turnbull et al., 2000). We hope these social networks become larger as the child with CSN enters school and develops social relationships with peers (Turnbull & Ruef, 1997). For children with CSN, entering the school classroom can be an opportunity to expand their social networks (Franco & Levitt, 1998, p. 98). Creating an environment to facilitate relationships between students with and without CSN is crucial if students are to establish a long-lasting social network and experience the benefits of satisfying social relationships.

Friendships in the Home

Turnbull and Turnbull (2015) reviewed aspirations parents held for their children with disabilities in the past and compared these to the aspiration’s parents hold for their child with disabilities now. In the past, many parents simply wanted for their child to attend school; receive an appropriate education, as is the right for all children regardless of their ability; and to build relationships with their child's teacher to create a collaborative space for the parent and teacher to strive to meet the educational needs of the child. More recently, parents are fighting to create communities where empathy, compassion, and dignity are established to build relationships between individuals with and without disabilities.

When parents build empathy and compassion for individuals with CSN within communities in which their children live and foster treating people with CSN with dignity, they can help community members be more aware of adaptations and modifications individuals with disabilities need in their daily lives to navigate the world (e.g., accessing the health system, transportation, grocery shopping). These efforts may also help spark discussion between individuals with and without disabilities about eliminating barriers and ensuring access is attained to help individuals with disabilities to “get a life” (Turnbull & Turnbull, 2015, p. 55) in addition to an education. Empathy allows others to gain an understanding of a different perspective, compassion allows for others to turn empathy into action (e.g., advocating for change), and dignity strengthens respect. Combining efforts to foster empathy, compassion, and dignity for persons with

CSN can support development of an ethical community where people work together to ensure individuals with disabilities are active citizens within the community (Turnbull & Turnbull, 2015).

Turnbull and Turnbull (2015) noted that in addition to parents' desire that their children with CSN be active members of their communities, parents also wanted their child with CSN to "get a life" (p. 55) after receiving a formal education. These authors pointed out four components imbedded within Individuals with Disabilities Education Act (IDEA) and the American with Disabilities Act (1990) that parents want the government to follow through with after their children receive a formal education. These four components include: (a) equal opportunity, (b) independent living, (c) full participation, and (d) economic self-sufficiency (Turnbull & Turnbull, 2015, p. 55). Turnbull and Turnbull (2015) stated that:

> Indeed, if we regard these four outcomes/promises of national policy as instruments of the ethical communities we create, then a task for educators and parents, in partnership with each other, is not solely to attend the mechanics of teaching and learning and the principles of a trusting partnership but also to deliberate, together, about how a particular student is dignified in general and special education. Attention to who values, honors, and esteems the student (or does not), and how and why, become as important in designing an IEP and implementing it, in inclusive environments, as the IEP-specified elements of general and special education,

> related services, and supplementary aids and services. (Turnbull & Turnbull, 2015, p. 55)

As stated previously, prior to children entering the school system, many children have established a small social network built around family or community members (e.g., parents, siblings, grandparents, aunts, uncles, cousins) (Franco & Levitt, 1998; Turnbull & Ruef, 1997). Franco and Levitt (1998) examined the impact social relationships developed at home had on the children's social network at school. They found that those who received social support from parents, other adults (e.g., aunts, uncles, grandparents), siblings, and cousins had better quality friendships outside of the home.

The social network parents of a child with a disability create prior to their child entering school can provide an even greater impact on the social skills required to continue building a social network in the classroom (Turnbull & Rueff, 1997). Turnbull and Ruef (1997) reported that individuals with problem behaviors (i.e., self-injurious behavior, pica, aggression towards others, destruction of property) benefited greatly from the social relationships developed within the immediate family, extended family, and community members including learning to problem-solve, develop empathy, learning to laugh and have fun, and "bringing out the very best in others" (Turnbull & Turnbull, 1997, p. 218). Creating social networks at home creates a significant requirement on parents to design opportunities for their children to establish social relationships and to inform and educate their family and community members about their child's disability (Turnbull & Rueff, 1997).

Friendships in the Classroom

Inclusive classroom settings create many opportunities for students with and without disabilities to be in proximity of each other and thus to engage with one another (Brock & Carter, 2016). Proximity can be a first step toward friendship development. It is important because it allows students to interact more frequently both academically and socially (Brock & Carter, 2016). Children may generalize their interactions outside of the classroom (e.g., recess, lunchroom, free play) (Shaefer et al., 2018; Young et al., 2016). Such interactions may develop into friendships, as it did for participants in the Anderson et al. (2011) study where Anderson and colleagues examined the perspectives of friendship from children who were friends with peers diagnosed with cerebral palsy and used a speech generating device to communicate. Students ranging in age from 7 to 14 discussed how their friendships began and the challenges and benefits of their relationships. Anderson et al. (2011) found that as peers without disabilities learned more about their peers with CSN, they increasingly became more comfortable with their interactions and participated in activities together, soon becoming friends. This finding supports Hall's (2019) findings that demonstrated that social relationships take time to develop, and the more time individuals spend together, the more likely their friendship level will deepen.

Friendship development is essential if children with CSN are going to establish a social network outside of the classroom. The study conducted by Anderson et al. (2011) demonstrated that when students with and without CSN meet in the classroom, they are more likely to continue their relationships outside of the classroom. Both benefits and challenges in peer social relationships were reported by Anderson et al. (2011). The benefits included peers' problem solving ways to ensure that inclusion of their peer with a disability (i.e., through advocacy, modifications, accommodations) was occurring outside of the classroom, such as creating new roles and adapting existing roles when playing a game at the playground; children without disabilities advocating for their peer with CSN; both peers providing emotional support for one another in reducing loneliness; and learning new skills such as sign language. The challenges described by Anderson et al. (2011) included parents, teachers, and peers placing too much pressure on the friendship and consequently forcing the children without disabilities to adopt a helper role (e.g., acting as a caregiver to the child with CSN) instead of having a friend role. Additionally, the AAC devices used by the children with CSN presented a challenge in that training peers on how to use the device was needed to help decrease communication barriers and increase effective communication between peers. Lastly, students without disabilities not knowing how to talk about disabilities contributed as a challenge as well.

Administrator and Teacher Facilitation of Social Interaction for Students with CSN

Including students with CSN in a school and classroom setting should not be viewed as a difficult task by administrators and teachers but instead as their duty, as it is for all students. Parents report they must often inform principals, teachers, and support staff in their children’s school on how to successfully include their child to create additional opportunities in building social relationships in the classroom and during extracurricular activities (Turnbull et al., 2000; Turnbull et al., 1999; Turnbull & Ruef, 1997). Parents must take on multiple roles in doing this, including educating administrators and teachers in knowing how to adequately include their child with CSN in social and academic context. Parents should not have to take on an educator role as administrators and teachers should know how to adapt, modify, and include students with

CSN throughout the school (e.g., in the classroom, assemblies, extra-curricular activities, recess, field trips). This difficulty demonstrates the importance for administrators and teachers to become aware of strategies to include students with CSN socially as well as academically (Turnbull & Ruef, 1997; Soodak & Erwin, 2000).

Administrator

Turnbull and Ruef (1997) reported how parents described working with administrators to include their children in the school and the classroom. Strategies suggested by the parents for administrators to implement provided by the parents included developing more resources (i.e., support staff, programs), placing their child with CSN with a teacher who would work best with their child, knowing federal mandates (i.e., IDEA 1990), setting a positive tone with the family, student, and teachers from the beginning, creating an inclusive environment throughout the school, and providing teachers with adequate training to support students with CSN.

Soodak and Erwin (2000) investigated from the perspectives of parents of children with CSN, specifically examining what influenced parent participation in the inclusive education of their child with a disability. Soodak and Erwin (2000) found that schools' "underlying value of inclusion" (p. 33) is crucial in the way parents perceived the school (i.e., administrators, teachers). Parents expressed to Soodak and Erwin (2000) that schools should be receptive to parent involvement in the school, include parents as active participants in the individual education plan (IEP) process for their child, schools should be willing to learn from the parents, administrators and other staff should view the child with CSN as an individual, and the school should be a place to provide parents with resources and information (i.e., quality programs, effective interventions) to better support their child at home.

Teachers

In 1975 the Congress passed the Education for All Handicapped Children Act which in 1990 was renamed the Individuals with Disabilities Education Act (IDEA). The IDEA requires educators to not only ensure children with disabilities are provided access to education, but also to ensure the education received meets the unique needs of the child and prepares the child for future education, employment, and independent living (IDEA, 2004). The education laws put in place by Congress are meant to ensure that the needs of all students are being met. Teachers have risen to the occasion to ensure they are providing all students with an appropriate education. Approaches many teachers have taken to create a successful inclusive environment include implementing peer support arrangements where typically developing students provide support to students with disabilities (Brock et al., 2016; Harper et al., 2008), encouraging staff (i.e., classroom teachers, paraprofessionals, therapist, counselors) and students (i.e., students with and without disabilities) to better understand and apply the use of AAC across settings (i.e., classroom, home, lunchroom; recess; Biggs et al., 2018; Biggs & Carter, 2016) and training paraprofessionals to successfully encourage peers with and without disabilities to act as peer buddies in the classroom (Brock & Carter, 2016; Brock et al., 2016).

While teachers have explored different ways to create inclusive classroom environments, parents continue to strategize ways for teachers to include their children with CSN in the classroom. Turnbull and Ruef (1997) reported strategies suggested by parents for teachers to consider including: (a) be receptive to attend training to better serve students with CSN academically and socially; (b) work with parents; (c) be open to change; (d) have a positive attitude; (e) view the parent's child with CSN as an individual; and (f) facilitate inclusion to ensure children with CSN are active members in the classroom (p. 219-221). Soodak and Erwin (2000) also identified the following strategies teachers could implement to successfully include students with CSN into general education classrooms and create opportunities for social relationships between students with and without disabilities: (a) welcome parents into the classroom; (b) be willing to work with the parents to learn about their child; (c) be willing to modify and adapt the classroom to create the best learning environment for their child; (d) include the parents in the IEP process; and (e) view their child as an individual (p. 32-38).

Social Relationships During a Pandemic

Pandemic is defined as "an outbreak of a disease that occurs over a wide geographic area and affects an exceptionally high proportion of the population" (Retrieved August 3, 2020, from https://www.merriam-webster.com/dictionary/pandemic). Pandemics have occurred across human history including the most recent past. In 1918, approximately 500 million people worldwide were infected with the influenza A virus H1N1 resulting in about 50 million deaths worldwide. Roughly 675,000 deaths occurred in the United States alone. In 1957 the influenza A virus H2N2 was responsible for approximately 1.1 million deaths worldwide with about 116,000 of those deaths occurring in the United States. In 1968 about 100,000 deaths in the United States were included within approximately 1 million deaths worldwide due to the influenza A virus H3N2. In 2009 the influenza A virus H1N1 reappeared, known as the (H1N1)pdm09, resulting in 12,469 deaths in the United States and an estimated 151,700 to 575,400 deaths worldwide (Centers for Disease Control and Prevention, 2020). Currently the world is facing a new pandemic caused by the coronavirus disease (COVID-19) which attacks the lungs and respiratory system and may attack the body beyond the respiratory system (Centers for Disease Control and Prevention, 2020). As the number of infections continue to rise across the globe, so does the death toll. As reported by the World Health Organization on April 23, 2022, there were 505,817,953 confirmed cases and 6,213,876 deaths worldwide. Consequently, on the same day in the United Stated there were 80,006,661 confirmed cases and 982,322 deaths.

The current pandemic has led to school closures along with postponing all social events. The impact of a nationwide shutdown has resulted in parents and children navigating the education world and exploring alternative ways to engage in social interactions from their homes. This new way of life has challenged educators and parents to find creative ways to learn and engage with one another from a distance. The current challenges have exposed the difficulty in ensuring students with disabilities are receiving the required services as documented on the students' IEPs. (Long, et al., 2021; Neece, et al., 2020). While engaging in remote learning, students with CSN are especially vulnerable to a lack of services to support social interaction and even opportunities to engage in social interactions with peers.

Some of the barriers that exists in accessing remote learning for students with CSN include a lack of customized technological devices (e.g., AAC device, switches, iPads, computers, apps or programs to support learning) to provide full participation in class (e.g., enhancing opportunity for answering or asking questions, participating in group discussion), one-on-one academic support (e.g., paraprofessional), accommodations (e.g., dimmed lights, slant boards, access to sensory items), modifications (e.g., individualized assignments), access to therapies (e.g., occupational therapy, physical therapy, speech therapy, orientation and mobility), and access to inclusive settings (e.g., physical education, extracurricular activities, recess, lunch; Long, et al., 2021; Neece et al., 2020).

Purpose of this Study

Social relationships are a critical component in establishing a heathy lifestyle (Sigelman & Rider, 2018) by creating a sense of belonging (Hall, 2019), increasing self-esteem (Franco & Levitt, 1998), reducing depression (Nangle et al., 2003), and providing opportunities to view the world through multiple lenses (Anderson et al., 2011). Friendship development for young children with CSN is equally important for the reasons listed above. However, research shows children with CSN encounter multiple barriers in accessing opportunities to establish meaningful friendships with peers with and without CSN. Some of these barriers include limited access to participating in inclusive classroom settings (Turnbull et al., 1999), access to social events in the community (e.g., attending church services, church events, neighborhood events) (Turnbull et al., 2000), and access to family members (Turnbull et al., 2000). Each of these barriers listed have recently become even greater since the COVID-19 pandemic lockdown restrictions were implemented in March 2020. Araten-Bergman and Shpigelman (2021) conducted a survey among 118 individuals supporting an individual with a disability during the COVID-19 pandemic. These researchers found that technology has been the primary means to stay connected, including video calls, phone calls, and text messaging.

Additionally, Araten-Bergman and Shpigelman (2021) found that 61.1% of participants reported that the primary support provided to individuals with disabilities was social and emotional support, with 13% reported to be providing financial support, and 38% providing advocacy support. These concerns lead to the question guiding my proposed study: How do teachers, related service providers, and parents/guardians/primary caregivers perceive children with CSN's desire for friendship and social interaction? How do these adults (teachers, related service providers, parents/guardians) encourage and support social interaction for children with CSN during a pandemic that requires social distancing?

Theoretical Approach

I will use relational cultural theory (RCT) to examine how teachers, related service providers, and parent/guardians/primary caregivers perceive children's with CSN desire for friendship and social interactions. Additionally, RCT will be used to also explore how the adults (e.g., teachers, related service providers, parent/guardians/primary caregivers) encouraged and supported social interaction for children with CSN during a pandemic that required social distancing. RCT will be discussed in greater detail below, and I will describe how I will use RCT in studying this problem.

Relational Cultural Theory

RCT originated from the work of Jean Baker Miller who examined the psychology of women in the 1970s. Miller challenged Freud's views of the developmental framework of women and went on to explain the role of women in society as arising from women being placed in subordinate positions. Miller (1976) further detailed the dispositions of females and their strengths and contributions to society.

Although RCT began from a feminist viewpoint, it has continued to be used to investigate other aspects of society including the social relationships between individuals (Comstock & Qin, 2005). Comstock and Qin (2005) stated that “RCT provides an alternative perspective to traditional ways of viewing the notion of human development… [opposed to] many traditional theories” (p. 26). RCT elaborates upon human development from an individualistic perspective as well as illuminating the development through human interactions and relationships creating mutual empathy and mutual empowerment. The alternate perspective considered in my study is that of the adult (e.g., teachers, related service providers, parent/guardians/primary caregivers) who is providing support for a child with CSN. Additionally, the aspect of human development focused upon within this proposed study is the social relationships and interactions between a child with CSN and other individuals with particular consideration of the nature of these relationships within a pandemic that requires social distancing.

Relational cultural therapy uses relational cultural theory to help establish neutrality between a therapist and their patient (Jordan, 2000). Relational cultural therapy has an emphasis on mutual empathy to help foster a balanced relationship between the therapist and the patient. Although therapy is not the primary focus in my study, these ideas are fundamental in examining relationships through the lens of RCT and therefore I am highlighting their importance. Jordan (2000) provided eight core ideas of the RCT model used in relational cultural therapy:

1. People grow through and toward relationships throughout the life span.
2. Movement toward mutuality rather than movement toward separation characterize mature functioning.

3. Relational differentiation and elaboration characterize growth.
4. Mutual empathy and mutual empowerment are at the core of growth-fostering relationships.
5. In growth-fostering relationships, all people contribute and grow or benefit, development is not a one-way street.
6. Therapy relationships are characterized by a special kind of mutuality.
7. Mutual empathy is the vehicle for change in therapy.
8. Real engagement and therapeutic authenticity are necessary for the development of mutual empathy.

Jordan (2000, p. 1007).

Although there are eight core ideas described by Jordan (2000), I would like to highlight just four of them in examining the perspectives of adults about the social relationship of children with CSN in my study.

The first point, “people grow through and toward relationship throughout the life span” (Jordan, 2000, p. 1007), illustrates that individuals’ relationships continue to grow as they age; some of these relationships remain active for a long period of time and some for a short period of time. However, my study examined such relationships in a defined period of time. Specifically, I examined such relationships among elementary school age children and the period in time in which these relationships currently existed within the circumstances of pandemic conditions. The second core idea, “movement toward mutuality rather than movement toward separation characterizes mature functioning” (Jordan, 2000, p. 1007), provides a lens to examine if and how the relationships and interactions between children with CSN and their social partner move towards an understanding of what each other knows and feels about topics (e.g., political viewpoints, faith, participating in school events) and life (e.g., personal well-being, mental health).

The third core idea I used, “mutual empathy and mutual empowerment are at the core of growth-fostering relationship” (Jordan, 2000, p. 1007), allowed me to examine if mutual empathy and empowerment existed between the individual with CSN and their social partner. Considering these aspects of relationships helped me to explore how these components’ presence of absence impact relationship between students with CSN and others. I explored mutual empathy and mutual empowerment within the dynamic of the relationship and interactions. In doing so I explored the balance of the relationship and interactions, seeking to understand whether the relationships or interactions provided a shared or reciprocal understanding and equality. The final core idea, “in growth-fostering relationships, all people contribute and grow or benefit; development is not a one-way street” (Jordan, 2000, p. 1007), provided a further lens into the positionality of the relationship and interactions in addition to exploring how the children with CSN and their social partner grew in their relationship and interactions and the benefits they each identified from their relationships and interactions.

Definition of Terms

Complex Support Needs

Lifelong supports across multiple domains (e.g., academic skills, home living skills) with diagnoses such as intellectual disability, autism spectrum disorder, or multiple disabilities (Copeland et al., 2018, p. 11).

Friendship

The voluntary engagement of two individuals in shared activities or spend time together in ways that demonstrate reciprocity, viewing their interaction partner as a favored companion, and/or illustrate inclusion in a social network (Anderson et al., 2016; Asmus et al., 2017; Biggs & Snodgrass, 2020; Boutot, 2007; Calder et al., 2012; Chang et al., 2016; Winchell et al., 2018)

Inclusion

The act of individuals with complex support needs engaging within a social and/or academic context with individuals without complex support needs. (Copeland & Keefe, 2018).

Social Network

A group of individuals (e.g., teachers, related service providers, parent/guardians, siblings, other peers) who interact routinely and/or intermittently during school events, extracurricular activities, church events, and/or family outings (Anderson et al., 2016; Boutot, 2007).

Social Interaction

Two individuals engaging in a verbal or nonverbal reciprocal action including but not limited to having a conversation, helping each other, providing emotional support, engaging in an activity, and/or achieving mutual goals (Winchell et al., 2018).

Social Partners

Two individuals who may or may not be friends as defined above but who engage in social interactions. For example, two students who are assigned to complete a task but are not friends would be social partners.

Social Relationship

Having repeated social interactions with another individual, establishing reciprocity, building personal connections, and developing friendships (August & Rook, 2013; Hall, 2019).

Social Distancing

Remaining at least six feet from another individual or engaging with another individual through an online format (Centers for Disease Control and Prevention, 2020).

Remote Learning

Learning that must take place off-site, such as at home because schools are closed, or students are absent due to illness or quarantine (Colorado Springs School District 11).

Chapter Two: Literature Review

Research Question

The following research questions guided my study and, therefore, guided my review of the relevant literature: How do teachers, related service providers, and parents/guardians/primary caregivers perceive children's desire for friendship and social interaction? How do these adults (teachers, related service providers, parents/guardians/primary caregivers) encourage and support social interaction during social distancing for children with complex support needs?

Overview of Social Supports for Children with Disabilities

This chapter will first present a review of literature examining the social outcomes for children with and without disabilities who participated in a peer group intervention. Parent literature that examined and discussed how parents have addressed and discussed social inclusion for their child with a disability in the education system and in the community was reviewed next. Finally, the perceptions teachers (e.g., general education teachers, special education teachers) have on friendship and social interactions between students with and without severe disabilities was explored. This chapter will conclude with a summary discussing the benefits of social interactions and the gaps which remain.

Social Outcomes Between Students with and Without Complex Support Needs

Peer support interventions allow students with and without disabilities to engage with one another socially and academically. I chose to review peer support interventions that included students with and without disabilities to explore the social outcomes when participating in a peer support group. Examining the social outcomes within a peer support intervention will allow me to, first, identify if measures of social interaction were done, and if so, how these interactions were being measured. Secondly, it allows me to examine the social outcomes of the peer intervention studies to help identify the successful components of a peer support intervention and to identify the gaps in the research. Additionally, the social outcomes provide insight regarding how students with and without a disability view their relationships and if friendships grow after completing the peer support intervention. Friendships in general are important because they provide a sense of belonging (Hall, 2019) and provide opportunities for individuals to develop problem solving skills and learn to advocate for one's beliefs (Anderson et al, 2011). Examining friendships between students with and without disabilities is equally important; both for the reasons mentioned above and because all children have the right to establish a social network (i.e., being accepted and a part of a meaningful social group; Boutot, 2007) in and outside of the classroom, at home, and in the community. As previously noted, peer support interventions are intended to provide social and/or academic support to students with and without disabilities. Some of the studies reviewed only measured social outcomes, only academic outcomes, or both social and academic outcomes. Table 1 below lists the studies reviewed and their primary characteristics and outcomes.

Table 1

Review of Research Studies Examining Social Outcomes of Peer Support Studies

Author/ Date	Design	Purpose	Participants	Intervention	Outcomes
Amin & Oweini (2013)	A-B-A Single Case	To examine a combined intervention of a peer mediated intervention	One 7-year-old male with ASD 3 typically developing first graders	Social Stories; Group Activities	Social stories and peer mediated intervention were effective. Participant problem

Author/ Date	Design	Purpose	Participants	Intervention	Outcomes
		and social stories.			behaviors (e.g., not cleaning up after self, not asking for help) decreased while positive social behaviors (e.g., requesting help, initiating play) increased.
Bensted & Bachor (2002)	Single-Case Design	To replicate the study of Cushing and Kennedy (1997) when implementing a peer tutoring intervention.	5 students without disabilities; 4 students with disabilities	Peer tutoring	Academic engagement increased. Slight increase in self-esteem and homework completion. Positive relationships between peer tutoring and academic engagement.
Brock & Carter (2016)	Multiple-probe-across-participants	To examine teacher delivered Professional development package on peer support arrangements.	4 students with severe disabilities; 11 typically developing students; 4 paraprofessionals; 4 special education teachers	Teacher delivered training to paraprofessionals in implementing peer support arrangements	Paraprofessionals implemented peer support arrangements accurately and with fidelity. Social and academic gains were made for 3 out of 4 participants.
Brock et al. (2016)	Multiple-probe across participants	To replicate a previous study looking to examine a teacher delivered professional	4 students with disabilities; 10 students without disabilities; 4	Paraprofessionals implementing peer support arrangements	Paraprofessionals implemented peer support arrangements successfully. All participants increased

Author/ Date	Design	Purpose	Participants	Intervention	Outcomes
		development package on peer support arrangements.	paraprofess-ionals; 4 special education teachers		interactions with peers, all peers increased delivery of support, and 3 out of 4 participants improved IEP goals.
Ezzamel & Bond (2017)	Single case	To examine the student and teacher perception of participating in a peer network intervention.	1 student with ASD; 5 typically developing students	Peer network intervention	All peers enjoyed participating in a peer network intervention. Peer interactions and responses increased for both peers with and without ASD. Staff enjoyed the peer network intervention but identified barriers in implementation.
Harper et al. (2008)	Multiple baseline across participants	To examine the impact of implementing naturalist strategies during play between students with and without ASD.	2 students with ASD; 6 typically developing students	Pivotal Response Training through peer mediated practice	Participants increased social peer interactions (i.e., gaining attention, varying activities, narrating play, reinforcing attempts, turn taking) during recess.
Hundert et al. (2014)	Multiple baseline design across participants	To examine social script training alone or social script training combined	3 students with ASD; 41 typically developing students; 3 teachers; 2	Social scripts	Participants increased in interactive play when social script training was implemented. There was no

Author/ Date	Design	Purpose	Participants	Intervention	Outcomes
		with peer buddies.	paraprofessionals		increase in interactive play when theme-related play materials were unavailable and did not have adult assistance.
Kamps et al. (2002)	Single subject reversal design	To examine two studies exploring the social benefits for students with and without ASD when participating in peer trainings.	STUDY ONE: 5 students with ASD; 51 typically developing peers STUDY TWO: 34 students with ASD; 130 typically developing students	Peer trainings	STUDY ONE: Both cooperative learning and social skills group increased in time engaged in social interactions. STUDY TWO: Increase in duration of interaction, reciprocal interactions, and topic language increased for all participants over time.
McCurdy & Cole (2014)	Multiple baseline across participants	To evaluate the effects of peer support interventions on disruptive, off-task behavior of students with ASD in general education settings.	3 students with ASD; 3 typically developing students	Peer support intervention	Off task behavior decreased for all participants. Positive attitude toward students with ASD increased for participants without ASD. Peers and teachers reported to accept the intervention for future implementation.

Author/ Date	Design	Purpose	Participants	Intervention	Outcomes
McKenney et al. (2014)	Multiple baseline across participants	To examine if a modified social skills intervention would increase social interactions and responses between students with and without ASD.	3 students with ASD; 3 students typically developing students	Social skills intervention	Frequency of initiations and responses increased for all participants.
Radley et al. (2015)	Multiple baseline across participants	To explore the implementation of discrete trial training by typically developing students to support students with ASD.	2 students with ASD; 6 typically developing students	Discrete Trial Training	Discrete trial training was implemented with fidelity by typically developing peers. Independent responses increased for both students with ASD in object-to-object matching, receptive identification, and picture to picture matching.
Schaefer et al. (2018)	Multiple probe across participant	To examine the efficacy of peer support arrangements on social interactions and academic engagement for students with severe disabilities.	3 students with ASD, 4 typically developing students; 3 teachers, 3 paraprofessionals	Peer support arrangements	Minimal increase in peer interactions during lunch and recess. Academic engagement and interactions increased for all participants with and without ASD across

Author/ Date	Design	Purpose	Participants	Intervention	Outcomes
					instructional formats.
Simpson & Bui (2016)	Single case subject	To examine the quality of peer relationships when implementing a class-wide peer mediated social skills intervention.	24 typically developing students; 8 students; Data collected for 4 students with ASD; data collected for 4 typically developing students	Class-wide peer mediated social skills intervention	Initiations from typically developing students increased, while there was variability in initiations from students with ASD. Responses from students with ASD increased, while there was variability in responses from typically developing students.
Weiner (2005)	Multiple baseline design	To examine generative repair strategies in peer-to-peer conversations to evaluate its effectiveness on conversational turns	3 students with disabilities; 9 typically developing students	Peer training	All participants with ASD increased repairing responses when requested to do so. Unintelligible responses decreased for two participants with ASD. Turn taking increased for all participants with ASD.
Young et al. (2016)	Multiple-probe-across tutors	To examine a peer-mediated discrete trial training by both	STUDY ONE: 3 students with ASD; 6 typically developing	Discrete-trial training	STUDY ONE: Integrity of implementation was met with 90% mastery. STUDY TWO:

Author/ Date	Design	Purpose	Participants	Intervention	Outcomes
		replicating the work of a previous study and extending the research through the completion of a second study	students. STUDY TWO: Same 3 students with ASD; 5 of the 6 same typically developing students		Targeted academic skills increased for all participants. Social interactions increased for all participants across settings.

Method

I took a systematic approach to conduct the literature review on social outcomes between students with and without complex support needs (CSN). First, I established a set of inclusion and exclusion criteria to explore peer support interventions between students with and without disabilities. Then I conducted a search among six databases using an array of terms discussed in detail below, generating a total of 720 studies. Finally, after removing duplicate studies, conducting a review of the abstracts, and performing a final detailed review of the remaining studies, a total of 15 studies were included within this review.

Inclusion Criteria

To present information on the most current peer support interventions, I conducted a search for research studies published between 1999 and 2019. I chose 1999 because it allowed me to examine the research conducted within the last 20 years. Keeping the search within a 20-year timeframe will produce the most current studies conducted. Additional inclusion criteria included studies that (a) examined peer support interventions conducted with both typically developing students and students with a disability, (b) the intervention took place in the elementary grade levels including prekindergarten to sixth grade, and (c) articles were peer-reviewed, published in an academic journal, and published in English. Therefore, articles published before 1999, focused on students in the secondary levels (i.e., grades 7-12), that were not an intervention studies (i.e., literature reviews, systematic reviews, meta-analysis, books, book chapters), were not peer-reviewed, were not published in an academic journal, or were written in a language other than English were not included.

Databases and Search Terms

Databases used to conduct the search included Academic Search Complete, CINAHL Complete, Education Research Complete, ERIC, PsycARTICLES, and PsycINFO. The set of terms used to conduct the search were dis*, “inclusion”, “elementary”, “elementary education”, “peer-support”, “peer-tutor”, “peer-buddy”, “peer arrangement”, and “peer mediated” each using the connecting word AND. The total number of articles retrieved within these combinations was 314. I read each abstract and saved studies based on the inclusion criteria described above, resulting in 38 studies for additional screening. Once I read each of the 38 studies in full, 10 studies met the inclusion criteria for this review.

I also used the terms “peer-support”, “peer-tutor”, and “peer-buddy” without the hyphen and written as “peer support”, “peer tutor”, and “peer buddy” to conduct a search. I paired these with the combination of terms listed above. These searches retrieved an additional 406 studies; however, once duplicates were removed and I reviewed each abstract, 14 studies were saved for further screening. After completing a full read of the 14 studies, five additional studies met the inclusion criteria. To summarize, overall, a total of 720 studies were retrieved, once duplicates were removed and inclusion criteria were applied to abstracts, 52 studies were reviewed in full resulting in 15 studies to be included within this review. Three studies included students in seventh and eighth grade along with participants in the sixth grade or younger. These three studies were included on the basis that the research studies met all the inclusion criteria and the limited availability of peer support intervention research in the literature.

Findings from the Review of Literature

Fifteen studies were included in the systematic review with seven studies retrieved from ERIC, five studies retrieved from PsycINFO, two studies retrieved from CINHAL Complete, and one study retrieved from Educational Research Complete databases. Among the academic journals two studies were published in the *Journal of Special Education*, two studies were published in *Exceptional Children*, two studies were published in the *Journal of Autism and Developmental Disorders*, one study was published in *Exceptionality Education Canada*, one study was published in *School Psychology Quarterly*, one study was published in *Research in Practice for Persons with Severe Disabilities*, one study was published in *Education and Training in Autism and Developmental Disabilities*, one study was published *in Remedial and Special Education*, one study was published in *Research in Autism Spectrum Disorder*, one study was published in the *Journal of Evidence-Based Practices for Schools*, one study was published in *Focus on Autism and Other Developmental Disabilities*, and one study was published in *Educational and Child Psychology*.

The purpose of the studies was to investigate the implementation of peer support interventions with elementary age students with and without disabilities, each study's purpose varied in regard to outcomes which are described briefly in Table 1 and in greater detail below. Although there was great diversity in measures taken between studies (e.g., academic, social), the general consensus in outcomes concluded that peer interventions were beneficial for both students with and without disabilities. Social benefits included increased initiation and responses during play, increased engagement during play, positive relationships, turn taking, and peer acceptance, and increase positive attitudes. Academic benefits included increased academic engagement, increased homework completion, and providing academic support.

Participants. The reviewed studies included participants with and without disabilities and took place across multiple grade levels. Three studies included typically developing peers providing support for students with disabilities in grades prekindergarten to first grade. Studies including typically developing students acting as peer supports for students with disabilities in second to fourth grade included three studies and studies including participants in fifth and sixth grade included three studies. Six studies included typically developing peers in grades third to sixth providing support to students with disabilities attending grades prekindergarten to third grade.

Most studies included typically developing students acting as a peer support for students with autism spectrum disorder (ASD), totaling 11 studies in all. Four studies included interventions in which typically developing students provided peer support for students with multiple disabilities (MD) (i.e., students with a range of disabilities). Among the studies including students with MD, two studies included students with ASD or an intellectual disability (ID), one study included students with ASD or Down syndrome, and one study included students with ID or specific learning disability.

Settings. The settings in which the studies took place were described as either, across school settings, general education classrooms (i.e., includes students with and without disabilities receiving instruction through the state's standard curriculum), inclusive classrooms (i.e., includes students with and without disabilities, in which students with disabilities participate alongside their peers without disabilities while receiving supports through accommodation in the classroom), mainstream classrooms (i.e., includes students with and without disabilities, in which students with disabilities are either pulled out by support staff or provided with specialized instruction by support staff in the classroom in one or more academic areas), special education classrooms (i.e., include students with disabilities receiving specialized instruction in one or more academic areas), and/or self-contained special education classroom (i.e., students with disabilities receiving specialized instruction in all academic areas). Therefore, in four studies the study took place across school settings, four studies took place in an inclusive classroom, three studies took place in the general education classroom, two studies took place in a special education classroom, one study took place in a mainstream classroom, and one study took place in a self-contained special education classroom. All but two studies took place in the United States; one of these two took place in England and one took place in Canada.

Designs. Among the 15 studies, six studies used a multiple-baseline design, four studies used multiple-probe-across participants, three studies used a single case design, one study used an A-B-A-B design, and one study used a single subject reversal design.

Intervention Strategies. A wide range of peer support intervention strategies were used to train typically developing peers to provide support for students with disabilities. The strategies were grouped into categories including academic strategies, social strategies, buddy systems, and group activities. Nine studies included interventions which taught typically developing students’ academic strategies to implement as a peer support during the intervention phase. Eleven studies included interventions which taught typically developing students’ social strategies to implement as a peer support during the intervention phase. Four studies included interventions which taught typically developing students to implement a buddy system in which the typically developing student provided academic support (i.e., modifying assignments, helping with instructions) to a peer with a disability as a peer support during the intervention phase. Lastly, three studies included interventions which taught typically developing students’ strategies to facilitate group activities (i.e., academic projects) as a peer support during the intervention phase.

Measures. Each study included interventions which focused on increasing a variety of dependent variables. These variables included social outcomes, academic outcomes, or other outcomes (e.g., fidelity of implementation). Among the 15 studies, six studies evaluated the peer support interventions effects on social outcomes, one study evaluated the peer support intervention on academic outcomes, five studies evaluated the peer support interventions on both social and academic outcomes, and three studies evaluated the peer support intervention on social, academic, and additional outcomes. I will only describe the social outcomes of the studies because my proposed study will focus exclusively on social interactions and social relationships.

Dependent variables within the social outcomes included duration and frequency of interactions between students with and without disabilities (Amin & Oweini, 2013; Brock & Carter, 2016; Brock et al., 2016; Ezzamel & Bond, 2017; Harper et al., 2008;

Kamps et al., 2002; McKenney et a., 2014; Schaefer et al., 2018; Simpson & Bui, 2016; Young et al., 2016), peer initiations made by peers with and without disabilities (Ezzamel & Bond, 2017; McKenney et al., 2014; Simpson & Bui, 2016), peer initiations made by peers without a disability (Kamps et al., 2002), behavior of peers with a disability (i.e., self-regulating), behavior of paraprofessionals facilitation on social interactions (Amin & Oweini, 2013; Brock et al., 2016), proximity of peers with and without disabilities in the classroom (Brock & Carter, 2016), reciprocity in conversational turn taking between students with and without disabilities (Weiner, 2005), and peers with disabilities engaged in play (Hundert et al., 2014).

Dependent variables within the academic outcomes included academic engagement (Bensted & Bachor, 2002; Brock & Carter, 2016; Shaefer et al., 2018), facilitation and implementation of strategies (Brock et al., 2016; Young et al., 2016), turn taking (Kamps et al., 2002), response to target skill (Radley et al., 2015; Young et al., 2016), homework completion (Bensted & Bachor, 2002), on topic discussion (Kamps et al., 2002) and off task behaviors (McCurdy & Cole, 2014).

Dependent variables within the other outcomes included intervention integrity (Brock & Carter, 2016; Brock et al., 2016; Radley et al., 2015; Young et al., 2016), and self-esteem (Bensted & Bachor, 2002).

Social Outcomes. As described above, a wide variety of dependent variables were explored to gather additional information on the social outcomes of peer support arrangements. For the purpose of my proposed study, I will only describe the social outcomes of the studies because my proposed study will focus exclusively on social interactions and social relationships.

Amin and Oweini (2013) explored a combined intervention of a peer mediated intervention and social stories by using an A-B-A single case design. Participants included in this study were a 7 year old boy with autism spectrum disorder (ASD) and three typically developing peers in the first grade. Amin and Oweini (2013) used 15s interval recording to collect data on social interactions (i.e., raising hand to ask a question, sharing items, talking to the teacher, asking questions, asking for help, greeting people and introducing oneself and joining in on activities). During the intervention phase the researchers read a social story targeting one of the social interactions with the participant with ASD and conducted a group activity, which included the participants discussed above. The group work activities were academic based including: (a) peer modeling, (b) verbal and non-verbal communication, (c) collaboration, (d) joint problem solving, (e) joint creativity, and (f) joint attention to the task.

Amin and Oweini (2013) found over the course of the intervention (i.e., 8 weeks) the participant with ASD became increasingly more sociable during the social story sessions. During the peer mediated intervention, the focus student was able to imitate his peer's actions in completing the task but was not able to take the lead during group activities. The focus student's frequencies of the occurrences of targeted behaviors (i.e., social interactions) increased but showed variability. The social interactions included sharing snacks, asking classmates a question, and greeting the teacher. Using a social behavior assessment inventory, the focus student was evaluated in environmental behaviors (e.g., ability to clean up after self, use the classroom materials appropriately, dispose of trash), interpersonal behaviors (e.g., coping with conflict, gaining attention), self-related behaviors (e.g., ability to take care of self), and task-related behaviors (e.g., looking at teacher, quietly watching presentations). The focus student made some improvement in environmental behaviors (i.e., dealing with emergencies), however he maintained in most environmental behaviors (i.e., care for the environment, lunchroom behavior, movement around environment). Improvement in interpersonal behaviors was made by the focus student, including coping with conflict, greeting others, and making conversation. The focus student maintained in accepting authority, and decreased in six areas (i.e., gaining attention, helping others, organized play, positive attitude towards others, playing informally, respecting own and others property). In the area of self-related behavior, the focus student made improvements in accepting consequences and positive attitudes towards others. The focus student maintained in ethical behavior, expressing feelings, responsible behavior, and self-care. In the area of task-related behavior the focus student improved in classroom discussions, following directions, group activities, and performing before others. The focus student maintained in asking and answering questions, attending behavior, completing task, independent work, on-task behavior, and quality of work. Finally, focus student’s teachers reported that he improved in peer interactions during recess and group activities, but demonstrated minimal improvement in verbal communication with others. The parent of the focus student reported inconsistent behavior during family interactions (e.g., ignoring siblings, playing alone) but stated the child was more comfortable interacting with nonfamily members (e.g., cleaning lady, doorman).

Brock and Carter (2016) investigated whether a “teacher delivered professional development package consisting of an initial training session, video modeling, and coaching with performance feedback improve paraprofessional implementation fidelity of peer support arrangements" (Brock & Carter, 2016, p. 356). Additionally, Brock and Carter (2016) explored if the above package improved social and academic outcomes for middle school students with severe disabilities. Participants included four triads (i.e., one student with a severe disability, one paraprofessional, one special education teacher). The four participants with severe disabilities included a 12 year old white female with ID and attention deficit disorder who used verbal speech to communicate in the sixth grade, a 14 year old white male with ID, speech impairment, and hearing impairment who used verbal speech to communicate in the eighth grade, a 12 year old white make with ID in the sixth grade who used a combination of verbal speech, gestures, and a speech generating device to communicate, and a10 year old African American female with ASD in the fifth grade who used a combination of vocalizations, gestures, and a speech-generating device to communicate. The four paraprofessionals included three white females and one African American male. The four special education teachers were four white females. Lastly, the eleven typically developing peers included five sixth graders, three fifth graders, and three eighth graders. Among the eleven typically developing peers eight were white, two were African American, and one was Asian American, including seven females, and four males.

Brock and Carter (2016) used a multiple-probe-across-participants design and a partial-interval recording system to measure five behaviors including: (a) the focal student was in proximity to peers, (b) the paraprofessional used peer support facilitation strategies, (c) the focal student interacted with a peer, (d) a peer interacted with eh focal student, and (e) the focal student was engaged in academic activities consistent with the rest of the class. Additionally, Brock and Carter (2016) incorporated a 10-step implementation fidelity checklist used by the paraprofessionals.

Brock and Carter (2016) found that peer interactions increased for two of the focus students and maintained for one of the focus students. Peer interactions increased for one focus student, however there was some overlap between the baseline and intervention phase along with some variability. Peer support arrangements were perceived by the teachers as a positive intervention for the students with severe disabilities, stating the students were more engaged with their peers, displayed higher self-esteem, and completed more academic work.

Brock et al. (2016) explored the behaviors of paraprofessionals facilitating peer support arrangements, after being trained in peer support arrangements by a teacher. Additionally, Brock et al. (2016) examined peer-prompting, peer-reinforcement, individualized intervention strategies, and generalizations of peer and paraprofessional behaviors to a new classroom setting. Participants included four triads (i.e., one peer with a severe disability, one paraprofessional, one special education teacher), and 10 typically developing peers. Participants with severe disabilities included an 11-year-old African American male with ASD in the fifth grade, a 12-year-old white male with ID in the sixth grade, a 13-year-old white male with ID in the eighth grade, and a 10-year-old white female with ASD in the fifth grade. The 10 typically developing peers included five 10-year-old peers, three 12-year-old peers, one 13-year-old peer, and one 11-year-old peer. Of the typically developing peers five were Hispanic, three were white, one was African American, and one was Asian American. Eight typically developing peers were female and two were male. The paraprofessionals included two African American females, one white female, and one African American male. Finally, the special education teachers included one white female, one African American female, and one white male.

Brock et al. (2016) used partial-interval recording in a multiple-probe-across-participants design to measure paraprofessional facilitation of peer support (i.e., prompt social interactions, reinforce social interactions, provide information for social interactions, prompt academic support, reinforce academic support, provide information for academic support, prompt proximity, prompt strategy), peer-implemented strategies (i.e., check-in with peers, total peer use of prompting or reinforcement, peer implementation of strategy), interactions (i.e., total interactions with peers, focus student interactions toward peer, all peer interactions toward focus student, trained peer interactions toward focus student), and proximity to peers by participation and condition. Brock et al. (2016) measured teacher procedural fidelity using a 41-step checklist.

Brock et al. (2016) found there was an increase in interactions with peers for all four focus students with some overlap between the baseline phase and intervention phase. There was also some overlap between the intervention phase and the generalization phase. One participant increased in communicating using picture symbols which was the participants individualized goal. The focus students did not generalize peer support arrangements across settings (i.e., classroom to physical education). Initially peer-interactions, peer-prompting, and reinforcement behaviors increased during the intervention phase and then decreased towards the end of the intervention phase, these measures however, remained slightly higher than in baseline phase. The trained peers made up the majority of interactions with the focus students across settings. Generalization measures were not taken for one focus student.

Ezzamel and Bond (2017) investigated how students with and without ASD perceived participating in a peer network intervention, the impact of such intervention has on the participants, and how school staff perceived peer network interventions and the likelihood of implementing the intervention. Participants included an 8-year-old male with ASD and five typically developing students. Three typically developing peers were male and two peers were female, ages seven and eight. The intervention implemented by Ezzamel and Bond (2017) “consisted of two whole class awareness raising sessions” (p. 30) which included 18 peers and the focus student. The whole class awareness raising sessions provided the students with information regarding individuals with disabilities. A second part of the intervention consisted of six small group peer network sessions which included five typically developing peers and the focus student; in which they received training on core playing skills from the pivotal response training framework to help with social skills. The training included social problem solving, visual stories, role playing, and modeling.

Ezzamel and Bond (2017) conducted two 15 min time interval observations during recess to measure social interactions between the focus student and other peers. One semi-structured interview was conducted with the focus student after completing the intervention to measure his perception of participating in a peer network intervention. Ezzamel and Bond (2017) implemented a focus group with the five typically developing peers one week after completing the peer network intervention to measure their perceptions of the peers participating in the intervention. Finally, the researchers conducted interviews with the classroom teacher and teacher assistant to measure the likelihood of a peer network intervention being implemented in the future.

Ezzamel and Bond (2017) found five main organizing themes when examining how peers with and without ASD perceived participating in a peer network intervention. The five themes included: (a) enjoyment, (b) benefits, (c) knowledge and skills gained, (d) challenges, and (e) future ideas. Ezzamel and Bond (2017) also found that the five typically developing peers who participated in the peer network intervention and the focus student became increasingly more aware of each other. Both the peers and the focus student increased their total number of initiations and responses to each other and decreased the number of occurrences in which they did not initiate interactions or respond to one another. Ezzamel and Bond (2017) described four main organizing themes that documented the impact of the peer network intervention on the focus student (a) target pupil factors (e.g., improved behavior, empathy, increased confidence to participate in group activities); (b) wider peer group factors (e.g., sharing with siblings, paying attention); (c) peer network factors (e.g., developed new skills, extended friendship); and (d) peer network and pupil factors (e.g., better skills to interact with one another, possible exclusiveness resulting in the wider class group losing interest over time).

Hundert et al. (2014) examined if “social script training alone or social script training combined with peer buddies would result in the generalization of increased peer interaction of children with ASD in inclusive classrooms to a setting when a trained social script was not present” (Hundert et al., 2014, p. 207). Participants included in the study were three focus students with ASD, each in kindergarten. Two participants were 5-year-olds and females, and one participant was a 4-year-old male. The intervention took place between three different classroom settings providing a total of 41 typically developing peers, three classroom teachers, and two paraprofessionals. Hundert et al. (2014) conducted 20m observations using 15s momentary time sampling to measure occurrences of students engaged in interactive play, either during a training session (i.e., included social scripts and play materials that went along with the social scripts which were introduced in the training sessions along with regular play materials) or a generalization session (i.e., identical to training sessions except play materials for social scripts were not included and no interventions were provided) in which participants were randomly assigned. Peer buddies (i.e., participants with and without disabilities) were introduced in the training sessions for all students in the target students' classroom to increase play initiations between all students.

Hundert et al. (2014) found occurrences of focus students' engagement in interactive play increased from the baseline phase to social script training alone and demonstrated an immediacy of effect for all three focus students. However, engagement in play did not increase for any of the three participants in the generalization sessions. There was a significant amount of overlap between intervention phase and the generalization phase as well. When social script training was combined with peer buddies, interactive play increased immediately for all three focus students. There was a lot of variability in engagement data for one of the focus students. Interactive play also increased from baseline to the combined social script training and peer buddies in the generalization phase. There was a significant amount of variability in the data with a declining trend for one of the three focus students.

Kamps et al. (2002) investigated two studies which explored the social benefits for students with and without ASD when participating in peer trainings (i.e., social skills and cooperative learning groups). The first study “examined the effects and generalization of three conditions: (a) social skills, (b) cooperative learning, and (c) control groups in which forms of peer training were embedded within the intervention” (Kamps et al., 2002, p. 174). Participants in the first study included five students with ASD in which three students were 9 years old and two students were 10-year-olds. Two students with ASD were female and three students were male. Additionally, 51 typically developing peers participated in the study. Among the typically developing peers 34 were in the fourth grade, 17 were in the third grade, 28 students were identified as male, 22 students were identified as female, and one student’s gender was not identified. A total of 15 typically developing students (i.e., 7 males, 8 female) and two focus students (i.e., 1 male, 1 female) participated in the cooperative learning groups. Cooperative learning groups consisted of the typically developing peers tutoring peers with ASD in vocabulary and facts in social studies to complete team activities and were taught group roles and social skills. Students with ASD participated in the group 3-4 times per week across 4 weeks. A total of 17 typically developing peers (i.e., 11 males, 5 female) and two focus students (i.e., 1 male, 1 female) participated in the social skills group. Social skills group consisted of typically developing peers being trained in a social skill to help with initiating and responding to their peers with ASD. Participants then engaged in 10-15 min of play/free time to practice implementing the social skill learned, with their peers with ASD. The focus students participated in the social skills group 3-4 times per week across 4 weeks. Finally, a total of 19 typically developing peers (i.e., 10 males, 9 female) and one focus student (i.e., male) participated in the control group. The control group did not receive any trainings and the focus student participated in art with the whole class weekly.

Kamps et al. (2002) found that the frequency, duration, and mean length of time engaged in social interactions increased for all participants (i.e., both focus students and typically developing students) in the cooperative learning group. The frequency, duration, and mean length of time engaged in social interactions increased for both focus students on social skills group, while frequency of time engaged maintained, the duration of time engaged increased, and the mean length of time engaged increased for the typically developing peers in the social skills group. Finally, the duration of time engaged in social interactions increased for all participants with and without disabilities. The pre- and post-assessments of time engaged in social interactions showed an increase across all participants with and without disabilities but was greatest in the cooperative learning group. The control group had a greater duration of time engaged in social interactions between students with and without disabilities in both the pre- and post-assessments than the social skills group, however there was a greater increase overtime in time engaged on social interactions between students with and without disabilities for the social skills group than the control group, leaving a smaller gap in differences from the pre- to post-assessment.

In the second study Kamps et al. (2002) furthered the findings from the first study to examine “the maintenance and generalization effects of peer-inclusive social groups” (Kamps et al., 2002, p. 179) by investigating four research questions:

> (a) is there maintenance over time (school years) and generalization of social interaction time from natural settings to generalization probes; (b) are there

> differences across peer group conditions; (c) how do videotape probe data compare to data collected in intervention setting; and (d) are there differences in interaction time between students with ASD and peers following intervention? (Kamps et al., 2002, p. 179)

Participants in this study included 34 students with ASD (i.e., 24 males, 10 female) ranging in ages 7 to 14 years old. All participants were enrolled in a peer mediation program and 22 of the 34 participants were enrolled in multiple programs including game/play groups (n=20), peer networks (n=18), and peer tutoring groups (n=25). Kamps et al. (2002) conducted videotaped probes measuring four dependent variables (i.e., time engaged in social interaction, reciprocal interactions, toy play, on topic verbalizations) across three groups (i.e., trained peers, familiar peers, stranger peers).

Kamps et al. (2002) found that duration of social interaction (i.e., time engaged in social interaction) increased for students with ASD when participating in a peer mediation program with trained peers and with familiar peers but decreased with novel peers. There also was an increase in time engaged in social interactions with typical peers. Reciprocal interactions increased for students with ASD when participating in a peer mediation program with trained peers, with familiar peers, and with ovel peers. Additionally, reciprocal interactions increased with typical peers as well. Toy play was reported to be “stable and appropriate regardless of the peer groups” (Kamps et al., 2002, p. 183).

McKenney et al. (2014) investigated if a modified social skills intervention would increase social interactions and responses between typically developing peers and peers with ASD in a school setting. Participants included a 10-year-old female, and two male 9-

year-olds identified as having high functioning autism spectrum disorder (HFASD). Additionally, a 9-year-old female, a 10-year-old female, and a 10-year-old male all identified as typically developing also participated in this study. McKenney et al. (2014) conducted a 6-week social interaction intervention in which participants attended a 15-20 min session once a week to receive training/instruction in a social skill. The training sessions were conducted with one typically developing peer and one HFASD peer. At the end of the week participants attended a “friendship group” where all the participants engaged in games in a large group. McKenney et al. (2014) took frequency measures on initiations and responses during baseline, intervention, and maintenance phase using a multiple-baseline-across participant’s design.

McKenney et al. (2014) found that initiations and responses increased for all three participants with HFASD. There was, however, a significant amount of variability and some overlap in performance with an upward trend and no immediacy of effect among initiations and responses during the intervention phase. The maintenance phase was conducted for two of the three participants. Their initiations decreased and their responses maintained with some overlap between the baseline phase and intervention phase. The initiations and responses remained higher in the maintenance phase than the baseline phase for both participants. Initiations and responses between students with and without disabilities also increased for two typically developing peers. There was a lot of variability in both initiations and a steady increase in responses for one peer, and some variability with lots of overlap for another peer. Overall, typically developing peers increased their frequency of initiations and responses.

Schaefer et al. (2018) used a multiple-probe-across participants design to explore the "efficacy of peer support arrangements to improve social interactions and academic engagement for students with severe disabilities" (Schaefer et al., 2018, p. 4), the impact of instructional formats on such arrangements, and the generalization of social interactions across environments. Participants included three students with a disability including a 14-year-old white male with ASD, a 13-year-old white male with fragile X syndrome and epilepsy, and a 13-year-old white male with ID and a hearing impairment. Six typically developing peers participated including four males and three females, of which four participants were 13-year-olds, one participant was 11-year-olds, and one participant was 12-year-olds. Additionally, two participants were white, two were Hispanic, one was African American, and one was Somali American. Finally, three general education teachers and three paraprofessionals also participated. Two teachers were female, one teacher was male, two paraprofessionals were male, and one paraprofessional was female. Schaefer et al. (2018) conducted observations in three conditions: (a) baseline, (b) intervention in the general education classroom, and (c) intervention in the generalization settings (e.g., lunch, recess). Participants were provided with an individualized peer support plan followed by a 25 min training including participants with and without disabilities. Participants without a disability then set peer support daily goals indicating their personal social goal for their peer partner each day. The role of the teachers and paraprofessionals was to provide adult support/facilitation whenever necessary. Peers were provided with a 5-10 min post-observation meeting daily to receive feedback, ask and answer questions, and respond to goals. General education teachers and paraprofessionals were not present in the generalization settings, resulting in the researchers intervening in the generalization setting to provide peers with support in how to engage with the focus students in these settings.

Schaefer et al. (2018) measured social interactions and who directed the interaction using a 15s partial interval recording system. Instructional format was recorded as either independent work, group work, class discussion, lecture, or no instruction. Schaefer et al. (2018) found a functional relationship between peer support arrangements and interactions. Engagement increased for all three focus students, there was, however, lots of variability. Interactions in the general education classroom also increased for all three focus students with the greatest increase in interactions during group activities (n=3), independent work (n=3), and no instruction (n=2). Interactions in the generalization settings (e.g., lunch, recess) increased slightly for all three focus students.

Simpson and Bui (2016) implemented a class-wide peer mediated social skills intervention with second graders with and without low-functioning autism (LFA) and explored the quality of their peer relationships based on the perceptions of the typically developing peers. Participants included eight students with LFA ranging in ages 5 to 8 years old, and 24 typically developing students ranging in ages 7 to 8 years old. Participants with LFA attended a special education class and were split into eight shared reading groups with the typically developing peers, creating eight groups made up of one peer with LFA and three typically developing peers. Simpson and Bui (2016) used an ABAB reversal design to measure the initiations and responses of the participants on four of the eight groups. Simpson and Bui (2016) provided an overview about autism to the typically developing peers and answered student questions prior to the implementation of the intervention. During the intervention phase, each reading buddy group was provided with a picture chart, modeling, role-play, and discussion in successful participating in the reading buddies group. Participants were then provided 15 min to read together using the format provided. In baseline phase two procedures from baseline one was replicated, however, visual supports and modeling, discussion, and role play were removed. In the second intervention phase the procedures from intervention phase one were replicated, however, the visual support was reintroduced, and modeling, discussion, and role play were used prior to the session beginning.

Simpson and Bui (2016) found students with LFA did not increase initiations with their typically developing peers, however, the typically developing peers increased initiations with the focus students. Additionally, students with LFA increased responses to their typically developing peers, however, only one of the four typically developing peers increased in their responses towards the peers with LFA. Finally, Simpson and Bui (2016) conducted open-ended interviews with eight typically developing peers to evaluate the quality of relationship between peers with and without LFA, from which three themes appeared including: (a) mutual enjoyment (e.g., group enjoyed reading together); (b) helping behaviors (e.g., helping to read, helping with comprehension); and (c) developing friendship (e.g., being happy together, mutual likeness towards each other).

Weiner (2005) implemented generative repair strategies in peer-to-peer conversations to evaluate its effectiveness on conversational turns. Participants included three students with moderate to severe disabilities. One participant was a 6-year-old female diagnosed with Down syndrome, one participant was a 12-year-old male diagnosed with Down syndrome and Hirsch-Prungs, and one participant was a 9-year-old female diagnosed with ASD, visual impairment, and neurological impairment. Additionally, nine typically developing peers participated in this study. Among the typically developing peers, three were randomly assigned to be trained peers (i.e., taught specific repair requesting strategies by the researchers), three were randomly assigned to be informed peers (i.e., informally instructed on repair requesting), and three were randomly assigned to be naïve peers (i.e., were uninformed and naïve to the study). Weiner (2005) trained the participants assigned to being a trained peer to "request repair and reinforce the target student's repair response" (Weiner, 2005, p. 30). The trained peers were then provided with the opportunity to practice their newly learned skills. If the trained peers demonstrated difficulty with the request repair and repair response the researcher provided support following a system of least prompts. Weiner (2005) then provided informal training to the participants randomly assigned to be an informed peer. Informed peers were only "instructed to use repair requests for repair with focus students but were not given any structured training" (Weiner, 2005, p. 30). Participants randomly assigned to be a naïve peer were not trained and were unaware of the purpose of the study as possible.

Weiner (2005) collected data on frequency of responses within of vocal behaviors of students with and without disabilities including: (a) unintelligible responses, (b) requests for repair, (c) repair responses, and (d) conversational turns. Weiner (2005) found that peers' requests for repair to focus students' unintelligible vocal behavior increased for all trained peers. The focus students' unintelligible responses decreased significantly for all three focus students. There was a significant amount of variability with an increasing trend on the ratio of peers' request to focus students' responses for all three focus students. Weiner (2005) also found that focus students' repair responses to peers' requests for repair increased significantly for two of the focus students and increased slightly for one of the focus students. The ratio of students' repairs to peers' requests increased with variability for all three focus students. Finally, Weiner (2005) discovered that conversational turns increased for all peers once the trained peers learned how to request repairs for unintelligible vocalizations.

Young et al. (2016) explored peer-mediated discrete trial training by both replicating the work of a previous study and extending the research through the completion of a second study. In the first study, Young et al. (2016) sought to replicate a study which implemented a discrete trial training to six typically developing peers ranging in grades fourth through sixth, and three focus students diagnosed with ASD. Participants with ASD were ages 4, 5, and 7 years old. Additionally, the classroom teacher and two paraprofessionals participated in the study as well. The typically developing peers were trained by the teacher and paraprofessionals to implement discrete trial training which included five steps: "(a) obtain the participants' attention and present a discriminative stimulus for each trial, (b) follow a prompt hierarchy, (c) use appropriate consequences for participant responses, (d) record participant response, and (e) pause for 3-5s between each trial" (Young et al., 2016, p. 511). Young et al. (2016) measured implementation fidelity and found an immediacy of effect with an increasing trend in correct implementation of steps for all six peers. Additionally, all six peers-maintained implementation fidelity in the maintenance phase.

In the second study Young et al. (2016) furthered their work with the same three participants diagnosed with ASD and five of the six typically developing peers to measure the percentage of trials correct for each skill taught. The typically developing peers acted as the primary data collectors by documenting whether their peer with ASD responded correctly or incorrectly to the stimuli while teaching an untargeted skill using the discrete trial training procedures from the first study. Young et al. (2016) also measured social interactions between participants with and without disabilities using10s-momentary time sampling during a 15 min unstructured time (i.e., recess, lunch). Young et al. (2016) found that all participants with ASD demonstrated a positive change in percentage of correct responses immediately after the intervention began with an increasing trend across all new skills taught (i.e., fast/slow, soft/loud, top/bottom, match penny, match nickel, match dime, match “t”, match “n”, match name/sound, sign “corn”, sign “orange”, “this X”, “name, want x”). Lastly, Young et al. (2016) discovered that social interactions between participants with ASD and their peers increased for all participants during unstructured times (i.e., free play, game time, recess).

Summary of Evidence. This systematic review of 15 research studies demonstrated an overall need for more research on peer support interventions within the elementary school setting. While some research does exist, it is limited in targeting students in grades prekindergarten to sixth grade and mostly included students with ASD. While investigating the social and academic benefits of peer supports for students with ASD is important, there is almost no research examining students with other disabilities. The analysis of the literature provided a wide variety of measures to examine social outcomes, five studies examined both academic and social outcomes, three studies examined academic, social, and other outcomes, and six studies exclusively examined social outcomes. Most of the interventions included typically developing peers and paraprofessionals being trained to implement and facilitate peer support arrangements in the classroom; however, providing specific training on social skills to support peers without disabilities for students with disabilities is limited. Although the research is restricted in exploring peer support interventions in the elementary setting, a wealth of information regarding the instruments used and strategies implemented to train peers provides a great baseline for future research.

Additional Notable Study

Upon examination of peer support interventions for students with and without complex support needs a notable study conducted by Biggs and Snodgrass (2020) was found within the references of the intervention studies discussed above. Although this study is not an intervention study, I chose to include the Biggs and Snodgrass (2020) qualitative study based on the direct link to the proposed research question.

Biggs and Snodgrass (2020) conducted a qualitative study using grounded theory and constant comparative method to explore the perspectives of third and fourth grade students (i.e., four students with CSN, 16 typically developing students) held regarding friendship between peers with and without complex support needs (CSN). Friendship was defined by the participants themselves in this study. The utilization of semi-structured interviews provided data the researchers used to create a conceptual model of friendship development. They “identified three interwoven intersections between children’s experiences of friendship and disability” (Biggs & Snodgrass, 2020, p. 7). The conceptual model of friendship development consists of four major components: (a) proximity, (b) depths of friendship, (c) key agents, and (d) a continuum of help and care. Biggs and Snodgrass (2020) found that student must first be in proximity of one another for friendship to begin to develop. Once students are in proximity, a depth of friendship takes place, starting with affinity (i.e., two individuals enjoy being around one another and have admiration for each other, they have shared interest and characteristics, and develop positive perceptions like kindness). Some friendships remain at this depth of friendship and others deepen to the depths of intimacy (i.e., understanding, honesty, trust, loyalty, and commitment). Key agents are factors that influenced friendship development and include: (a) sustained, repeated engagement, (b) communication and interaction, (c) learning about one another, (d) fights and forgiveness, (e) personal change, and (f) peers, educators, and family members. Finally, a continuum of help/care overlaps with depths of friendship. Biggs and Snodgrass (2020) found as depth of friendship moved from an affinity level to an intimacy level, children moved from helping acts (i.e., offering help out of social obligation, being polite or kind, helping with academic task) to caring acts (i.e., offering support out of love, deep affection, and understanding).

Students without CSN identified differences in their daily experiences between their friends with and without CSN (Biggs & Snodgrass, 2020). The daily experiences included: (a) engagement and play, (b) communication and interaction, and (c) behavior (e.g., restricted or preferred interests, body movements). Lastly, how children without CSN talked about disability (e.g., having difficulty talking about disability) and made meaning of disability (e.g., identifying sameness and understanding differences between themselves and their peers with CSN) were two additional experiences which impacted the experiences peers without CSN had but did not change their friendships.

Perspectives of Parents of Children with Disabilities

The purpose of reviewing the parent literature within this section is to explore the unique perspectives parents of children with disabilities hold about their children's social lives. Understanding how parents of children with disabilities view and/or facilitate their children's social lives is important because it provides the community and education system an understanding of which accommodations may need to be implemented to create opportunities for individuals with disabilities to engage with others. Furthermore, it creates awareness of how often individuals with disabilities socialize with others and how that may compare to individuals without disabilities. Table 2 lists the literature I reviewed.

Table 2

Review of the Literature Examining Perspectives of Parents of Children with Disabilities

Author/ Date	Design	Purpose	Participants	Method	Outcomes
Guralnick et al. (1995)	Qualitative interview study	To examine the relationships and friendships of children from the perspectives of mothers.	262 mothers; 262 children with disabilities	Interviews	Mothers believed their child made gains in learning to share, resolve conflicts, and play cooperatively with others. 75% of mothers perceived the integrated program to be a good setting for their child to make friends, and most (76%) were able to identify one or more best friends in their child's class.

Author/ Date	Design	Purpose	Participants	Method	Outcomes
Turnbull & Ruef (1997)	Participatory action research	To examine family perspectives on inclusiveness for a family member with a disability.	17 families' members; 17 individuals with a disability	Interviews	Themes emerged from interviews that included family life, friendship issues, school issues, community inclusion and participation, and supported living and supported employment.
Turnbull et al. (1999)	Participatory action research	To examine parents' successful facilitation of friendships between children with and without disabilities	5 children with disabilities; 6 children without disabilities; 10 parents; 5 teachers; 5 additional family members	Semi-structured interviews	The development of a friendship facilitation framework consisting of four categories including foundational theme, creating opportunities, making interpretations, and making accommodations.
Turnbull et al. (2000)	Participatory action research	To examine how Hispanic families influence friendships for a family member with a disability.	56 total participants (i.e.,11 children with disabilities, 12 children without disabilities, 21 parents, 8 teachers, 4 siblings)	Interviews	Development of a "Friendship Support Conceptual Framework" consisting of four categories including companionship, instrumental support, emotional support, and depth of friendship.

Author/ Date	Design	Purpose	Participants	Method	Outcomes
Turnbull & Turnbull (2015)	Article reflecting on past and future of parent aspirations	To examine what parents wanted for their child with a disability in the past compared to the present	N/A	N/A	Future goals include fostering empathy, compassion, and dignity and creating life opportunities

Method

To examine information on the most current research reporting on perspectives of parents of children with complex support needs on their children's educational experience, I searched for articles published between 2015 and 2020. Limiting the publication date to the past five years not only allows for the most recent research to be reviewed, but it also provides insight into whether researchers are currently exploring perspectives of parents of children with CSN and if so, how much research is focused on this topic. Additional inclusion criterion included if the participants were parents who had a child with CSN (i.e., autism spectrum disorder, intellectual disability, developmental delay, multiple disabilities, cerebral palsy, and/or Down syndrome) between the ages 5-18 years old. Therefore, research was not included if it was published before 2015, parents were not a primary participant in the study, or were parents of a child without complex supports needs, or their child was between ages 0-4 or 19 and older, or if the parent's perspectives were not specific to social outcomes.

Databases and Search Terms

I used Academic Search Complete, APA PsycInfo, CINAHL Complete, Education Research Complete, and ERIC to conduct the search. The set of terms included a combination of dis*, “parent perspective”, (parent perspective), and children, and generated a total of 236 articles. Once duplicate articles were removed, 65 articles remained. After reviewing the abstracts of each article, seven articles were selected for further examination. None of the articles met the inclusion criteria.

Reference and Author Searching. Because the systematic search did not result in studies meeting the inclusion criteria described above, I then searched for studies completed by Ann P. Turnbull and colleagues because many of their studies included the perspectives of parents of children with complex support needs about their children’s social lives in schools and the community; I then examined the reference lists of the articles this search generated as well. This process generated five studies that met inclusion criteria. (See Table 2 above.) Among the five articles, one study was published within the past five years, one study was published within the past twenty years, and the remaining three studies were published within the past 25 years. I believe it is worth mentioning the time frames in which these five studies were published to emphasize the need for more research examining the perspectives of parents of children with complex support needs and how they view and/or facilitate their child’s social lives. Because so few research studies were located, I decided to review each of them, although they did not meet the original time range or age range I had initially specified. These five studies used a range of designs and methods to investigate parent perspectives of their children’s social relationships. In the section below, I will describe each study, providing the design, data collection and analysis methods, and findings.

Findings

Guralnick et al. (1995) conducted in-depth interviews with mothers of preschool children with a disability attending integrated or specialized programs to explore the relationships and friendships of the children from the perspectives of mothers. Guralnick et al. (1995) also compared the differences in children's relationships and friendships between the two settings. Participants included 262 mothers who provided information regarding their experiences of their child attending one of the two settings (i.e., integrated, specialized). The children were between ages 48 to 72 months, 59 children were enrolled in an integrated program while the remaining 203 children were enrolled in a specialized program. Of the 262 children, 116 were identified with a cognitive delay, 84 were identified with a communication disorder, 30 were identified with a physical disability, and 32 were identified as being at-risk for a learning disability.

Guralnick et al. (1995) conducted in-depth interviews with each adult participant. They found that 83% of mothers whose child was enrolled in an integrated program said their child made gains in: (a) learning to share, (b) solving conflicts, and (c) playing cooperatively with others. Mothers believed their child's gains in social interactions were the results of three major aspects of the setting including: (a) effectiveness of the adults in the setting; (b) high quality programs that emphasized structural aspects; and (c) the presence of peers with and without disabilities. A small portion of mothers (i.e., 15%) were concerned with how their child's self-esteem would be impacted by being educated alongside peers without a disability, while 40% of mothers were concerned their child would be rejected by their peers without a disability. The majority of mothers (i.e., 73%) felt an integrated setting would help their child make friends and most mothers (i.e., 76%) identified their child's best friend(s).

Guralnick et al. (1995) found that among the mothers whose children were enrolled in a specialized program (i.e., 203 of the sample), 76% of mothers believed a specialized program would provide their child access to peers similar to their child, with 80% of mothers identifying their child’s best friend whom they engaged with outside of the school setting. Among this group of mothers, only 28% reported they opted for their child to attend the specialized program instead of an integrated program, and 44% of mothers who said they did not have the option for their child to attend an integrated program instead of a specialized program said they would rather their child attend an integrated program. Among these mothers, 35% believed their child would be more social and 51% their child would learn more social skills if their child were educated alongside children without a disability. When mothers of children attending specialized programs were asked about their child’s friendships, 90% of mothers believed their child would make friends with peers with and without a disability, and only 11% of mothers believed their child’s self-esteem would be impacted by participating with peers without a disability. However, 50% of mothers were concerned their child would be rejected by their peers without a disability if they attended an integrated setting Approximately 80% of mothers whose child attended either setting believed it was important for their child to be educated with other peers with a disability. The majority of mothers were happy with the quality of program their child attended with only 30% of mothers identifying improvements of the programs’ structure.

Guralnick et al. (1995) identified two major limitations within the study including families overstating their satisfaction with their child’s educational placement and minimizing the benefits of other options available. Secondly, although the sample size was large (i.e., 262) the representation of mothers' perspectives about their children with disabilities attending integrated or specialized programs has not been widely explored or documented as of yet. Suggestions for future research included investigating if rejection is more common in integrated programs compared to specialized programs (Guralnick et al., 1995). Guralnick et al. (1995) also recommended future research replicate the study to clarify the limitations highlighted above.

Turnbull and Ruef (1997) used participatory action research to explore family perspectives on inclusive lifestyle issues for individuals with disabilities with problem behaviors. Participants included 17 families; the target participants' ages ranged from age 4-35 and all had a diagnosis of ID (i.e., preschooler n = 1, elementary n = 8, secondary n = 4, adult n = 4). Telephone interviews with the parents of a child with a disability were recorded, transcribed, and coded for frequency and duration of topics (Turnbull & Ruef, 1997). Turnbull and Ruef (1997) identified five themes and twelve subthemes which emerged from the interviews including: (a) family life (i.e., siblings, extended family, home routines, religious activities); (b) friendship issues (i.e., current status, among adults, among children); (c) school issues (i.e., teacher considerations, administrative issues, inclusion); (d) community inclusion; and (e) supported living and supported employment (i.e., supported living, supported employment). Overall, Turnbull and Ruef (1997) revealed that family members of individuals with ID who exhibited problem behaviors acted as primary facilitators in addressing supports provided to the individual and family. Families identified the need for professionals and community members to be willing to collaborate with them to provide a more inclusive environment for the individual with a problem behavior. Families also felt there was more emphasis in creating inclusive classroom environments, but a gap existed in connecting families together to create an inclusive family setting along with inclusive community settings.

Turnbull and Ruef (1997) did not identify specific limitations of the study but did identify that future research should investigate the social relationships of individuals with ID who exhibit problem behaviors and provide such information to their family members, teachers, and administrators. Additionally, research should consider exploring family participation in the religious community. Finally, additional research is needed in identifying the best educational practices for individuals with problems behaviors and exploring how to extend such practices to families, teachers, and administrators.

Turnbull et al. (1999) conducted semi-structured interviews with parents of children with disabilities and then used a constant comparative method of analysis to interpret the data to examine parents' successful facilitation of friendships between their child with a disability and a peer without a disability. A total of 31 participants took part in the interviews, including 5 children/youth with a disability, 6 friends, 10 parents, 5 teachers, 5 other family members of either the child with a disability or friend without a disability. Among the participants with a disability, two participants were diagnosed with ID and three participants were diagnosed with ID and CP. Turnbull et al. (1999) defined friendship as (a) an ongoing relationship for a minimum of 6 months; (b) both children/youth initiate contact and activities with each other; (c) both children share experiences in at least two setting (i.e., school playground and neighborhood and; (d) they have known each other for a minimum of 6 months.

Based on the findings of the study, Turnbull et al. (1999) developed a friendship facilitation framework including a foundational theme of accepting the child/youth unconditionally. Three main categories and seven subcategories were included within this framework: (a) creating opportunities (i.e., advocating for inclusion in the neighborhood school, supporting participation in community activities, initiating and facilitating a circle of friends, setting sibling-consistent expectations); (b) making interpretations (i.e., encouraging others to accept the child/youth, ensuring an attractive appearance); and (c) making accommodations (i.e., advocating for partial participation in community activities).

Limitations identified by Turnbull et al. (1999) include having a small sample size with only one interview conducted with participants with no follow up interviews. Additionally, there was a limitation in defining friendship which did not allow for the researchers to discover how friendships develop at varying ages. Finally, demographic information was not included along with not "retranslating the Spanish to English translation of interview transcripts to ensure reliability" (Turnbull et al., 1999, p 94). Turnbull et al. (1999) suggested future research consider developing an operational definition for friendship which include quality indicators of what constitutes as a friendship. Additional research should consider the role of the parents in facilitating friendships as well as examining the adult (e.g., teachers, paraprofessionals) facilitation of friendship development and the fine line of coercing versus facilitating friendship development and how to avoid coercion. Researchers should also consider the different parental strategies utilized across the child/youths' age, gender, and disability as well as the benefits and drawbacks of the different facilitator roles (e.g., mothers, fathers, teachers) on friendship development. Finally, additional research should also examine the facilitation role of parents of children without disabilities when facilitating friendships with peers with a disability.

Turnbull et al. (2000) conducted interviews with students with and without disabilities, parents, siblings, and teachers to investigate friendships between children with and without disabilities. Specifically, they examined ways the participating children provided support to each other within their friendships, reciprocity within such friendships, friendship depth within these friendships, and they identified how the cultural values in Hispanic families influence friendships. Eleven Hispanic children ages 6 to 19 with a diagnosis of intellectual disability (ID) (n=4), ID and cerebral palsy (n=5), multiple disabilities (n=2), learning disability (LD) (n=1), LD and emotional and behavioral disorder (EBD) (n=1) participated alongside one friend with the exception of one participant who included two friends to participate in the study (n=12) (Turnbull et al., 2000). Turnbull et al. (2000) defined friendship as (a) two children whose ages are within 18 months of each other; (b) both children/youth initiate contact and activities with each other; (c) both children share experiences in at least two settings (i.e., school playground and neighborhood); and (d) they have known each other for a minimum of 6 months.

Turnbull et al. (2000) developed a friendship support conceptual framework based on the comments provided by the participant interviews using participatory action research. The conceptual framework included four main categories (i.e., companionship, instrumental support, emotional support, and depth of friendship). The category of companionship included six subcategories (i.e., engaging in sports and physical activities, visiting and talking, going places, playing, engaging in artistic expression, and participating in school and community activities) and was identified within 56% of the comments provided during the interviews. The category of instrumental support (i.e., providing information, providing assistance with school tasks) included support provided by the child with a disability to a friend without a disability (i.e., 3% of comments) and support from a friend without a disability to a friend with a disability (i.e.,15% of comments). Emotional support (i.e., attending to feelings, expressing affection and caring, enhancing self-esteem) was identified among 26% of comments with 13% of those comments identifying emotional support provided by friends without a disability to a friend with a disability and 13% of comments provided by friends with a disability to a friend without a disability. Depth of friendship included three levels of friendship (i.e., acquaintances, casual, intimate). Turnbull et al. (2000) also identified influences Hispanic culture had on friendships between children with and without a disability. Seven families identified family support (e.g., grandparents, aunts, uncles, cousins) as a benefit in friendship development. Other families identified having large family get togethers prevented them from having the necessary energy to make connections with others outside of the family, having a larger family impacted creating opportunities to develop friendships outside of relatives, and it is common for families to be overprotected of their daughters preventing friendships to be developed outside of the family as well.

Limitations identified by Turnbull et al. (2000) included not conducting follow-up interviews or translating the transcripts of each interview. Demographic information on the severity of the child’s disability was not collected, socioeconomic status of the families was not collected, and a professional peer did not conduct a confirmation of the analysis of the analytic process and procedures. Additionally, Turnbull et al. (2000)

stated that the difficulty in deciding what constituted as a friendship being successful while developing the criteria used to define friendship included friendship sets (i.e., one friend with a disability and one friend without a disability) that did not meet the age criteria within the definition of friendship. Future research suggested by Turnbull et al. (2000) included operationally defining friendship based on successful friendships within and across diverse cultural backgrounds and clarifying the impacts of such friendships on relationship domains and friendship depth. Additional research should also examine the benefits and drawbacks of cross-age friendships versus same age friendship, as well as the availability of cousins as friends and acting as friendship facilitators in Hispanic cultures. Finally, examining the impact parents play on friendship development.

Turnbull and Turnbull (2015) conducted a scholarly reflection on parents goals in the past and aspirations for the future. Three objectives of the past included organizing nationally, establishing a legal right to education, and creating partnerships between parents and professionals. First, parents organized nationally to assert that their children with disabilities could learn among children without a disability instead of being segregated and forced to receive a set of skills within an institutional setting. Second, parents fought for their children's right to an education meaning their children should be included within the school setting and receive adequate services to successfully learn among other students. Lastly, parents sought to build a partnership with the professionals in guiding the educational success for their child which changed the requirement that parents be involved in their child’s individual education plan.

Future goals parent desired identified by Turnbull and Turnbull (2015) included fostering empathy, compassion, and dignity for children with disabilities and creating life opportunities beyond receiving an education. First, fostering empathy, compassion, and dignity requires others to understand the perspectives of individuals with disabilities and to create an ethical community. Establishing an ethical community leads to the second future goal identified by Turnbull and Turnbull (2015) which is creating life opportunities beyond receiving an education. Once individuals with disabilities exit the school system life opportunities should continue, allowing for opportunities of employment and inclusion within society to promote a sustainable lifestyle in replacement of relying on family members and/or government assistance for financial stability.

Conclusion for Parent Literature

Among the literature examined within this review section, parents have identified that creating opportunities for their children with complex support needs to participate in social events within the school setting (e.g., assemblies, extra-curricular activities, clubs) and in the community (e.g., attending church, playing with kids in the neighborhood) continue to be a struggle. Parents expressed there is a large reliance from school staff on parents to provide information on how to include their children in the school setting. Parents have expressed that schools should be better prepared and equipped to include their children in the classroom with typically developing peers. Additionally, parents felt that community members are not familiar with engaging with individuals with disabilities. therefore, also requiring parents to educate the community on how to accommodate and modify events and settings (e.g., seating arrangements, ramps) to include individuals with disabilities in community events (e.g., neighborhood churches, community centers). The perspectives of parents are important when considering the social lives of children with disabilities because parents act as primary social facilitators for their children. The greater the difficulty in accessing opportunities for social interactions, the less likely the social interactions will occur; therefore, if social interactions are rarely occurring, the opportunity to establish friendships is significantly limited. As discussed previously, relationships are important for all individuals. Friendships in general are important because they provide a sense of belonging (Hall, 2019) and provide opportunities for individuals to develop problem solving skills and learn to advocate for one's beliefs (Anderson et al., 2011).

Overall, there is limited research available examining the perspectives of parents of children with complex support needs regarding their children's social lives. A reoccurring theme identified by parents were the challenges faced in advocating for their child to be placed in inclusive classroom settings. Additionally, parents noted how they are overwhelmingly relied upon by school administration, classroom teachers, and community members to facilitate social and academic opportunities for their child throughout their child's life. Parents have suggested more research is needed to create equal opportunities for individuals with a disability to promote inclusion of individuals with a disability in society. The limited research available also demonstrates the need for researchers to continue exploring how parent perspectives of children with complex support needs are needed in order to make growth in knowing how to successfully promote inclusion within society.

Teacher Perspectives of Friendships Between Students with and Without Disabilities

The purpose of reviewing the teacher literature within this section is to explore how teachers (i.e., general education teachers, special education teachers) perceive friendship between students with and without severe disabilities. Understanding how teachers view friendships between students with and without disabilities will provide guidance in how teachers can facilitate friendships in the classroom. Furthermore, it allows for a comparison of between parents and educators on the importance of friendships for students with CSN, their social interactions, and their academic skills. Table 3 below lists the studies reviewed and their primary characteristics.

Table 3

Review of the Literature Examining Perspectives of Teachers on Friendships Between Students with and Without Severe Disabilities

Author/ Date	Design	Purpose	Participants	Data Collection	Outcomes
Dietrich (2005)	Qualitative naturalistic study	To examine the variables which influence friendship between students with and without disabilities.	7 students with disabilities; 5 typically developing students; 2 teachers; 2 assistant teachers; 9 parents	Interviews; observations	Three major themes emerged including characteristics of friendship, the dynamics of friendships, and the meaning of friendship.
Gillooly et al. (2021)	Survey	To examine characteristics of friendships between students with and without Williams Syndrome	21 parents; 21 children with William Syndrome; 18 teachers	Surveys; questionnaire-es	Children with WS were reported by parents and teachers to have substantially more problems within peer relations compared to the normative population. Parents and teachers showed no significant agreement on items assessing

Author/ Date	Design	Purpose	Participants	Data Collection	Outcomes
					the presence of a friendship and the ability to sustain friendships. Parents and teachers showed slight agreement on their ratings of the children's experiences of falling outs with peers.
Hamre-Nietupski et al. (1993)	Survey	To examine the perceptions of special education teachers on friendships between students with and without disabilities	158 special education teachers	Survey	Special education teachers reported friendships were important and benefited both children with and without disabilities. Teachers reported facilitating such friendships were important but identified barriers in doing so.
Hamre-Nietupski et al. (1994)	Survey	To examine the perceptions of general education teachers on friendships between students with and without disabilities	312 general education teachers	Survey	General education teachers reported friendships were important benefited and both children with and without disabilities. Teachers reported facilitating such

Author/ Date	Design	Purpose	Participants	Data Collection	Outcomes
					friendships was important but identified barriers in doing so.
Petrina et al. (2017)	Survey	To examine how teachers and parents view friendship compared to other learning priorities for children with CSN	54 teachers	Survey	Both teachers and parents rated and ranked social skills, emotional development, and friendship as the three most important outcomes when compared to intellectual and academic skills, physical skill and motor development, and creativity. Agreement on remaining curriculum priorities was lower and the lowest level of absolute agreement was between teacher and parent perceptions of friendship.

Method

To examine the literature on teacher perspectives of friendship and social interactions between students with and without disabilities I searched for all articles that included teachers (i.e., general education teachers, special education teachers) and related service providers (e.g., occupational therapist, speech and language pathologist, physical therapist) who worked with elementary students with and without CSN in grades pre-K to 6th grade. Additionally, the studies had to have examined the perceptions of teachers and/or related service providers regarding friendships between students with and without CSN. Therefore, research was not included if the study did not examine teachers' and/or related service providers' perceptions of friendship between students with and without CSN, or the study focused on perceptions of student friendships in grades 7th-12th grade, or students without disabilities were the focus on the study.

Databases and Search Terms

I used Academic Search Complete, APA PsychInfo, CINHAL Complete, Education Research Complete, and ERIC databases to conduct the search. The set of search terms included a combination of teacher perspectives, teacher perceptions, elementary, friendship, social interactions, and dis*, which generated a total of 719 articles. Once duplicate articles were removed, 258 articles remained. After reviewing the abstracts of each article, five articles were reviewed for further examination and, of these, two articles met the inclusion criteria. One additional article was located from an independent search on Google scholar. I reviewed the reference list for these three studies and found an additional two articles for this literature review.

Findings

Dietrich (2005) utilized a naturalistic study design to explore friendship between students with and without disabilities by exploring how children, parents, and educators describe friendships between children with and without disabilities. Additionally, Dietrich (2005) examined the dynamics of these friendships compared to what these friendships mean to the children and what they mean to the parents and educators.

Participants included six friendship pairs consisting of students ages four to five attending a Head Start program. Seven students with disabilities (i.e., 3 students with a physical disability, 4 students with developmental delay), five students without a disability, two teachers, two assistant teachers, and nine parents (i.e., 1 father, 8 mothers) participated in the study. Dietrich (2005) conducted observations three times per week over the course of 15 weeks in the students' classrooms, lunchrooms, and playgrounds. Both formal and informal interviews were completed with all participants (i.e., teachers, parents, children) using open-ended questions. Interviews which were audio taped and transcribed. Parents participated in one interview while teachers participated in two interviews. Each interview conducted with the adult participants lasted between 45 to 90 minutes. The child participants completed interviews which lasted between five to 15 minutes. Dietrich (2005) defined friendship as, "a dyadic relationship between peers, characterized by repeated interest in spending time or playing together and enjoying the time with each other" as defined by Buysse 1993, p. 381 (Dietrich, 2005, p. 197).

Three major themes appeared from the interviews and observations conducted by Dietrich (2005). First, the characteristics of friendship (i.e., being nice to one another, showing affection to one another, liking one another, choosing to spend time together, playing, and having fun together) were identified where teachers specifically stated they knew students were friends when they were affectionate towards one another. Teachers demonstrated the importance of play by providing students with opportunities to spend time together and allowed students to change the physical arrangement of the class so students could sit next their friend.

The second theme related to the dynamics of friendship (i.e., including how, when, and where children spent time together). Teachers provided students with child-chosen activities in which students chose what activity they would like to complete and where they would like to complete the activity, ultimately providing the students the opportunity to choose who they would like to complete the activity with. Lastly, the meaning of friendship emerged as a theme (i.e., include shared benefits of friendship, individual benefits of friendship). Teachers recognized the importance friendship development has on the development of social skills and identified the friendships between students as a typical friendship consisting of mutual and reciprocal relationship. Teachers did not intervene in the friendships at any time of the study.

Limitations identified by Dietrich (2005) included having limited participants and not including participants with significant disabilities. Further research as suggested by Dietrich (2005) included examining the influence of the classroom structures (e.g., instructional strategies, curriculum designs, classroom arrangements) on the development and maintenance of friendship between children with and without disabilities. Additionally, conducting further observations to examine the dynamics of friendship between children with and without disabilities is needed.

Gillooly et al. (2021) utilized surveys and questionnaires to examine characteristics of peer relationships between children ages 7 to 16 years old with and without Williams Syndrome (WS). Parent and teacher perspectives were used to explore the relationship between atypicalities of social functioning and the quality of peer relations between children with and without WS (Gillooly et al., 2021). Participants included 21 parents (i.e., 2 fathers, 19 mothers), 21 children (i.e., 14 children attended a mainstream school, 7 children attended a specialist provision school), and 18 general education and special education teachers. Parent and teacher participants completed two surveys about the children's behaviors (i.e., the *Social Responsiveness Scale Second Edition, the Vineland Adaptive Behavior Scale Second Edition*) and two questionnaires (i.e., the *Strengths and Difficulties Questionnaire*, Parent Report, Peer Interactions Teacher Report; Gillooly et al., 2021).

Gillooly et al. (2021) discovered that parents and teachers reported children with WS experienced more problems within peer relationships when compared to the normative population. Teachers rated their students with WS significantly higher than population norms in the total difficulties composite scale and peer problems subscale. Gillooly et al. (2021) did find a moderate positive association between the parent and teacher ratings of the peer interactions and social functioning impairments completed by parents and the strengths and difficulties questionnaire completed by teachers on the social responsive scale survey. Gillooly et al. (2021) found that parents and teachers did not agree on items assessing the presence of friendship and the ability to sustain friendships, but they did agree slightly on children's experiences with peers, noting that the majority of children with WS experienced social exclusion from the peers without WS. Eight teachers reported their students with WS had one or more friends, eight teachers reported their students with WS demonstrated the ability to sustain friendships, and four teachers reported their students with WS experienced falling-out with their peers. Social exclusion was reported by parents and teachers to be a problem both in the school and home environment. Teachers ranked the frequency of five items (social interactions) occurring to their students with WS in order from most frequently reported to least frequently reported. Students with WS were greeted by other children around school, students with WS were included by peers during recreational breaks, students with WS were included by peers in conversations in the class, and students with WS were chosen as partners for work activities/P.E. Teachers reported that students with WS are not picked on by their peers. Finally, Gillooly et al. (2021) reported that results from teacher and parent reports suggested that students with WS had difficulty in developing and maintaining close friendships and demonstrated "low levels of social inclusion by peers" (Gillooly et al., 2021, p. 176).

Gillooly et al. (2021) identified several limitations in their study including first, a small sample size of participants with WS. Secondly, it was difficult to analyze and draw conclusions on the parent and teacher peer interaction questionnaire without having normative data to compare of the atypical nature of the peer interactions. Lastly, only parents competed the social responsiveness scale where teachers did not. Future research as suggested by Gillooly et al. (2021) included a larger sample size of children with WS and drawing comparisons between children with and without WS children with other diagnosis.

Hamre-Nietupski et al. (1993) examined the perceptions of special education teachers about the facilitation of friendship between students with and without severe disabilities. A total of 158 special education teachers (n=115 self-contained class; n=9 resource room; n=2 general education classroom; n=28 combination of self-contained, resource room, and general education classrooms) from Iowa, Nebraska, and Florida. Participants completed a two-part survey where part one gathered information on the teachers' perceptions of friendship between students with and without severe disabilities.

Part two of the survey requested teachers to rank how friendships between students with and without severs disabilities should be facilitated, who should facilitate such friendships, and which strategies they would be willing to implement in their own classrooms.

Hamre-Nietupski et al. (1993) discovered that special education teachers believed friendships between elementary students with and without severe disabilities were possible but rarely occurred and would be beneficial to both students with and without severe disabilities. Special education teachers believed these friendships could be facilitated but that it would be difficult to do so. When asked to rank the educational setting most likely for friendships to develop, teachers ranked as first a regular class for part of the day; teachers' second ranking was a regular class for the entire day; teachers' third ranking was a special class in a regular school; and teachers' fourth ranking was a special class in a special school. Special education teachers of students with severe disabilities rated a regular class for part of the day to establish friendships significantly higher than teachers of students with moderate disabilities or other combination of disabilities, in which case, teachers of students with other combination of disabilities ranked special class in a special school higher. Teachers with less teaching experience ranked special schools and classes as more suitable for students with severe disabilities to develop friendships than teachers with more teacher experience.

Teachers were also asked to rank in order from the most responsible to least responsible individual(s) for facilitating friendships between students with and without severe disabilities. Teachers ordered the responsibility of individuals as follows: (1) special education teachers, (2) regular education teachers, (3) parents of children with a severe disability, (4) school administrators, and (5) guidance counselor. Teachers were also asked to rank strategies to help adults (special educators, regular educators, parents of students with severe disabilities and parents of children without disabilities) facilitate friendships for students with and without severe disabilities from most to least helpful. Teachers ranked the top five strategies for special education teachers to implement as follows: "(1) collaborate with regular education teachers; (2) present information on disabilities to children, staff, and parents; (3) implement cooperative learning approaches that emphasize children learning together; (4) teach nondisabled students to be peer tutors and/or partners; and (5 tied with 6) teach social interaction skills to students with and without disabilities; and arrange integrated in-school and after-school activities" (Hamre-Nietupski et al., 1993, p. 121).

Teachers ranked strategies for general education teachers to implement in facilitating friendships as follows: "(1st) collaborating with special education teachers; (2nd) implement cooperative learning approaches that emphasize children learning approaches that emphasize children learning together; (3rd) teach nondisabled students to be peer tutors and/or partners; (4th/5th tied) present information on disabilities to children, staff, and parents; and teach social interaction skills to students with and without disabilities; and (5th/6th) arrange integrated in-school and after-school activities" (Hamre-Nietupski, et al., 1993, p. 121).

Hamre-Nietupski et al. (1993) asked teachers to rank which strategies they would be willing to implement in their own classroom to facilitate friendships. Teachers ranked the following in order from most willing to carry out to least willing to carry out: "(1st) collaborate with special/regular education teacher; (2nd) present information on disabilities to children, staff, and parents; (3rd) teach nondisabled students to be peer tutors and/or partners; (4th) implement cooperative learning approaches that emphasize children learning together; and (5th) teach social interaction skills to students with and without disabilities" (Hamre-Nietupski et al., 1993, p. 123).

When teachers were asked to rank which, educational setting was best for students with severe disabilities to develop functional life skills, teachers ranked special class in regular school first, regular class for class for part of the day second, special class in a special school third, and regular class for the entire day last. When teachers were asked to rank which, educational setting would be best for students with severe disabilities to learn academic/preacademic skills, teachers ranked special class in a regular school first, regular class for part of the day second, special class in a special school third, and regular class for the entire day fourth.

Hamre-Nietupski et al. (1993) identified several limitations of the study, including first a nonrandomized participant selection. Having a randomized sample would have helped with the generalization of the findings. Second, there were no data comparing teacher perceptions and teacher behaviors to examine if teachers demonstrated their beliefs in the classroom. Third, data were only collected on the teachers' years of teaching experience and not on the experience of working with students with disabilities in different settings (i.e., regular class, special class). Fourth, Hamre-Nietupski et al. (1993) did not investigate further into their findings. Finally, the perceptions of other adults (e.g., general education teachers, parents) were not considered. Future research suggested by Hamre-Nietupski et al. (1993) included evaluating the development of friendship across each educational setting. Future research should also observe teacher performance of the strategies discussed in the study to help facilitate friendships between students with and without severe disabilities. Hamre-Nietupski et al. (1993) also suggested examining whether teachers experience in an inclusive classroom setting impacts their perception of facilitating friendships and their perception of skill acquisition. Finally, Hamre-Nietupski et al. (1993) stated that conducting more in-depth interviews with teachers to elaborate further on their survey responses would allow for better understanding of teacher perceptions on facilitating friendships.

Hamre-Nietupski et al. (1994) extended the work they had done in the study described above by examining the perceptions of general education teachers on friendships between elementary students with and without disabilities and the facilitation of those friendships. Hamre-Nietupski et al. (1994) also sought to compare the perceptions of special and general education teachers on friendship and friendship facilitation of students with and without disabilities. A total of 312 general education teachers across districts in Iowa, Nebraska, and Florida working with elementary, middle, and high school students completed a two-part survey. Part one of the survey examined the teacher perceptions of friendship between students with and without severe disabilities. Part two of the survey explored the perceptions of who teachers believed should facilitate the friendships and how the facilitation of these friendships should be implemented.

Hamre-Nietupski et al. (1994) found that general education teachers agreed it was possible for students with and without disabilities to develop friendship but believed it rarely occurred. This perception was the same as special education teachers. General education teachers agreed that friendships between students with and without severe disabilities could and should be facilitated, however, there was as a split response in regard to actual facilitation of friendships with teachers agreeing or disagreeing the facilitation would be easy. Teachers agreed that students with disabilities benefited from the friendships; however, teachers of students ages 5-10 years rated this question higher than teachers of students ages 11-21 years old. Teachers also agreed that students with severe disabilities benefited from these friendships. When comparing the perception of general education teachers and special education teachers, the special education teachers placed an equal emphasis on students with and without severe disabilities benefiting from the friendships.

When the general education teachers were asked to rank the educational settings in which these friendships were very likely to develop, the teachers completed the ranking as follows: "(1st) regular class for part of the day; (2nd) regular class for the entire day; (3rd) special class in a regular school; and (4th) special class in a special school" (Hamre-Nietupski et al., 1994, p. 107). When compared to the perceptions of special education teachers, they, too, ranked the educational settings in the same order as the general education teachers. General education teachers of students ages 5-10 years ranked the likelihood of friendship development in a regular class for the entire day significantly higher than teachers of students ages 6-13 years old and teachers of students ages 11-21 years old (Hamre-Nietupski et al., 1994). Hamre-Nietupski et al. (1994) also discovered that teachers with more experience believed that a special class in a special school would be the best educational setting for friendship development than teachers with less experience.

When Hamre-Nietupski et al. (1994) asked teachers to rank who they believed was responsible for facilitating friendships, teachers revealed the following: "(1st) special education teachers; (2nd) general education teachers; (3rd) guidance counselors, school psychologist, and social workers; (4th) parents of children with severe disabilities; and (5th) parents of nondisabled children" (Hamre-Nietupski et al., 1994, p. 111). When comparing these rankings to that of the special education teachers, the first two ranking were the same but the 3rd through 5th rankings were different. The special education teachers identified parents of children with severe disabilities as third most responsible, school administrators as fourth, and guidance counselors, school psychologist, and social workers as fifth. Hamre-Nietupski et al. (1994) asked general education teachers to rank the strategies that general education teachers and special education teachers could implement in facilitating friendships between students with and without severe disabilities. Participating teachers ranked the following five strategies for general education teachers as follows:

> (1st) implement cooperative learning approaches that emphasize children learning together; (2nd) collaborate with special education teachers; (3rd) teach social interaction skills to students with and without disabilities; (4th) teach nondisabled students to be peer tutors and/or partners" Teachers ranked the top five strategies special education teachers could implement to facilitate friendship development as follows: "(1st) present information on disabilities to students, staff, and parents; (2nd) collaborate with special education teachers; (3rd) implement cooperative learning approaches that emphasize children learning together; (4th) teach social

> interaction skills to students with and without severe disabilities; and (5th) teach nondisabled students to be peer tutors and/or partners
>
> Hamre-Nietupski et al. (1994) asked teachers to rank strategies they would be most willing to implement in their own classrooms to facilitate friendships. Teachers ranked the following: "(1st/2nd, a tie) collaborate with special/regular education teachers and implement cooperative learning approaches that emphasize children learning together; (3rd) teach social interaction skills to students with and without severe disabilities; and (4th) teach nondisabled students to be peer tutors and/or partners" (Hamre-Nietupski et al., 1994, p. 111-112).

When the general education teacher rankings were compared to the rankings of the special education teachers, the rankings were slightly different. Both general and special education teaches ranked collaborating with special/regular education teacher as the first strategy they were willing to implement. Special education teachers ranked implementing cooperative learning approaches that emphasize children learning together as number four while general education teachers ranked the strategy as number two. Special education teachers ranked teaching social interactions skills to students with and without severe disabilities as their fifth strategy while general education teachers ranked this strategy as their third strategy to implement. Special education teachers ranked teaching nondisabled students to be peer tutors and/or partners as the third strategy they were willing to implement while general education teachers ranked this strategy as their fourth strategy. Lastly special education teachers ranked presenting information on disabilities to children, staff, and/or parents as the second strategy they were willing to implement while general education teachers did not choose this strategy to implement.

Hamre-Nietupski et al. (1994) identified two major limitations to their study. First, the selection of participants was not randomized so therefore, generalization of teacher perceptions cannot be made. Second, teachers' perceptions were collected within a survey and were not confirmed through observations and/or interviews. Future research as suggested by Hamre-Nietupski et al. (1994) included examining whether the strategies teachers ranked as willing to implement int the classroom actually do support the development of friendships between students with and without severe disabilities. Additionally, conducting follow-up interviews to confirm why specific strategies were chosen over others to implement in the classroom would be useful in understanding teachers' perceptions and preferences.

Petrina et al. (2017) compared the perceptions of 22 satellite classroom teachers (i.e., segregated classroom settings before students transition into a mainstream classroom) and 32 mainstream (i.e., general education classroom) teachers on the importance of friendship and other learning priorities for students with autism spectrum disorder (ASD). Teachers reported on 62 students (i.e., 50 boys, 12 girls with ASD) ranging in ages 6 to 11 years old. Among the students, 30 attended a satellite classroom and 32 students attended a mainstream class. All these students participated in a multiyear study examining two educational models for students with ASD in Australia. The survey collected data on six outcomes: (1) social skills, (2) physical skill and motor development, (3) intellectual and academic skills, (4) creativity, (5) emotional development, and (6) friendship. Petrina et al. (2017) used the data to examine how teachers rated and ranked the six outcomes in terms of their priority (i.e., importance) to examine teacher perceptions and then compared the teachers' perceptions to parent perceptions of these outcomes from a previous study.

Petrina et al. (2017) found that both mainstream teachers and satellite teachers rated friendship as third most important, emotional development as fourth, and social skills as fifth. These same learning outcomes that relate to the core deficits of ASD (e.g., social skills, friendship, emotional development) were ranked as of higher importance for satellite teachers while intellectual and academic skills was ranked as of higher importance for mainstream teachers.

Both satellite and mainstream teachers ranked social skills as first priority, emotional development as second priority, and friendship as third priority for all students with ASD regardless of the students' level of severity (i.e., mild, moderate, severe). Teachers placed a higher importance on intellectual and academic skills for students with severe ASD whereas teachers placed higher importance on friendship for students with mild to moderate ASD. "Both teachers and parents rated and ranked social skills, emotional development, and friendship as the three most important outcomes when compared to intellectual and academic skills, physical skill and motor development, and creativity" (Petrina et al., 2017, p. 114). Parents, however, rated curriculum outcomes as more important than teachers. Teachers also rated social skills, emotional development, physical skills, and motor development higher than parents. Parents and teachers demonstrated the greatest discrepancy in their rating of the priority of friendship. Teachers identified friendship skills to be of more importance than parents. Petrina et al. (2017) suggested the reason being that teachers have the unique opportunity in observing students in diverse social interactions including at recess, in the classroom, and with a broader range of peers. Therefore, teachers “might be more aware of the need to prioritize friendship skills” (Petrina et al., 2017, p. 117).

Limitations identified by Petrina et al. (2017) included the limited participant selection resulting in a lack of generalization of the data. Petrina et al. (2017) also acknowledged that teachers provided their perceptions through the completion of a survey and their perceptions were not followed up through observation in the classroom to confirm teacher perceptions. Finally, there was a six-month gap in data collected between the parent and teacher studies (Petrina et al., 2017).

Future research as suggested by Petrina et al. (2017) included replicating the current study with a larger sample size. Petrina et al. (2017) also suggested including a qualitative component to provide an explanation for the teacher and parent ratings and rankings of the six outcomes previously discussed. Finally, exploring how teacher training and understanding of their “knowledge in core deficits of ASD” (Petrina et al., 2017, p. 117) impacts their perception of friendship.

Conclusion

The literature examining social interactions between students with and without CSN identified social and academic benefits when students participate in a peer support intervention. The social benefits include developing positive relationships, peer acceptance, having positive attitudes towards peers with disabilities, and increasing turn taking during academic task and in conversations. The gaps I identified in this body of research include limited research studies examining social interaction and friendships that included students with CSN, implementing social skills training for students without disabilities to support peers with CSN, and including the perceptions of students with CSN about social interactions and friendships.

The literature examining the perspectives of parents of children with disabilities revealed that prior to entering the classroom children with disabilities begin to build social interactions and friendships in the home and in the community creating a social network. When children with disabilities enter the classroom the opportunity to expand their social network increases. Throughout this process parents feel a large responsibility in educating adults (e.g., family members, community members, teachers, administrative staff) in supporting their child in the classroom to ensure they are fully included within the school day. This inclusion is important to create opportunities for their child to interact with peers their age creating possibilities to expand their social network.

The literature examining teachers’ perspectives regarding friendship between students with and without disabilities revealed that teachers view friendship, social interactions, and the development of social skills as very important for students with CSN. Additionally, teachers feel responsible to act as facilitators in promoting friendship between students with and without disabilities. There is a discrepancy, however, in how teachers and parents rate the importance of friendship over academic skills. Parents and teachers rate friendship, social interactions, and social skills as important. However, when considering academic skills, parents rank academic skills higher than friendship and social skills while teachers rank friendship and social skills higher than academic skills. This disparity demonstrates that teachers and parents both view each of these components as highly important factors in a child’s educational experience, but the disagreement of where to place emphasis (e.g., social skills, academic skills) during the school day may result in different aspirations for the child. Finally, there is limited research in exploring the teacher perspectives of friendship.

Overall, research demonstrates that friendship development between students with and without disabilities is beneficial, teachers and parents believe friendship development is important and teachers and parents believe they play an important role in facilitating such friendships. The research also supports that teachers and parents view working together to provide students with CSN with opportunities to build friendships and develop social skills as important, but there are discrepancies between parents and teachers in how to accomplish this goal. My study expanded the literature in examining how parents and teachers perceived their child or student’s friendship and social interactions and how they (i.e., parents/guardians/primary caregivers, teachers, related service providers) supported friendship and social interactions during a pandemic.

Chapter Three

Method

In Chapter One I discussed the importance of social relationship for all individuals and specifically for school aged children with complex support needs (CSN). Social relationships for all individuals build self-esteem (Franco & Levitt, 1998), happiness and well-being (Holder & Coleman, 2009), and provide a sense of belonging (Hall, 2019). Children with CSN benefit from social relationships for these same reasons. Additionally, I reviewed the perspectives of parents' of children with CSN regarding their children's social relationships to evaluate how parents helped their children to establish a social network in and outside of the classroom, at home, and in their communities. Turnbull et al. (2000) identified that parents of children with CSN built social networks for their children which included relatives (e.g., parents, siblings, grandparents, aunts, uncles, cousins) and people from the community (e.g., church members, neighbors). When children enter the classroom, their social network expands to include peers from their child's classroom (Turnbull & Ruef, 1997).

I also reviewed the literature examining teacher perspectives of friendship and social interactions between students with and without disabilities. The literature revealed that teachers believe friendship and social interactions are important for students with disabilities, however, it is not always easy for teachers to facilitate social strategies to support friendship development in the classroom. I also examined the limited research available and described social relationships during a pandemic to help understand how caregivers of individuals with disabilities support their family members to stay socially connected while social distancing. Some avenues caregivers in these studies explored during mandated social distancing included utilizing video calls, phone calls, and text messaging to stay connected and provide social and emotional support, financial support, and acting as advocates (Araten-Bergman & Shpigelman, 2021).

Purpose

The purpose of my study was to explore how adults (e.g., teachers, related service providers, parent/guardians/primary caregivers) encouraged, supported, and viewed social interactions and friendships for school aged children with CSN. Additionally, I explored if and how children with CSN engaged in social interactions during a pandemic that has required social distancing and limited opportunities for face-to-face interactions. I was particularly interested in if/how they were staying connected with others to maintain their social networks and/or expand the social network they had prior to the COVID-19 pandemic. This study will enrich the current research by exploring further the perceptions parent/guardians/primary caregivers, teachers, and related service providers hold regarding friendship and social interactions for students with CSN.

Research Questions

The research questions guiding my study were

- How do teachers, related service providers, parent/guardians/primary caregivers perceive children’s desire for friendship and social interaction?
- How do these adults (teachers, related service providers, parent/guardians/primary caregivers) encourage and support social interaction during mandated social distancing for children with CSN?

Theoretical Framework

In Chapter One of the proposal, I discussed relational cultural theory (RCT) as the theoretical framework I used to examine the study's findings. As previously discussed, RCT is a feminist theory developed by Miller (1976) and has since been used to help examine human development through social relationships between individuals. Jordan (2000) used RCT as a guiding theoretical framework in RCT therapy to establish neutrality between a therapist and their patient; highlighting eight core ideas to create mutual empathy and mutual empowerment between therapist and patient. The eight core ideas include:

1. People grow through and toward relationships throughout the life span.
2. Movement toward mutuality rather than movement toward separation characterize mature functioning.
3. Relational differentiation and elaboration characterize growth.
4. Mutual empathy and mutual empowerment are at the core of growth-fostering relationships.
5. In growth-fostering relationships, all people contribute and grow or benefit, development is not a one-way street.
6. Therapy relationships are characterized by a special kind of mutuality.
7. Mutual empathy is the vehicle for change in therapy.
8. Real engagement and therapeutic authenticity are necessary for the development of mutual empathy.

Jordan (2000, p. 1007).

I used four of the eight core idea to support the theoretical framework in my study including: (a) People grow through and toward relationships throughout the life span; (b)

Movement toward mutuality rather than movement toward separation characterize mature functioning; (c) Mutual empathy and mutual empowerment are at the core of growth-fostering relationships; and (d) In growth-fostering relationships, all people contribute and grow or benefit, development is not a one-way street. The four core ideas chosen to support the theoretical framework in my study were used to help examine friendship and social interactions between children with and without CSN during a pandemic from the perspective of parents/guardians, primary caregivers, teachers, and/or related service providers. I used the second core idea (i.e., movement toward mutuality rather than movement toward separation characterized mature functioning) and the third core idea (i.e., mutual empathy and mutual empowerment are at the core of growth-fostering relationships) to help examine the first research question (i.e., How do teachers, related service providers, parents/guardians, and caregivers perceive children's desire for friendship and social interaction?). These two core ideas acted as a lens in examining whether these adults viewed friendship and social interactions as important, meaningful, and/or necessary for children with CSN and helped me reflect on how/if these same adults had a high degree of mutuality of respect for their child/students need for socialization and friendship.

I used the first core idea (i.e., people grow through and toward relationships throughout the lifespan) and the fourth core idea (i.e., in growth-fostering relationships, all people contribute and grow or benefit, development is not a one-way street) to examine the second research question (i.e., How do these adults (teachers, related service providers, parent/guardians, and primary caregivers) encourage and support social interaction during social distancing for children with CSN?). During the analysis of the surveys I used these two core ideas to examine if/how the participants in my study grew in their ability to support their children/students with CSN to engage in social interactions over the course of the pandemic while experiencing the unique challenges this created for (e.g., the use of technology while social distancing, adapting curriculum to accommodate an IEP remotely, continue providing access to services remotely) educators, parents/guardians, caregivers, and children with CSN.

Guiding Studies

There were three prior research studies guiding the design and method of my research study. I selected these because each study provided a strong base for a focus in my study. Biggs and Snodgrass (2020) and Anderson et al. (2011) examined friendship between children with and without CSN, providing insight into the friendships from the perspective of participants without CSN. Soodak and Erwin (2000) explored perspectives of parents of children with CSN, highlighting the positive and negative feelings parents held towards the services their child received at school. Biggs and Snodgrass (2020) conducted a qualitative study using grounded theory and constant comparative method to explore the perspectives of third and fourth grade students (i.e., four students with CSN, 16 typically developing students) held regarding friendship between peers with and without complex support needs (CSN). Friendship was defined by the participants themselves in this study. The utilization of semi-structured interviews provided data that the researchers used to create a conceptual model of friendship development. Biggs and Snodgrass (2020) "identified three interwoven intersections between children's experiences of friendship and disability" (Biggs & Snodgrass, 2020, p. 7). The conceptual model of friendship development consisted of four major components: (a) proximity, (b) depths of friendship, (c) key agents, and (d) a continuum of help and care. Students without CSN identified differences in their daily experiences between their friends with and without CSN (Biggs & Snodgrass, 2020). The daily experiences included: (a) engagement and play, (b) communication and interaction, and (c) behavior (e.g., restricted or preferred interests, body movements). Lastly, how children without CSN talked about disability (e.g., having difficulty talking about disability) and made meaning of disability (e.g., identifying sameness and understanding differences between themselves and their peers with CSN) were two additional experiences which impacted the experiences peers without CSN had but did not change their friendships. This study served as a base for my study in that students without CSN provided insight into their relationship with a peer with CSN and identified some of the struggles they faced. In my study the insight into these similar struggles were provided by parents/guardians, primary caregivers, teachers, and/or related service providers. Additionally, the conceptual model of friendship created by Biggs and Snodgrass (2020) inspired me to identify whether components of the conceptual model of friendship stood true for peers with and without CSN while socially distancing during a pandemic.

Anderson and colleagues (2011) examined the perspectives of friendship from children who were friends with peers diagnosed with cerebral palsy and used a speech generating device to communicate. Students ranging in age from 7 to 14 discussed how their friendships began and the challenges and benefits of their relationships. Anderson et al. (2011) found that as peers without disabilities learned more about their peers with CSN, they increasingly became more comfortable with their interactions and participated in activities together, soon becoming friends.

Both benefits and challenges in peer social relationships were reported by Anderson et al. (2011). The benefits included peers problem solving ways to ensure that inclusion of their peer with a disability (i.e., through advocacy, modifications, accommodations) was occurring outside of the classroom, such as creating new roles and adapting existing roles when playing a game at the playground; children without disabilities advocating for their peer with CSN; both peers providing emotional support for one another in reducing loneliness; and learning new skills such as sign language. The challenges described by Anderson et al. (2011) included parents, teachers, and peers placing too much pressure on the friendship and consequently forcing the children without disabilities to adopt a helper role (e.g., acting as a caregiver to the child with CSN) instead of having a friend role. Additionally, the AAC devices used by the children with CSN presented a challenge in that training peers on how to use the device was needed to help decrease communication barriers and increase effective communication between peers. Lastly, students without disabilities not knowing how to talk about disabilities contributed as a challenge as well. Similar to Biggs and Snodgrass (2020), Anderson et al. (2011) also inspired me to examine the relationships between peers with and without CSN during a pandemic. While Anderson et al. (2011) included students without CSN to identify characteristics of their friendship with peers with CSN, my study relied on that of the parents/guardians, primary caregivers, teachers, and/or related service providers, like Anderson et al. (2011) my study examined the roles children played in social interactions and friendship and explored if benefits and/or drawbacks of such social interactions and friendships existed as they did in Anderson et al. (2011). As previously stated, parents and teachers placed too much pressure on the friendship forcing peers without CSN to adopt a helper role instead of a friend role therefore, Anderson et al. (2011) allowed for a comparison of how parents/guardians, primary caregivers, teachers, and/or related service providers viewed friendship and social interactions.

Soodak and Erwin (2000) investigated, from the perspectives of parents of children with CSN, what influenced parent participation in the inclusive education of their child with a disability. Soodak and Erwin (2000) found that schools' "underlying value of inclusion" (p. 33) is crucial to the way parents perceived the school (i.e., administrators, teachers). Parents expressed to Soodak and Erwin (2000) that schools should be receptive to parent involvement in the school, include parents as active participants in the individual education plan (IEP) process for their child, schools should be willing to learn from the parents, administrators and other staff should view the child with CSN as an individual, and the school should be a place to provide parents with resources and information (i.e., quality programs, effective interventions) to better support their child at home. Soodak and Erwin (2000) identified key factors required for parents and school faculty and staff to work as a team to provide children with CSN not only a quality educational experience, but an inclusive experience. My study included the perspective of parents/guardians, primary caregivers, and teachers and related service providers to investigate the nature of social relationships of children with CSN. My study, however, allowed me to consider whether parents/guardians and/or primary caregivers' perceptions about social relationships of their children with CSN changed in any way due to the circumstances of a pandemic (e.g., do they continue to prioritize social interactions for their children). The inclusion of parents/guardians, primary caregivers, teachers, and/or related service providers as participants in my study allowed for a contrast of how parents/guardians and/or primary caregivers felt about the support received from their child’s teacher and/or related service provider for social interactions and friendships during a pandemic as opposed to how the teachers and/or related service providers felt in how they supported parents of children with CSN during a pandemic.

Method

Setting/Context

The study took place across the United States by recruiting participants from national organizations including TASH, AAIDD, Association of University Center on Disabilities, and OTL Education Solutions and from state organizations in Colorado, New Mexico, Pennsylvania and Massachusetts. Organizations in New Mexico included the following: (1) New Mexico Autism Society, (2) Rio Grande Down Syndrome Society, (3) UNM Department of Special Education, (4) Sundance Elementary, and (5) individual service providers residing in the state of New Mexico. Organizations in Colorado included the following: (1) Ability Connection Colorado/Parent to Parent Colorado, (2) Autism Society Colorado, (3) Autism Visions Colorado, (4) The Arc Organizations (i.e., Arapaho and Douglas, Aurora, Larimar County, Adams County, Weld County), and (5) individual service providers residing in the state of Colorado. Organizations in Massachusetts included Federation for Children with Special Needs and the Massachusetts College of Liberal Arts. Finally, organizations in Pennsylvania included PEAL Center.

Recruitment

I recruited participants by first contacting the parent and teacher/related service provider organizations mentioned above through email and/or phone calls requesting that they distribute an invitation to participate in my study through their membership listserv. In that email, I described the purpose/rationale of the study describing the participants suitable for the study. Organizations who agreed to distribute the information were then provided a recruitment email to send to the parents/guardians, primary caregivers, teachers, and related service providers. The recruitment email contained a description of the study and a link to the online survey (see Data Collection section below). Eligibility questions allowed me to screen participants suitable for my study. (Participant criteria are discussed in greater detail below in the participant selection section.) Because of the manner in which the survey was configured (to protect participant confidentiality), it was not possible to know where participants lived or through which organizations they found the survey invitation.

Participant Selection

The study included four groups of individuals as participants (a) special education teachers of students with CSN, (b) related service providers, (c) parent/guardians of children with CSN, and (d) primary caregivers (i.e., an individual who cares for a child with CSN for the majority of the day at least five days per week, providing support in academics and daily life skills). The inclusion criteria for parents/guardians and primary caregivers to participate in the study included having a child or caring for a child with CSN who attended a K-5 public school during the COVID-19 pandemic. The criteria for general education teachers, special education teachers, and related service providers participating in the study included having taught or currently taught a student with CSN in grades K-5 during the COVID-19 pandemic.

Informed Consent

Individuals who chose to complete the online survey were provided with a consent form for the survey embedded as the first page of the survey, per UNM IRB's protocol. Within the confirmation email I included a copy of the consent form informing the participants that participation in the study was voluntary and they could withdraw from the study at any time without consequence. The participants were also provided with an overview of the study including the purpose, procedures, right to ask questions, right to obtain results, and confirmation that all identifiable information will be removed, and pseudonyms will be used. Additionally, the participants were informed of risks and benefits. Participants confirmed they had read the consent form by providing an electronic signature. A total of 28 individuals participated in the study. This sample is described in detail in Chapter 4.

Data Collection

The study included an online survey incorporating multiple-choice questions (i.e., quantitative data) and open-ended questions (i.e., qualitative data). Table 4 lists the type of data I collected and its purpose in addressing the research questions.

Table 4

Data Collection Tools and Purpose

Tool	Purpose
Survey (completed by all participants)	To obtain quantitative data such as demographic information about participants (e.g., race, ethnicity, age,

Tool	Purpose
	work experience) and information on participants' experience of supporting a child with CSN during the COVID-19 pandemic, including supports received/provided to the child for social interactions during the COVID-19 pandemic). This included both open-ended questions and Likert scale and multiple-choice items. I analyzed the data using descriptive statistics for multiple choice and Likert-scale questions and thematic analysis for the qualitative data (i.e., open-ended questions).

Survey

Participants completed one of two online surveys depending on their role (i.e., as a parent/guardian/caregiver or an educator/related service provider). The first survey was directed to parents/guardians and primary caregivers of children with CSN. The content addressed both of the research questions by first investigating how parent/guardians and/or primary caregivers perceived their child's desire for friendship and social interactions. The survey included questions on if and how parents/guardians and primary caregivers supported their child's friendship and social interactions during the social distancing required by the pandemic. Additionally, the parent/guardian and primary caregiver survey asked participants to provide insight into the support received from their child's teacher and/or related service providers in supporting friendship and social interactions during the COVID-19 pandemic. (See Appendix A for a copy of the parent/guardian and primary caregiver survey items.)

The second survey was directed to the teacher and related service providers of children with CSN and, similarly to the parent/caregiver survey, addressed both of the research questions. The survey items asked how teachers and service providers viewed friendship and social interactions for their student(s) with CSN. The survey also explored if and how teachers and related service providers encouraged and supported friendship and social interactions for their student(s) with CSN during the COVID-19 pandemic. (See Appendix B for a copy of the teacher and related service provider survey items.)

Research Narrative

I included a research narrative which allowed me to add personal insight into the multiple roles I hold in relation to the study (i.e., parent, educator, researcher). This addition to the study provided a personal narrative into the experience of being a parent to a child with CSN, an educator supporting students with CSN during the pandemic, and a researcher of friendship and social interactions. The added perspective helped further the understanding of why my study is relevant and important, not only from a professional standpoint but how it can be enriching on a personal level. (See Appendix C for the research narrative.)

Position Statement

As stated previously, the research questions were answered using surveys and research narrative. I am a mother of a child with CSN and an advocate for children with disabilities. I have been an educator for eleven years in which I have taught in inclusive classroom settings serving students from diverse backgrounds (e.g., economic, cultural) with a wide variety of disability diagnoses and behavior disorders. Finally, I am a college graduate with a master's in language, literacy, and sociocultural studies and doctoral candidate in special education. All of these roles shaped the analysis of the data by employing a unique insight from both an educator and parent perspective adding to the thematic analysis of the qualitative data.

Research Design and Data Analysis

I chose a mixed method research design for my study. A mixed method research design allowed for collecting and analyzing quantitative and qualitative data (Cresswell & Guetterman, 2019). Additionally, Cresswell and Guetterman (2019) emphasized that mixed methods merge, connect, build, and embed qualitative and quantitative data. There are three basic mixed method designs including convergent designs, explanatory sequential designs, and exploratory sequential designs. I used the explanatory sequential design in my study which is described by Cresswell and Guetterman (2019) as using the qualitative results (i.e., open-ended questions from parent/guardian and primary caregiver survey, open-ended questions teacher/related service provider survey) to help explain the quantitative results (i.e., multiple choice questions from parent/guardian and primary caregiver survey, multiple choice questions from teacher/related service provider survey).

My research questions sought the perspectives of parent/guardians/primary caregivers, teachers, and/or related service providers regarding social interactions and friendships for children with CSN. They also investigated how these adults provided support to a child with CSN in maintaining or building social relationships during a pandemic. I used surveys (i.e., open-ended questions, multiple choice questions) and narrative analysis to analyze the research questions quantitatively and qualitatively.

Quantitative data was collected through the surveys provided to all participants. The qualitative data was collected through open-ended questions in the survey and narrative analysis.

Quantitative Data

The survey was comprised of multiple-choice questions (e.g., demographic information, teaching experience, opinions) that were analyzed quantitatively using descriptive statistics which helped to "summarize the overall trend and tendencies in [the] data, provided an understanding of how varied [the] scores might be, and provide insight into where one score stands in comparison with others" (Cresswell & Guetterman, 2019, p. 181). Specifically, the number of participants, the percentages of responses per item, and the means (where appropriate) were calculated to summarize and describe how teachers and related service providers and family members view and support the friendships and social relationships of children with CSN.

Qualitative Data

The open-ended survey questions (e.g., describe supports provided to a child with CSN in engaging in social interactions, describe the importance of friendship for children with CSN) were analyzed qualitatively using thematic analysis. I maintained confidentiality and protected the privacy of the participants in my study using several means. Participant information remained private through safety measures such as using pseudonyms and limiting the information shared in describing the setting (such as the name of the state, city, and school district). All identifiable participant information was removed from the survey data collection. I retrieved survey responses from SurveyPlanet and placed them in the Excel file that was saved on my personal laptop which was password protected. Survey data were backed up with an external hard drive which was locked in my desk in my home. Once surveys were collected, data downloaded into an Excel file and saved on my laptop, I deleted the surveys from SurveyPlanet.

I assigned an alphabetic code to each survey based on the type of data collected for all deidentified data (See Table 5.); data were saved in a numeric order based on the order they were received/processed.

Table 5

Organizational Codes for Data

Code	Type of Data
TR/S	Teacher and/or Related Service Provider Survey
PC/S	Parent/Guardian and/or Caregiver Survey
RN	Research Narrative

I next uploaded the Excel file of open-ended question responses into the online platform Dedoose, an online qualitative software program. I analyzed the open-ended questions qualitatively using thematic analysis following Saldaña's (2021) procedures in first coding for patterns, creating categories and subcategories, developing themes, and forming assertions/theory to the findings. Specifically, I first read and reread the responses of the participants from both groups to become familiar with the comments and then coded responses looking for patterns or units of meaning (Saldaña, 2021).

During the initial coding process, I met weekly with Dr. Copeland to review and discuss the code titles, code definitions, and quotes from the responses that supported the code definitions. Based on these discussions, I made changes to code definitions and revised coding of the responses. I created a codebook for this process in addition to the coding process in Dedoose. I continued to revise the code meanings keeping track of the changes in my codebook until Dr. Copeland and I felt the codes accurately represented the data. I used Dedoose and this process to help code the data into 12 parent codes and a total of 35 child codes.

After coding was complete, I reviewed the codes and placed them into four larger categories. This involved working with Publisher (a Microsoft organizational software program), creating a diagram demonstrating the transition from codes to categories and from categories to themes and subthemes, and meeting with Dr. Copeland weekly to discuss and revise the categories. The first category (i.e., lessons learned) encompassed four codes including (a) benefits of engaging in social interactions; (b) characteristics of friendships and social interactions; (c) positive outcomes from remote learning; and (d) recommendations. These four codes all revolved around participants from both groups either learning from the pandemic how to better support a child with CSN to engage in social interactions and maintaining friendships or expressing what they know in general about supporting a child with CSN in social interactions and friendship.

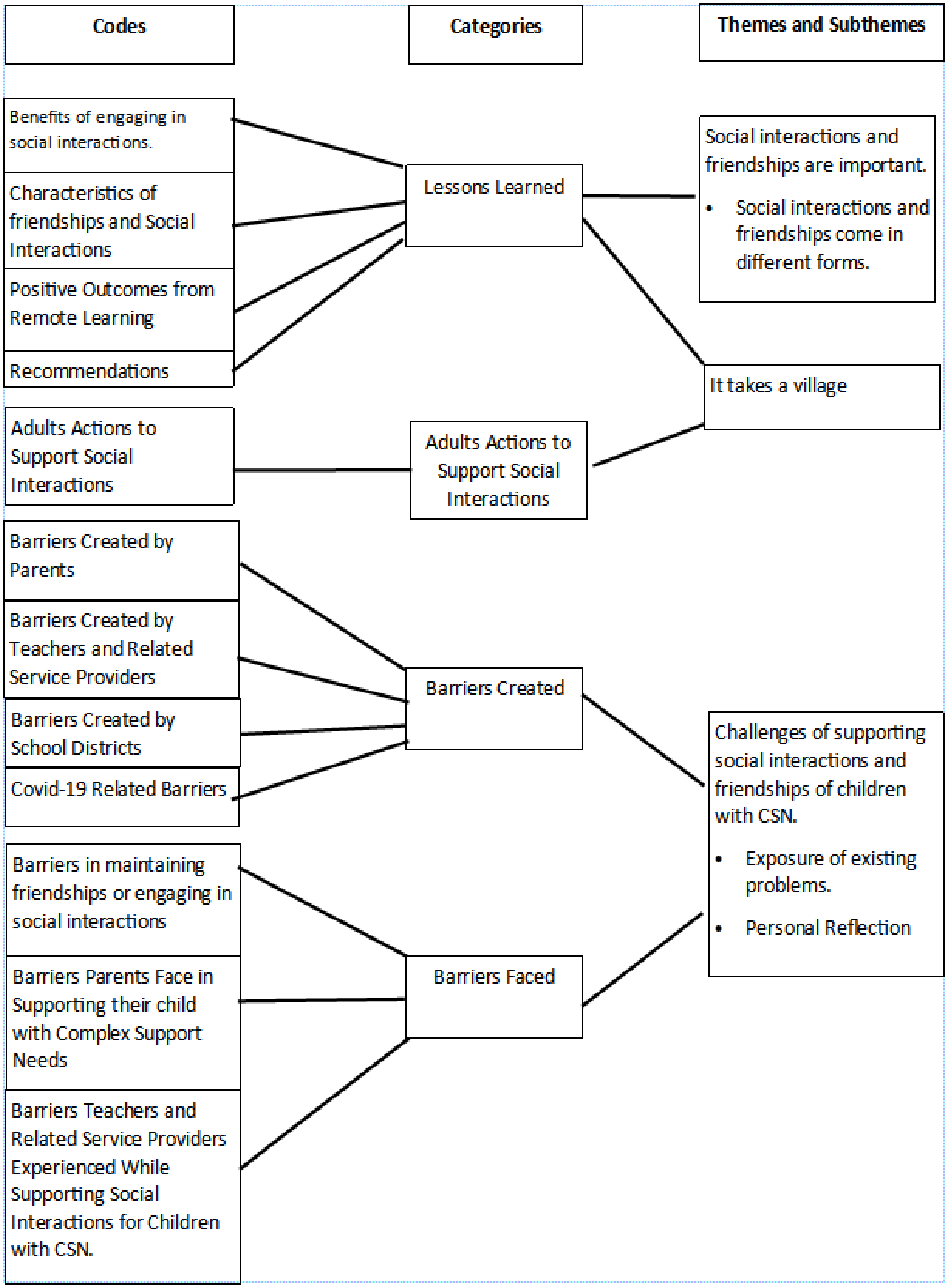
The second category (i.e., adults actions to support social interactions) encompassed a single parent code of the same title which included the ways in which both groups of participants provided social supports to children with CSN during the Covid-19 pandemic. The third category, barriers created, I defined as obstacles constructed by adults or because of Covid-19 which stood in the way of providing children with CSN opportunities to maintain friendship and engage in social interactions. The four parent codes included within this category were (a) barriers created by parents; (b) barriers created by teachers and related service providers;(c) barriers created by the school district; and (d) Covid related barriers. These parent codes were grouped together into this category because they each included barriers that were created by both groups of participants with the added barriers created by the school district and Covid-19.

The fourth and final category was barriers faced which I defined as obstacles adults and children with CSN encountered while attempting to maintain friendships and engage in social interactions during the Covid-19 pandemic. Three parent codes including (a) barriers in maintaining friendships or engaging in social interactions;(b) barriers parents face in supporting their child with CSN; and (c) barriers teachers and related service providers experienced while social interactions for children with CSN were included within this category. These parent codes were placed in barriers faced rather than barriers created because they included barriers that were out of one's control. Many of these barriers existed prior to the Covid-19 pandemic and their impact was highlighted during the pandemic.

Once the categories were firmly established, three themes and three subthemes emerged from the data. Using the same diagram, I created in Publisher to organize the codes into categories, I examined the categories and looked for any overlap between them along with outliers that may have existed. Figure 1 shows the transition from codes to categories and from categories to themes and subthemes.

Figure 1

Codes, Categories, Themes, and Subthemes



I then grouped some of the categories linking them to a single theme or to multiple themes. Within each theme I then looked to see if there were subthemes that stood out or areas within the theme that included further exploring creating a subtheme.

The first theme was Social Interactions and Friendships are Important which included the subtheme Social Interactions and Friendships Come in Different Forms. This first theme and subtheme included the category of lessons learned which supported the idea that both groups of participants expressed the benefits of social interactions, the benefits of having a friend and maintaining that friendship, and the characteristics of how friendships between children with and without CSN may look.

The second theme was It Takes a Village, and included both the first category, lessons learned, and the second category, adults' actions to support social interactions. This second theme emerged from the data highlighting the importance of adults' working together in providing opportunities for children with CSN to engage in social interactions and maintain friendships during the pandemic. This collaboration between adults working together was obtained based on the knowledge shared from both groups of participants about supporting the social needs of children with CSN.

The third theme (i.e., Challenges of Supporting Social Interactions and Friendships of Children with CSN) included two subthemes: (a) Exposure of Existing Problems; and (b) Personal Reflection. This final theme and subthemes included two categories: (a) barriers created; and (b) barriers faced. This final theme emerged from the data to explain the many challenges that existed for both groups of participants in providing social supports to a child prior to the Covid-19 pandemic, during the pandemic, and shining light on the existing barriers that will require further research and change to resolve for the future.

My advisor, Dr. Susan Copeland, helped as a “critical friend” to discuss how I analyzed the transcripts line by line and coded for meaning, defined the parent codes and child codes to ensure their meanings were accurate while keeping track of the changes in a codebook. Once I organized the codes into categories as described above Dr. Copeland reviewed the categories and discussed the meaning of the categories, reviewing the definitions of the categories and checking to see if the codes placed into each category held true to the categories’ meanings. Once the categories were created and placed into themes and subthemes, together we discussed their meanings and analyzed the categories placed under each theme. The codebook was used to support the transition from codes to categories and categories to themes and subthemes.

Trustworthiness

To strengthen the credibility of a study, Yin (2016) discusses triangulation as a means to gain trustworthiness and support the integrity of the study. Creswell and Guetterman (2019) define triangulation as “the process of corroborating evidence from different individuals, types of data, or methods of data collection in descriptions and themes in qualitative research” (p. 261). In my study, I utilized a single data source (i.e., survey) but included both multiple-choice questions and open-ended questions within that survey. The inclusion of multiple-choice questions required participants to input an answer from a selection of responses which generated quantitative data. The open-ended questions allowed for participants to expand their thoughts providing qualitative data. The inclusion of quantitative and qualitative data allowed for some triangulation to occur.

Additionally, I also included participants with at least two different roles (i.e., parent/guardian/primary caregiver, teacher/related service provider). Viewing their responses also supported triangulation. Finally, including the research narrative enriched my study by including a unique perspective of a parent of a child with CSN, educator, researcher, and advocate examining how friendship and social interactions are viewed and supported during a pandemic.

Chapter Four

Findings

The purpose of my study was to explore how adults (e.g., teachers, related service providers, parent/guardians/primary caregivers) encouraged, supported, and viewed social interactions and friendships for school aged children with complex support needs (CSN). Additionally, I explored if and how children with CSN engaged in social interactions during a pandemic that has required social distancing and limited opportunities for face-to-face interactions. I was particularly interested in if/how they were staying connected with others to maintain their social networks and/or expand the social networks they had prior to the Covid-19 pandemic. Participants were recruited through national organizations (i.e., TASH, AAIDD, Association of Universities Centers on Disabilities, OTL Education Solutions), state organizations (i.e., New Mexico Autism Society, Rio Grande Down Syndrome Society, Ability Connection Colorado, Autism Society Colorado, Autism Visions of Colorado, a variety of locations through The Arc Colorado, Federation for Children with Special Needs, PEAL-Pennsylvania, Massachusetts College of Liberal Arts), and through individual parents, teachers, and related service providers using snowball recruitment. I will discuss the findings in two sections; first through descriptive statistics to describe the demographics of the participants and then to discuss the findings of the multiple-choice questions. Second, I will discuss the findings of the open-ended questions through thematic analysis.

Description of Research

I conducted a survey including multiple-choice and open-ended questions, to which 32 participants responded. After the initial screening questions, 27 of the 32 participants met the inclusion criteria to complete the survey. Eleven of the participants were parents/guardians and primary caregivers, while the remaining 16 participants were special education teachers (n=7) and related service providers (n=9). The related service providers included occupational therapist (n=1), speech language pathologists (n=3), paraprofessionals (n=3), and school social workers (n=2). As discussed previously, the I examined and summarized the multiple-choice questions using descriptive statistics. Findings from these questions are explained in detail within the sections below. I analyzed the open-ended questions regarding the perceptions of social interactions and friendships of children with CSN and how the Covid-19 pandemic impacted the development of or maintenance of friendships and the impact of social interaction opportunities for children with CSN using thematic analysis. The findings from this portion of the analysis are described below.

Multiple Choice Questions

As discussed In Chapter 3, the multiple-choice questions included two sets of questions. The first set of multiple-choice questions included demographic questions while the second set of multiple-choice questions included questions specific to friendships and social interactions of children with CSN. The parent/guardian/caregiver survey included demographic questions (i.e., age, ethnicity, gender, age of child with CSN) and included questions regarding friendship and social interaction questions specific to their children (e.g., does your child have friends, how many friends, before the Covid-19 pandemic, how often did your child/child you care for interact with their friends). The teacher and related service provider questions also included demographic questions (i.e., age, gender, teaching role, grade[s] supported) as well as friendship and social interaction questions specific to the children with CSN they served (e.g., before the Covid-19 pandemic did you provide support for social interactions between a child with complex support needs and their peers, during the Covid-19 pandemic did you provide social support to the child with complex support needs).

Demographics. Among the parents, guardians, and caregivers who responded to the survey 76% were mothers, 84% of the participants were female, and 76% of the participants were white. One participant was Hispanic, and one participant was Asian. Additionally, participants' ages ranged from 36-60 years old with 59% of the participants between 36-45 years old and 33% of the participants between 46-60 years old. Fifty percent of the participants had obtained a master's degree while 17% held a bachelor's degree, 8.25% held a doctoral degree, 8.25% attended some college, 8.25% were high school graduates, and 8.25% did not respond. Among participants who completed the survey 67% of the participants had a child between the ages 11-20, 25% had a child between the ages 0-10, and one participant did not respond to this question. (See Table 6 below).

Table 6

Parent/Legal Guardian Demographics

Demographic Category	Demographic Response	Percentage of Participants	Number of Participants
Parent/Guardian Role	Mother	82%	9
	Father	0%	0
	Legal Guardian	9%	1
	Grandparent	0%	0
	Aunt	0%	0
	Uncle	0%	0
	Other	9%	1
Gender	Female	91%	10

Demographic Category	Demographic Response	Percentage of Participants	Number of Participants
	Male	9%	1
Ethnicity	White	82%	9
	Hispanic	9%	1
	Black or African American	0%	0
	Asian	9%	1
	American Indian	0%	0
	Middle Eastern	0%	0
	Native Hawaiian	0%	0
	Other	0%	0
Parent/Guardian Age	18-20	0%	0
	21-25	0%	0
	26-30	0%	0
	31-35	0%	0
	36-40	27%	3
	41-45	37%	4
	46-50	9%	1
	51-55	18%	2
	56-60	9%	1
	Over 60	0%	0
Level of Education	Some High School	0%	0
	High School Graduate	9%	1
	Some College	9%	1
	Associates Degree	0%	0
	Bachelor’s Degree	18%	2
	Master’s Degree	55%	6
	Doctoral Degree	9%	1
Age of Child	0-5	18%	2
	6-10	9%	1
	11-15	36.5%	4
	16-20	36.5%	4

Among the teacher and related service providers who responded, 44% were special education teachers (of these, four were licensed in both general and special education), and 56% were related service providers that included occupational therapists, speech language pathologists, paraprofessionals, and school social workers. (See Table

7.) All the participants were female, 62% of the participants were White, and 38% were Hispanic. The participants worked with students across pre-Kindergarten to sixth grade with 81% of participants supporting students in multiple grade levels. Most participants in this group provided support to students in grades Kindergarten to third grade. Among the participants, 50% held a teaching license. Within that 50%, half held a special education license, and half held a dual license in general and special education. Participants' years of experience working with children with CSN ranged widely. Slightly more had less than ten years of experience (57%) while 43% had 10-25 years of experience.

Table 7

Service Provider Demographics

Demographic Category	Demographic Responses	Percentage of Participants	Actual Number of Participants
Role	General Education	0%	0
	Special Education	44%	7
	Occupational Therapist	6%	1
	Speech Language Pathologist	20%	3
	Physical Therapist	0%	0
	Orientation and Mobility	0%	0
	Other	30%	5
	Paraprofessionals	60%	3
	School Social Worker	40%	2
Grade Levels Taught	Pre-K	38%	6
	Kindergarten	69%	11
	1st Grade	75%	12
	2nd Grade	75%	12
	3rd Grade	69%	11
	4th Grade	56%	9
	5th Grade	56%	9

Demographic Category	Demographic Responses	Percentage of Participants	Actual Number of Participants
	6th Grade	44%	7
Gender	Female	100%	16
	Male	0%	0
Ethnicity	White	62%	10
	Hispanic	38%	6
	Black or African American	0%	0
	Asian	0%	0
	American Indian	0%	0
	Middle Eastern	0%	0
	Native Hawaiian	0%	0
	Other	0%	0
Level of Education	Some High School	0%	0
	High School Graduate	12%	2
	Some College	0%	0
	Associates Degree	12%	2
	Bachelor’s Degree	12%	2
	Master’s Degree	57%	9
	Doctoral Degree	7%	1
Teaching License	Yes	50%	8
	No	50%	8
Teaching License	General Education	0%	0
	Special Education	50%	4
	Dual License	50%	4
Years of Experience	1-3 years	20%	3
	4-6 years	7%	1
	7-9 years	30%	5
	10-12 years	12%	2
	13-15 years	7%	1
	16-20 years	12%	2
	21-25 years	12%	2
	25 over	0%	0

Friendship and Social Interactions. Both groups of participants were asked multiple choice questions to gather information about whether the child with CSN they served or who was their own child had friends, and if so, how many and how those friendships may look. (Table 8 shows the parent/guardian/primary caregiver responses, and Table 9 shows the teacher and related service provider responses.) Among the parent/guardian/primary caregiver responses, eight participants said yes, their child had friends while two participants said no, their child did not have a friend. One parent participant stated they were not sure if their child had a friend. Among the participants who said their child had a friend, two participants said their child had at least two friends, four participants said their child had 2-3 friends, and two participants said their child had more than three friends.

Additionally, the participants who said their child had a friend indicated that their children with CSN had a diverse group of friends including friends with a disability (n=7), friends with CSN (n=5), friends without a disability (n=6), and friends who were also relatives (n=6). Participants in this group also said their child benefited from friendships emotionally, socially, physically, and intellectually equally. One participant also noted their child benefited from their friendships developmentally by her friends pushing her to want to eat orally and use a toilet. Although all participants agreed that friendships are beneficial, not all of their children actually had friends. One participant wrote, “I believe there are many benefits to having friends, but my son has no true friends, classmates but no real friends” (PG 8).

Table 8

Parent/Guardian/Primary Caregiver Survey Responses to General Friendship Questions

Question	**Answer**	**Number of Responses**
Does your child have friends?	Yes	8
	No	2
	I don’t know	1

Question	Answer	Number of Responses
Number of friends?	At least 2 friends	2
	2-3 friends	4
	More than 3 friends	2
Description of friends	Has a disability	7
	Has CSN	5
	Does not have a disability	6
	Is a relative	6
In what ways do you think your child benefits from their friendships (check all that apply)?	Emotionally	8
	Socially	8
	Physically	8
	Intellectually	8
	No benefit	0
	Other Developmental My child has no true friends	2

Among the teacher/related service participants, all reported that the children with CSN they supported had at least one friend of some type. Nine said the child with CSN they supported had an occasional friend, 11 participants said the child with CSN had a good friend, two participants said the child with CSN had a close friend, one participant said the child with CSN had a best friend. Based on the responses from participants, the mean number of occasional friends a child with CSN had was 5, the mean number of good friends was 2, the mean number of close friends was 1, and the mean number of best friends was 1. Table 9 demonstrates that children with CSN reported upon in this study had many more occasional friends and good friends than close or best friends. Similar to the responses of the parent/guardian/primary caregivers, teachers and related service providers noted the children with CSN they served had a diverse group of friends (i.e., children with and without disabilities). Finally, participants noted that children with CSN they served had an equal number of friends who were male (n=16) as female (n=15).

Table 9

Teacher and Service Provider Survey Responses to General Friendship Questions

Question	**Answer**	**Number of Responses**
Does the child with CSN have friends?	Occasional friend	9
	Good friend	11
	Close friend	2
	Best friend	1
	Does not have friends	0
How many friends of which type?	Occasional friend	5*
	Good friend	2*
	Close friend	1*
	Best friend	1*
Who does the child with CSN engage with?	Peer with CSN	12
	Peer with a disability	12
	Peer w/o a disability	11
	Not sure	1
What gender are the peers with whom the child with CSN engages?	Female	15
	Male	16
	Nonbinary	3
How do you think the child with CSN benefits from their friendships (check all that apply)?	Emotionally	13
	Socially	15
	Physically	13
	Intellectually	12
	No benefit	1
	Other	0

*Mean number of friends per child per category.

Both groups of participants were asked multiple-choice questions regarding how social interactions and friendships of the children with CSN looked prior to the Covid-19 pandemic and during the Covid-19 pandemic. Prior to the Covid-19 pandemic parents/guardians/primary caregivers (See Table 10.) revealed that their children with CSN mostly engaged in social interactions outside of the home, including at school (n=8); church (n=1); or community centers (n=3) or during outside therapies, family outings (e.g., parks, pools, grocery store, local mall), social groups, and after school programs. Three parent participants reported that their children with CSN engaged in social interactions with their friends at least 2-3 times per week before the pandemic; four participants reported their children interacted with friends slightly more often (4-5 times per week. Prior to the Covid-19 pandemic four of the six participants who responded to this question said their child with CSN followed a daily social routine, while two participants said their child had a flexible routine.

Table 10

Parent/Guardian/Primary Caregiver Survey Responses to Friendship Description Prior to Covid-19 Pandemic

Question	**Answer**	**Number of Responses**
Prior to Covid-19, where did interactions occur?	School	8
	Home	4
	Church	1
	Community center	3
	Other	6
Prior to Covid-19, how often did child with CSN interact with friends?	1 time per week	1
	2-3 times per week	3
	4-5 times per week	4
	6-7 times per week	0
	More than 7 times per week	1
Description of daily social routine before Covid-19	Routine followed very closely	2
	Routine followed closely	0

Question	**Answer**	**Number of Responses**
	Routine followed somewhat closely	2
	Flexible routine	2
	Did not have a routine	0

Approximately half (n=6) of parents/guardians/primary caregivers revealed their child interacted with their friends during the Covid-19 pandemic, although less frequently than before the pandemic. Three participants stated their child did not engage with friends at all during the pandemic, four participants said their child engaged with their friends once per week, and four participants said their child interacted with friends 2-3 times per week. When asked how these interactions took place, one participant reported that their child interacted with friends through Zoom, one through online gaming, one in outside activities while wearing a mask, one at a care program in which they did not specify what kind of care program, and one participant did not respond. Finally, most participants stated Covid-19 either drastically disrupted their child's daily social routine (n=5) or completely changed their child's daily social routine (n=4). (See Table 11).

Table 11

Parent/Guardian/Primary Caregiver Survey Responses to Friendship Description During Covid-19 Pandemic

Question	Answers	Number of Responses
During Covid-19, did your child socially interact with their friends?	Yes	6
	No	5
How did your child engage in social interactions with their friends?	Zoom	1
	Facetime	0
	Snapchat	0
	Over the phone	0
	Other	4
	Online gaming	
	Masked outside	

Question	Answers	Number of Responses
	Care Programs N/A	
During the Covid-19 pandemic, how often did your child engage with their friends?	Did not engage with friends	3
	Once per week	4
	2-3 times per week	4
	4-5 times per week	0
	6-7 times per week	0
	7+ times per week	0
How did Covid-19 disrupt your child's daily social routine?	Did not disrupt routine	0
	Slightly disrupted routine	1
	Drastically disrupted routine	5
	Changed routine completely	4
	Other	1
	My child's only social routine is school. No school, no social experiences	

Parent/guardian/primary caregivers were also asked a series of multiple-choice questions regarding the supports received, if any, from teachers and related service providers during Covid-19 pandemic to support their child in social interactions and friendships. Eight participants said they had received these supports for their child from their child's teacher or related service provider, while three participants said they did not receive these types of support. Among the participants who reported receiving support, the majority of support was provided by special education teachers (n=5), speech language pathologists (n=5), physical therapists (n=4), and occupational therapists (n=4). Other supports came from general education teachers (n=2), paraprofessionals (n=2), a principal (n=1), an orientation and mobility therapist (n=1), a recreational therapist (n=1), private BCBA therapists (n=2), and an art therapist (n=1). Children with CSN received supports in arranging opportunities for their child to engage in social interactions with peers remotely (n=5), academic (n=4), speech and communication (n=4), emotional and well-being (n=4), helping child to send notes to peers (n=1), continued social skills development (n=1), small in-person group sessions (n=1), and ABA therapy (n=1).

Teachers and related service providers reported that prior to the Covid-19 pandemic the child with CSN they supported engaged in social interactions at least 2-3 times per week (n=3) up to eight times per week (n=1). Most participants (n = 5) reported that students with CSN engaged in social interactions 4-5 times per week; four participants noted that they were not sure how many times the child with CSN engaged in social interactions throughout the week. Additionally, eight participants noted they were not sure if the child with CSN they provided supports to spend time with friends outside of their school day, six participants said the child with CSN they support spent time with friends outside of school, and two participants said that the child with CSN they support did not spend time with their friends outside of school. (See Table 12.)

During the Covid-19 pandemic eight teachers and related service providers noted that the child with CSN they supported engaged in social interactions during the pandemic and six participants said they were not sure if the child with CSN they supported engaged in social interactions during the pandemic. Of the children with CSN reported to engage in social interactions during the pandemic, they primarily engaged with peers from school or a relative. These interactions occurred fewer times per week during the pandemic than before the pandemic. Most participants (n=5) reported the child with CSN engaged in social interactions less than four times per week, with 3 participants stating the child with CSN engaged in social interactions between 4 to 7 times per week.

The majority of participants provided social supports to a child with CSN during the pandemic, and in doing so most of the supports were conducted the supports virtually (i.e., virtual social skills group, Zoom, Webex). Participants also said they supported social interactions to a child with CSN during the pandemic in person at a clinic when allowed. (See Table 13).

Table 12

Teacher and Service Provider Survey Responses for Friendship Description Prior to Covid-19 Pandemic

Question	Answer	# of Responses
Before Covid-19 did you provide support for social interactions between a child with CSN and their peers?	Yes	14
	No	2
How often did the child with CSN engage in social interactions with peers prior to Covid?	Once per week	0
	2-3 times per week	3
	4-5 times per week	5
	6-7 times per week	1
	More than 8 times per week	3
	Not sure	4
Did the child with CSN spend time with their friends outside of school?	Yes	6
	No	2
	Not Sure	8

Table 13

Teacher and Service Provider Survey Responses for Friendship Description During Covid-19 Pandemic

Question	Answer	# of Responses
During Covid did the child with CSN engage in social interactions?	Yes	8
	No	2
	Not Sure	6

Question	Answer	# of Responses
Who did the child with CSN engage with?	A peer from school	6
	A peer from outside of school	1
	A relative or other	4
How often did the child with CSN engage in social interactions?	Once per week	2
	2-3 times per week	3
	4-5 times per week	2
	6-7 times per week	1
	More than 7 times per week	0
During Covid did you provide social support to the child with CSN?	Yes	13
	No	3
Describe the kinds of supports you provided directly to the child with CSN to support social interactions for the child during Covid.	Virtual social skills group	8
	1:1 support through Zoom, Webex, or another platform	13
	Other One-one clinic In-person when allowed Training families with Touch Chat	5
During Covid did you provide academic support to the child with CSN?	Yes	12
	No	4

Teachers and related service providers were asked additional questions regarding the kind of social interaction and friendship supports provided to children with CSN during the Covid-19 pandemic. Participants were asked to describe the supports they provided to the parents of the child with CSN during Covid to help parents facilitate social interactions for their children. Most (n=13) said they provided one-on-one support through Zoom, Webex, or another online platform. Other means of support to parents reported by the participants included social skills training for groups of parents (n = 2), one-on-one support in a clinical setting (n=1), IEP meetings (n=1), access to resources (n=1), and support as needed (participant did not specify the exact supports needed) (n=1). Additionally, 12 participants said that during the pandemic they provided technological support to the adult caregiver of the child with CSN to promote social interactions, while four participants said they did not provide technology support. Lastly, eight participants said the parents were receptive to the support provided, while four participants said the parents were sometimes receptive. No participants reported that parents were not receptive to the supports provided.

Open-Ended Questions

The open-ended questions consisted of seven questions for the parent/guardian/primary caregiver survey that included providing a description of the importance of their child with CSN having friends, the importance of engaging in social interactions, and the supports for friendship and social interactions during the pandemic that worked or did not work for their child with CSN, recommendations for parents or caregivers supporting a child with CSN in friendships and social interactions, and an opportunity to express additional information regarding social interactions and friendships for their child with CSN.

The teacher and related service provider open-ended questions included four questions seeking descriptions of the importance of friendships for children with CSN and the social supports provided to students with CSN during the pandemic, recommendations for other teachers and related service providers about what supports for social interaction worked or did not work well for students with CSN, and an opportunity to express additional information regarding social interactions and friendships for a child with CSN. The open-ended questions for all participants were analyzed using thematic analysis (See Chapter 3 for a detailed description of this process.) Three themes and three subthemes emerged from the data. The description of the themes and subthemes are described in detail in Table 14.

Table 14

Themes and Subthemes

Theme or Subtheme	Definition	Key Excerpt
1. Social interactions and friendships are important	Adults acknowledge the benefits of social interactions and friendships for children with CSN and the desire for social interactions and friendships children with CSN exhibit.	“I do think that the pandemic showed our family how important friendship is for our daughter. Before that I don’t think we realized how important it was to her and during the pandemic she verbalized her need for time with friends in ways she had never done before. We started actively working to make sure that she had play dates and that’s when she met her best friend and they started doing sleepovers and I think that my daughter’s mental health has really improved since we

Theme or Subtheme	Definition	Key Excerpt
		started more actively helping her to find opportunities to socialize.” PG5
1a. Social interactions and friendships come in different forms	Social interactions and friendships encompass a wide range of individuals, communication systems, and activities.	“I think friendships are very important to him but because he is nonspeaking and very distractible it is hard for him to maintain social interactions and deepen friendships with same age peers. He does have stronger attachments with certain peers who are very flexible and patient. He gravitated towards adults who tend to be able to adapt more to him than younger kids.” PG6
2. It takes a village	Children with CSN are supported with adequate social skills supports to engage in social interactions and maintain friendships through the support of multiple individuals (i.e., parents/guardians, primary caregivers, teachers, related service providers, immediate family members, extended family members).	“I would say that it is so important to have the families and teachers involved, and to provide them with teaching and support surrounding the child's specific communication strengths and needs (so they can see all that the child is capable of doing), as well as to provide as many opportunities for (safe) social interaction as possible (even if virtual). Caregivers/families/ staff are so integral to guiding and supporting and fostering friendships and social interactions, and if they are on board, these interactions are much more likely to be fostered.” PSP7
3. Challenges of supporting social interactions and friendships of children with CSN.	The obstacles adults and children with CSN faced during the Covid-19 pandemic.	“I've learned that supporting my child's friendships during a pandemic is extremely difficult, and that most of the natural ways we have of meeting and maintaining connection with

Theme or Subtheme	Definition	Key Excerpt
		people depend on our ability to physically be in the same space while participating in shared activities. Having to participate in virtual therapies entirely removed those opportunities, and we still can't be in waiting rooms together for the therapies we are again attending in person. Not being able to participate in social activities at school (after school functions and large group activities) has been tough too." PG12
3a. Exposure of existing problems	The deficits in supporting children with CSN in social interactions and friendships prior to Covid-19 were highlighted during the Covid-19 pandemic.	"she did not receive quality social skills instruction with middle or high school, she lacks many skills that are required to perpetuate a long-term relationship with peers" PG10
3b. Personal reflection	Adults examined their strengths and weaknesses in supporting a child with CSN.	"Sometimes it feels like a lot of work for me too and that's hard when you're already doing a lot of work to meet her basic health and educational needs" PG5

Social Interactions and Friendships are Important. This first theme was defined as adults acknowledging the benefits of social interactions and friendships for children with CSN and the desire for social interactions and friendships children with CSN exhibit. Parents/ guardians/caregivers, teachers, and related service providers all commented on the importance of the social interactions and friendships for children with CSN. Their recognition of its importance was expressed both through descriptions of their own beliefs about the benefits of social interactions and friendship for the child with CSN and through their observations and interactions with the child with CSN during the pandemic. As one parent wrote:

> I do think that the pandemic showed our family how important friendship is for our daughter. Before that I don't think we realized how important it was to her and during the pandemic she verbalized her need for time with friends in ways she had never done before. We started actively working to make sure that she had play dates and that's when she met her best friend and they started doing sleepovers and I think that my daughter's mental health has really improved since we started more actively helping her to find opportunities to socialize. (PG5)

All participants (i.e., parents/guardians/caregivers, teachers, related service providers) described the importance of friendship and social interactions. A total of 92 response excerpts were coded in Dedoose around the parent code labeled "benefits of engaging in social interactions." Both groups of participants described the significant value a child with CSN receives from social engagements with others. One parent wrote, for example, "social engagement is how [she] navigates the world, and how she is best motivated to learn" (PG 12) and "friendship is such a motivating and positive force in her life and helps her feel pride and belonging" (PG 12). Participants identified numerous other benefits as well. A service provider wrote, "friendships benefit children by creating a sense of belonging and security and can even reduce stress" (PSP 19). Additionally, a different service provider wrote, "having friends whether be with or without a disability can change a person's confidence, mental health and wellbeing" (PSP 4).

Another aspect of participant responses under this theme addressed children with CSN's desire for interaction and relationships. Some parents commented that the conditions in the pandemic created an awareness of their child's need and desire for social interactions that they (the parent) had not recognized before. Parents described their awareness of their child’s desire for friendships and engaging in social interactions. One parent wrote, “she loves to be around people and especially loves going to community events” (PG 5). Other parents wrote, “my child seeks out peers to engage with” (PG 1), “my child is very social and enjoys being with peers” (PG 2), and “my daughter lights up when she talks about her friends” (PG 12).

Both groups of participants also acknowledged that social interactions and friendships provide children with CSN opportunities to build and maintain their social skills and increase engagement inside and outside of the school setting. One service provider wrote, “academically they are more involved, socially they feel more excited to go to recess and participate in different things both in school and outside of school” (PSP 4). A parent wrote, “she also needs repetition of social experiences in order to develop and maintain social skills (conversational cues, turn-taking)” (PG 2). Additionally, adults expressed those friendships and social interactions are beneficial for both children with and without CSN. One service provider stated:

> These types of friendships help the individual with complex needs learn many important academic and social skills. These friendships help the typically developing peer learn how to work with and interact with people who are different than them often resulting in kinder, gentler, and more accepting individuals. It is a win-win situation. (PSP 2)

Participants also commented that children with CSN develop a self-identity by establishing personal opinions and beliefs, shaping the way they respond to different situations (e.g., problems/conflict, solutions/agreements). One parent wrote:

> Importance of expressing ideas and preferences, accessing his needs and wants, developing opinions and expressing them, ability to follow through on curiosity and ask questions or contribute to conversations with others. Self-advocacy or advocating for other, building social bonds and supports, feeling understood and validated, access to other important quality of life issues like having a job, education, relationships, etc. expressing feelings. (PG 3)

Social Interactions and Friendships Come in Different Forms. This subtheme of Social Interactions and Friendships are Important reflected the diversity in forms of friendships of children with CSN. I defined this subtheme as social interactions and friendships encompass a wide range of individuals, communication systems, and activities. Several participants described differences in the social interactions and friendships of children with CSN as compared to children of the same age without disabilities. Some commented that the children with CSN they cared for or served were interested in individuals who were older or younger than themselves. A parent wrote, "her interest in same age or close to her age peers is close to zero unless they engage and play with her according to her functional age" (PG 7). A service provider wrote, "we cannot expect neurotypical children to interact in the same way that someone with Autism interacts" (PSP 11). They noted that children with CSN may experience some additional challenges, such as communication issues, that affect their interactions. One parent wrote:

> I think friendships are very important to him but because he is nonspeaking and very distractible; it is hard for him to maintain social interactions and deepen friendships with same age peers. He does have stronger attachments with certain

> peers who are very flexible and patient. He gravitated towards adults who tend to be able to adapt more to him than younger kids. (PG6).

Additionally, another parent wrote, “he has to rely on non-verbal interactions or using his iPad for speaking on the iTouch application” (PG 8).

It Takes a Village. I defined this theme as children with CSN requiring the effort of multiple individuals (i.e., parents/guardians/caregivers, teachers, related service providers, immediate family members, extended family members) to design and implement the social skills supports needed to engage in social interactions and maintain friendships. Many participants highlighted the importance of the professionals and families working together to create the best social opportunities possible for children with CSN. One service provider wrote:

> I would say that it is so important to have the families and teachers involved, and to provide them with teaching and support surrounding the child's specific communication strengths and needs (so they can see all that the child is capable of doing), as well as to provide as many opportunities for (safe) social interaction as possible (even if virtual). Caregivers/families/ staff are so integral to guiding and supporting and fostering friendships and social interactions, and if they are on board, these interactions are much more likely to be fostered. (PSP7)

Service providers also acknowledged the benefit and importance of training parents to support their child’s social skills development to maximize social interaction skills and opportunities. One service provider wrote, “it was also important to help the parent with applying consistent vocabulary and expectation across settings as well as how to communicate with teachers and staff” (PSP 20).

In addition to families and service providers working together, parents spoke about the importance of staying connected and building a network of individuals, agencies, and/or organizations to help create social opportunities and support systems for children with CSN. One parent recommended that "parents stay connected to agencies and organizations that provide regular, consistent opportunities for social experiences for children/young adults with disabilities" (PG 2).

Within this theme participants mentioned many social interaction strategies they used during the pandemic that resulted in positive outcomes and that they would continue implementing beyond the pandemic to continue supporting social interactions for children with CSN. One service provider wrote, "the group Zoom sessions would be a great way for students to maintain friendships and bonds over summer breaks" (PSP 2) and:

> We had morning check-ins so students could share how they were feeling and talk about why they felt that way. Students could also just share something good that happened to them that week. We would also let students have conversations with their friends in breakout rooms while on zoom. (PSP 12)

Another service provider stated, "we facilitated weekly SW and Speech groups with mixed peers, and we are continuing that in person. We also facilitated group virtual social gatherings and we are continuing those" (PSP 6). Additionally, a service provider "I use the Bryan Smith stories to teach social skills and then practice the skills and use the visuals" (PSP 18). Finally, one service provider wrote:

> We used a variety of social stories, visual supports including schedules, and first/then schedules for keeping kids on a routine when the routines were

> unpredictable. Additionally, many families and teachers benefitted from structured work task cards for attending to non-preferred tasks and unexpected routines. Establishing consistent vocabulary for parents to use at home helped with consistency expectations that were established in clinic or school such as using Social Thinking Publications. (PSP 20)

Both groups of participants provided recommendations for other adults supporting social interactions and friendships for children with CSN. Parents/guardians/primary caregivers recommended that other parents/guardians/primary caregivers continue to keep to a routine and daily schedule that includes social opportunities for their child, keeping their child involved as much as possible to avoid getting stuck in the same routine, ensuring that their child continue to build social skills throughout their school years, and to build a social network for their child in order to keep their child socially involved once they graduate from high school. Teachers and related service providers also provided recommendations for other teachers and related service providers. They suggested that to utilizing zones of regulation in supporting social skills development was helpful, staying connected and building relationships with parents and families of children with CSN, always being available to check in with the child, and utilizing technology (e.g., Zoom, online video gaming) to continue connecting during the summer or long breaks.

The positive outcomes described by participants, however, also revealed the challenges and barriers families and professionals faced in supporting social interactions and friendships for a child with CSN and leads to the third theme.

Challenges of Supporting Social Interactions and Friendships of Children with CSN. The challenges of engaging in social interactions and friendships faced by adults and children with CSN during the Covid-19 pandemic was the third theme to emerge from participants' responses. There was undoubtedly a cohesiveness between both participant groups' responses regarding challenges faced in supporting social interactions for children with CSN. These challenges included those due specifically to Covid-19, personal challenges, and challenges that were out of anyone's control.

Some of the challenges participants described were specific to the conditions created by the pandemic (e.g., the need for social distancing and isolation). One parent reflected that supporting their child's social interactions during this time was very difficult, saying:

> I've learned that supporting my child's friendships during a pandemic is extremely difficult, and that most of the natural ways we have of meeting and maintaining connection with people depend on our ability to physically be in the same space while participating in shared activities. Having to participate in virtual therapies entirely removed those opportunities, and we still can't be in waiting rooms together for the therapies we are again attending in person. Not being able to participate in social activities at school (after school functions and large group activities) has been tough too. (PG12)

One related service provider spoke to the difficulty of teaching social cues remotely by stating, "I hope we are able to continue lifting restrictions so that children are able to see each other's facial expressions as that has been one of the most challenging aspects of teaching social skills during a pandemic" (PSP 18).

Challenges specific to individual participants included personal challenges faced in navigating ways to provide inclusive opportunities for children with CSN to engage in social interactions or maintain friendship. A service provider expressed, “friendship for children with CSN is incredibly valuable, although it is harder to facilitate, if the student with CSN is nonverbal” (PSP 7). This presented as a personal challenge for the service provider because of a lack of skills and/or resources the service provider was able to pull from to best support the child. Additionally, some service providers highlighted the problems associated with the “helper role” that typically developing children may establish when engaging in social interactions with a child with CSN as a challenge. One wrote, “they all participate in playing on the playground with him and helping him if he needs a hand” (PSP 9). The “helper role” was perceived as a challenge because it created unequal relationships between children. Participants in both groups emphasized that a benefit to engaging in social interactions and having friends were the opportunities for children with and without CSN to establish appreciation awareness of each other. The “helper role” establishes the complete opposite of this idea by suggesting that only the child with CSN is benefiting from the relationship and the child without CSN does not benefit from the relationship. This finding supports that of Anderson et al. (2011) which found that parents, teachers, and peers placing too much pressure on the friendship consequently forced the children without disabilities to adopt a helper role (e.g., acting as a caregiver to the child with CSN) instead of having a friend role. Additionally, some parents/guardians and primary caregivers expressed that although their child had peers to engage with, they did not have “true friends”, one parent/guardian/primary caregiver wrote:

> Non-verbal kids have really no chance of making true friends - it is very sad - please think of a way to let our kids make friends with others who are true friends - it is a true dilemma in my opinion - because nobody has the answer. (PG 8)

Parents/guardians and primary caregivers wanted to support their child’s social interactions and friendships, but also wanted to find a way of creating meaningful relationships and not just creating social interactions between their child with CSN and another child simply because it is important to do so. There is a clear plea from PG8 above that this presents a challenge for parents and they want/need support with this particular challenge.

The final area of challenge discussed by both groups of participants included those that were out of their control, meaning that teachers, related service providers, parents/guardians, and primary caregivers were not able to change the circumstances they found themselves in and therefore had to find ways to overcome such circumstances. For example, some parents wished they had provided more social skills supports to their child prior to the pandemic so their child had less of a struggle reading social cues during interactions in remote settings such as Zoom. Since parents could not change the past, they had to find ways to support their child’s social skills during the pandemic and find ways to create social opportunities for their child with CSN. One parent wrote, “I have a teacher come into the home once a week to work with my son on daily life activities as well as perhaps to play a board game or go to the library” (PG 8). Another parent wrote, “we have been contracting with private instructors to help teach and reinforce important social skills” (PG 10). Challenges teachers and service providers experienced also included finding ways to create social opportunities for children with CSN that also included children without CSN. One service provider wrote, “It was very difficult for our students with complex learning needs to participate via video with his or her peers (PSP 16). Another service provider wrote, “for our children who are not verbal it is hard to communicate without touch or facial expressions” (PSP 14).

Exposure of Existing Problems. As in the primary theme discussed above, there were many challenges all adults faced in supporting children with CSN that were the result of problems that had started before the Covid-19 pandemic. I defined Exposure of Existing Problems as the uncovering of deficits in provision of supports that existed prior to the pandemic and that were exacerbated and revealed by the conditions of the pandemic. Some pre-existing challenges included a lack of appropriate social skills instruction, not providing appropriate technology to support communication, professionals not providing needed supports to children to facilitate meaningful social interactions, and professionals not providing access to inclusive activities/opportunities for children with and without disabilities to interact. One parent wrote, “she did not receive quality social skills instruction with middle or high school, she lacks many skills that are required to perpetuate a long-term relationship with peers” (PG10). This excerpt is just one example of the struggles parents faced during the pandemic. The lack of social skills instruction prior to the pandemic contributed to many of the struggle’s children with CSN faced during the pandemic. A service provider wrote, “Adult 1:1 video conferencing with students was optimal, however, parents of students with complex needs were frustrated because their child was not able to participate in the video discussions or breakout rooms with his or her peers” (PSP 16). This particular excerpt is an example of a barrier created by the teacher or related service provider as well as exposure of the existing difficulties of creating inclusive social opportunities for all children with and without CSN to participate.

Another example of the lack of creating inclusive opportunities for children with CSN includes an excerpt from a parent who wrote, “often times when the General Ed. teacher created social interaction opportunities they were for the whole group, and it was hard for my daughter to participate” (PG 5). Additionally, the impact Covid-19 has had on the provision of services specified in individualize education plans (IEPs; e.g., when the child does not receive supports, accommodations, modifications, or service hours as required in the students’ IEP due to the Covid-19 pandemic) is an example of the school district failing to ensure students with CSN receive the supports and services needed to be successful. One parent spoke to the struggles their child faced attending remote learning during the pandemic by writing, “IEPs were not being implemented so accommodations or modifications were not provided” (PG 3). Again, these examples of challenges faced by parents express how the lack of social skills supports prior to Covid hindered social interactions during the pandemic. Additionally, the lack of supports provided to children with CSN from school districts in providing supports in accommodations, modifications, and service hours demonstrated the priority of providing children with CSN with what they need was not of concern.

Personal Reflection. The second subtheme to challenges of supporting children with CSN was Personal Reflection which I defined as adults examining their own strengths and weaknesses in supporting a child with CSN. Many parent/guardian/caregiver participants demonstrated their willingness to be vulnerable by responding honestly and exposing their thoughts and concerns around supporting a child with CSN. An example of this is a response by one parent who wrote, “Sometimes it feels like a lot of work for me too and that’s hard when you’re already doing a lot of work to meet her basic health and educational needs” (PG5).

Although some parents expressed personal difficulties they faced in supporting their child with CSN, many others reflected on how their own personalities and social interaction preferences impacted how they responded to their child’s needs for social interaction and friendship. They acknowledged that their social interaction preferences might be different from their child’s personality and social traits. One parent wrote, “honestly having a child with special needs has taught me that I have to be comfortable getting out of my own comfort zone and I have to practice uncomfortable social situations” (PG 5) and “I think a lot of my hesitancy has to do with my own insecurities while my daughter is super brave and able to put herself out there” (PG5).

Conclusion

In conclusion, both groups of participants acknowledged that friendship and social interactions are important for children with CSN and spoke to the many benefits of such interactions. Parents/guardians/primary caregivers not only highlighted benefits of social interactions and friendships for their children but also noted the desire for friendship and social interactions their children expressed during the pandemic. Teachers and related service providers indicated that creating social opportunities for the child with CSN remotely during the pandemic also provided opportunities for them to get to know more about the child with CSN than they had before and create closer relationships with the families of the child with CSN. Some of these benefits included maintaining social skills and creating opportunities to establish disability awareness for students with and without CSN.

Both groups of participants identified barriers and challenges faced during the pandemic in supporting social interactions and friendships for children with CSN. Some of these challenges identified by parents/guardians/primary caregivers included having to find creative ways in creating social opportunities for their child, personal hurdles, trying to fill the gap in social skills for their child, and accessing supports from teachers and related service providers. Challenges identified by teachers and related service providers included creating inclusive social opportunities, supporting IEP goals, and providing parents with resources to support their child in social opportunities.

Finally, although all participants (i.e., parents/guardians, primary caregivers, teachers, related service providers) agreed social interactions and friendships are important for children with CSN, not all children with CSN had what some parents called “true friends”. Most parents/guardians and primary caregivers created opportunities for their child with CSN to engage with others as much as possible, but while describing the challenges, some parents identified that despite their child having peers to interact with they did not actually have true friends. Teachers and related service providers did not speak to the matter of a child with CSN they supported as having true friends or not.

Chapter Five

Discussion

The questions guiding this study were: How do teachers, related service providers, parent/guardians/primary caregivers perceive children's desire for friendship and social interaction? How do these adults (teachers, related service providers, parent/guardians/primary caregivers) encourage and support social interaction during mandated social distancing for children with CSN? By conducting a survey including parents, guardians, primary caregivers, teachers, and related service providers who have a child with CSN or take care of a child with CSN, I was able to discover how adults supported these children to engage in social interactions and maintain friendships during the Covid-19 pandemic. I found that most adults believe social interactions and friendships are important for all children, including children with CSN. Additionally, adults revealed the many challenges faced during the pandemic to provide social opportunities for children with CSN and the ways in which they removed or lessened these barriers.

In Chapter Four I outlined the themes that emerged in the data analysis; in this chapter I will describe how the theoretical framework I used (RCT) helped me analyze and interpret the data, the connections between these themes and the contributions of the findings to research literature examining social relationships of individuals with CSN, and the implications of findings for practice and research.

Contribution of Relational Cultural Theory to Study Findings

I discussed relational cultural theory (RCT) in Chapter Three as the theoretical framework I used to interpret the data from my study. I specifically referred to four core ideas from RCT that Jordan (2000) utilized in RCT therapy and that I used to help interpret the data. The four core ideas were (a) movement toward mutuality rather than movement toward separation characterize mature functioning; (b) mutual empathy and mutual empowerment are at the of core growth-fostering relationships; (c) people grow through and toward relationships throughout the lifespan; and (d) in growth-fostering relationships all people contribute and grow or benefit, development is not a one-way street.

Using this framework and these core ideas as I analyzed participants' responses provided a lens that helped me understand that the family members and caregivers as well as the professionals I surveyed recognized and valued the ways in which social relationships are essential to "mature functioning" for everyone, including children with CSN. Some also recognized how social relationships are important in their own lives both personally and as parents of children with CSN. They also recognized that children's relationships are fluid and continually growing and changing and stressed the importance of creating opportunities that allow relationships to develop. The Covid-19 pandemic created a separation that limited or prevented social interactions, especially for children with CSN who experience communication, physical, and other challenges that were especially difficult in remote learning or social settings. The social isolation of the pandemic created an immediate need for the adults in these children's lives to expand their own understanding and skill in supporting children with CSN to create and maintain meaningful social interactions. In the next sections I will discuss the key ideas from the findings that inform the literature on social relationships of children with CSN, implications for families and school personnel that arise from the findings, limitations of the study, and recommendations for future research.

Parents' Experience During the Covid-19 Pandemic

The feelings parents in this study expressed about the importance of social interactions and friendships for their children with CSN (i.e., its benefits) support prior research findings in this area. Franco and Levitt (1998), for example, found that the time spent building relationships proves to be beneficial for an individual's self-esteem, and Holder and Coleman (2009) conveyed that building relationships improves one's happiness and well-being, something supported by the participants' responses in my study. The Covid-19 pandemic created a situation where parents really recognized their child's need for social interactions and their child's need to connect with peers outside of school. Most parents in this study specifically stated that social interactions and friendships are important or spoke to the benefits of their child engaging in social interactions. Although they viewed these social interactions and friendships as being important, providing social opportunities to their child with CSN was a significant struggle that all participants experienced. Many parents felt overwhelmed with the facilitation of social interactions in general for their child during the pandemic.

One reason maintaining friendships and engaging in social interactions was difficult to accomplish during the pandemic was the lack of social skills children with CSN had acquired prior to the pandemic. Some parents/guardians and primary caregivers mentioned that if they had done more to support their child's social skills earlier in their child's development, perhaps their child would have had more social skills to pull from during the pandemic and would not have struggled so significantly to engage in social interactions. However, supporting social skill development and engagement of children with CSN is not simple. It requires knowledge, time, and energy. Turnbull and Rueff

(1997) explained that creating social networks at home places a significant requirement on parents who must design opportunities for their children to establish social relationships and inform and educate family and community members about their child's disability so that they can successfully engage with the child with CSN. The current study is a perfect example of Turnbull and Rueff (1997)'s point. Parents/guardians and primary caregivers all described the high level of creativity and effort they had to use to ensure their child had social opportunities during the pandemic.

An additional contributing factor is that children with CSN often need additional communication and social support to be successful in social interactions, particularly so when engaging in interactions through online platforms. Participants reported that children with CSN struggled in these social interactions to adjust their reading and interpreting of peers' and family members' social cues when attempting to engage in social interactions remotely. Whether engaging through Zoom or a different platform to interact with others, misunderstanding the social cues of the person on the other side of the screen could have led to missing an opportunity to expand on a topic of conversation or of being misunderstood by others. Many parents felt their child was left out of the conversations with peers that teachers or related service providers created as a result of poor planning to include children who needed more social supports.

How Parents Can Create Social Opportunities for Their Child with CSN

Children with CSN rely heavily on parents/guardians and primary caregivers to successfully connect with their peers and family members. Turnbull et al. (2000) previously described that parents of many children with CSN must actively work to establish a social network for their children at home that includes relatives (e.g., parents, siblings, grandparents, aunts, uncles, cousins) and people from the community (e.g., church members, neighbors). In doing so parents help to build a community of individuals within the child's social network encompassing empathy, compassion, and awareness of adaptations and modifications the child with disabilities may need in their daily lives (Turnbull & Turnbull, 2015). Successful interactions do not often happen by chance. To accomplish this task parents must be willing to take the initiative to reach out to their families and communities. The findings of my study confirm this. Parent participants described a number of ways they created social opportunities such as in-person by visiting with peers at the park or creating social opportunities remotely by having their child attend lunch dates over Zoom or other platforms.

One way for parents/guardians, primary caregivers, and children with CSN can build connections outside of school is to connect with disability related organizations (e.g., Down Syndrome Society, Autism Society). Connecting with these organization can allow parents/guardians and primary caregivers to expand and support their children's social networks and their own social networks so they can better support their children. The social networks that most parents had established prior to the pandemic were built mostly of family members; therefore, many parents/guardians and primary caregivers referenced that they wished they had established such connections prior to the pandemic to have had more support available during the pandemic. This idea of creating a social network outside of school proves to be successful for the development of social skills for children with disabilities as shown by Turnbull and Ruef's (1997) study who reported that the social networks parents of a child with a disability create prior to their child entering school can provide an even greater impact on the social skills required to continue building a social network in the classroom. Although Turnbull and Ruef (1997) were referring to the social network’s parents created for their child with disabilities prior to entering the classroom, I believe the social networks established through disability related organizations that parents/guardians and primary caregivers in my study are referring to, could provide the same social skills support as did in the study conducted by Turnbull and Ruef (1997). Some parents/guardians and primary caregivers mentioned they would have liked to have had more supports form their child’s school in connecting with such organizations to create a support system for themselves and an additional means to creating social opportunities for their child during the pandemic. They felt that school personnel might have had more knowledge of organizations and resources that could have assisted them than they (parents) had.

Parents of children with CSN must also be willing to expand their own social networks and sometimes go out of their comfort zone to create social opportunities for their child. One parent in my study reflected on their own personality traits noting the difference between their child’s personality and desire for social interactions and their own. As mentioned in Chapter Four, one parent mentioned that their child was much more outgoing than they were which required them to adjust the way they connected with others. This difference in child versus parent social interaction preferences led to parents expressing their own needs of supports. Parents spoke to their personal needs of connecting with others and building social networks not only for their child but for themselves also. Some parents emphasized the importance of taking care of themselves socially by going out on dates with their spouse or spending time with their own friends in order to maintain their own personal well-being. One parent stated that if they were happy and healthy, they could do a better job taking care of their child to ensure their happiness as well.

Another factor that possibly affected the social experiences of students with CSN during the pandemic was having limited access to inclusive activities prior to the onset of Covid-19. Anderson et al. (2011) conducted a study which examined the perspectives of friendship from children who were friends with peers diagnosed with cerebral palsy and used a speech generating device to communicate. Anderson et al. (2011) found that as peers without disabilities learned more about their peers with CSN, they increasingly became more comfortable with their interactions and participated in activities together, soon becoming friends. Inclusive opportunities in the classroom before the pandemic could have positively contributed to maintaining and expanding social relations between children with CSN reported on in my current study and their peers during the social isolation imposed by the pandemic. These include helping to create relationships between students with and without CSN inside and outside of the classroom, typically developing peers learning to understand how peers with CSN communicated and how to facilitate a conversation with their classmates with CSN who used an AAC device and helping peers with and without CSN better recognize and understand each other's' social cues.

Teachers' and Related Service Providers' Experience During the Covid-19 Pandemic

Teachers and related service providers acknowledged the importance of social interactions and friendships in the same manner as parents/guardians and primary caregivers. Many teachers and related service providers reported that during the pandemic, they ensured all students had opportunities to engage socially by sharing personal belongings in their homes (e.g., a picture they drew, a favorite toy, a pet) and talking about their experiences. Some teachers and related service providers described utilizing the Zones of Regulation to support their student’s social emotional well-being, supporting ways for students to discuss how and what they were feeling throughout the pandemic. Additionally, some teachers and related service providers spoke about building closer relationships with the parents of the students with CSN they were working with to provide social supports for the children at home.

Although teachers and related service providers recognized the importance of social interactions and friendships for students with CSN and were happy with the relationships they were building between themselves and the parents of children with CSN, many also identified barriers they experienced in providing social supports to a student with CSN. Some of these barriers included having to rely heavily on the parents to implement strategies because they (teachers and related service providers) could not be in the children’s homes to work directly with them. They also described how they had to create social opportunities for their students to practice applying the social skills learned. Additionally, participant responses revealed that there were many missed opportunities for children with CSN to engage in social interactions due to the structure of their classes in online environments. As mentioned above, some teachers and related service providers did not recognize the additional supports the child with CSN would need to fully participate in remote class discussions or activities so they could meaningfully engage with their peers. Professionals sometimes felt “stuck” because of these barriers when trying to provide supports remotely. Even with their good intentions, they struggled immensely to create more inclusive social interaction opportunities for students with CSN during the pandemic.

The Role of the School Districts During the Covid-19 Pandemic

Prior research has documented that schools and school personnel do not typically prioritize the supports children with CSN require for maximum benefit from their education. Turnbull et al. (2000), Turnbull et al. (1999), and Turnbull and Ruef (1997) previously found that parents reported they must often inform principals, teachers, and support staff in their children's schools about how to successfully create inclusive opportunities to build social relationships between their children with CSN and classmates rather than relying on these professionals to develop these. The constraints on social interactions created by the Covid-19 pandemic shown a light on the teachers' and related service providers' continued reliance on parents to ensure inclusive practices were occurring. The added responsibility on parents to support teachers and related service providers to develop and implement effective social supports for children with CSN during the pandemic resulted in many parents again expressing the concerns they had with the lack of inclusion for their child during the pandemic. One of such concerns included the lack of implementing IEP requirements such as accommodations, modifications, and service times by teachers and related service providers. The school districts' failure to provide supports included in students' IEPs indicates that students with CSN were not prioritized in receiving supports during the pandemic. This underscores that the educational needs of this group of students are still frequently overlooked in educational settings.

Exposure of Existing Problems in Supporting Social Interactions and Friendships for Children with CSN

As discussed in the previous paragraph, the Covid-19 pandemic highlighted areas where children with CSN are still not receiving sufficient support. For example, limited opportunities to build social networks with general education peers in inclusive settings prior to the pandemic continue to be of concern. Teachers and related service providers continue to rely heavily on parents in creating social opportunities for their child. Although parents/guardians and primary caregivers should create social opportunities outside of the classroom, it would be significantly easier for parents to support social interactions and maintain friendships outside of the classroom if their child already had established friendships in the school setting. Brock and Carter (2016) stressed the importance of students with and without disabilities working in proximity of each other to promote social interactions between these students. Children may then generalize their interactions outside of the classroom more often (e.g., at recess, in the lunchroom, during free play; Shaefer et al., 2018; Young et al., 2016). Such interactions may develop into friendships, as it did for participants in the Anderson et al. (2011) study. Therefore, having stronger networks prior to pandemic could have eased some of the difficulties experienced by everyone and resulted in better social outcomes for students.

Need to Work Together

Although previous research supports my study’s finding that teachers and related service providers continue to rely heavily on parents/guardians and primary caregivers of children with CSN to provide inclusive opportunities in supporting social interactions and maintaining friendships, my study’s findings also highlighted the importance of families and professionals working together. Some professionals reported a positive outcome of the pandemic being building stronger connections with the families because of the remote learning requirements. These relationships allowed for generalization of common vocabulary (e.g., zones of regulation terminology) between the classroom and home to be implemented for the child with CSN. For example, the social skills curriculum a teacher or related service provider was using created more of an opportunity to teach the terminology used in that curriculum with the child with CSN to the parents/guardians or primary caregiver of the child with CSN. Utilizing common vocabulary across settings improved the teaching of social skills to the child with CSN by creating consistency between settings. Additionally, building better relationships between both groups of participants helped all of them reflect on how they can work together to support the child with CSN in the future.

Limitations

Although this study adds to the existing research in better understanding social interactions and friendships between children with and without CSN, especially during a pandemic, there are several limitations that exist within this study. First, the survey included only 28 participants resulting in a limited demographic pool of participants both for parents/guardians/primary caregivers and teachers and related service providers. The majority of participants were white and female (e.g., only females were represented for the educator/related service provider group). A larger participant pool that includes participants of different genders and racial/ethnic and linguistic backgrounds would allow for examination of effective social supports provided to children with CSN across various cultures across the United States.

A second limitation of the study was the lack of inclusion of the voices of the children with CSN. Understanding social interactions and friendships from the perspective of children with CSN would allow for a much clearer picture of which supports provided by parents/guardians/primary caregiver, teachers, and related service providers were the most beneficial and least beneficial to the child in fostering social relationships and which the children found most acceptable. Additionally, including the voices of children with CSN would allow for a better understanding of the value of social interactions and friendships for the child versus speculation about this from the adults (i.e., parents or teachers/service providers).

A third limitation was that the study did not include a follow up interview with participants from both groups. Some of the open-ended survey question responses lacked specific details. Having in-depth individual interviews with respondents after reading their survey responses would allow clarification and a chance for participants to add additional information after having completed the survey. I believe the interviews would also better triangulate the data received from the surveys.

Implications of the Study

There are three primary implications for parents and professionals from study findings: First, friendships and social interaction opportunities are important and beneficial for children with CSN; however, supporting social interactions and friendships continues to be difficult to assist. Second, there continue to be few inclusive opportunities for children with CSN to engage in social interactions and develop and maintain friendships inside and outside of the classroom. Lastly, expanding social networks for children and adults alike is needed. I will discuss these implications in detail below.

First, although social interaction and friendship development are important and beneficial, fostering them can be difficult. Children with CSN mentioned by participants in this study sought out social interactions and friendships and expressed this desire as best they could to their parents/guardians or primary caregivers. Yet, the adults, parents and professionals, did not always have the knowledge or resources to support children effectively. One way of supporting children with CSN to engage in social interactions could include building social networks through a variety of organizations including school (e.g., inclusive classroom setting, art, music, P.E.), after school programs (e.g., daycare, beyond the school bell), extracurricular activities (e.g., sports, special interest activities), and disability related organizations (e.g., Down Syndrome Society, Autism Society). Creating access to activities that naturally create social interactions may support the development of friendships through shared interests and participation. Once these friendships are established, it is possible for them to continue to grow and expand beyond the school years, thus creating a social network once students graduate and begin to explore the world into adulthood.

Second, there continue to be limited inclusive opportunities for children with CSN to engage in social interactions and develop and maintain friendships inside and outside of the classroom. In many ways, this is the result of actions or inaction of adults (e.g., teachers and other school personnel) who fail to create and support inclusive instruction and social activities. Not having such opportunities reduces opportunities for children with CSN to engage and collaborate with their peers academically and socially. Many children with CSN were already lacking social skills needed to promote successful social interactions between themselves and their peers. The conditions resulting from the pandemic exacerbated these difficulties. There has been a significant amount of research supporting successful interventions (e.g., peer-buddy interventions) in creating inclusive classroom settings; therefore, providing access and training for these interventions to teachers and related service providers would be one way in solving this barrier that limits social interaction and friendship development.

Lastly, expanding social networks for children and adults alike is needed. Both groups of participants (parents and service providers) expressed the need for connections with one other to successfully build stronger relationships to best support children with CSN. When all adults who surround a child with CSN were on the same page supporting the child, there was more growth made in supporting the social needs of the child. In the future, parents and teachers could connect with one another prior to the academic year, outside of IEP meetings, to discuss the child with CSN in depth. The social goals of the child could be discussed so that parents, teachers, and related service providers could establish common goals including the regulation of social skills. Luckasson and Schalock (2020) explained that even in the midst of a pandemic, decision makers need to consider the whole individual, including their need for social relationships, by taking a holistic approach, considering four theoretical perspectives (i.e., biomedical, psychoeducational, sociocultural, justice) as well as "facilitating a balanced approach across future social, political, and financial changes and challenges" (Luckasson & Schalock, 2020, p. 3). Furthermore, individuals responsible for maintaining services and supports to individuals with CSN must hold one another responsible for maintaining sufficient supports. Additionally, many parents/guardians/primary caregiver participants expressed they wished they had established a larger social network prior to the Covid-19 pandemic so they could have provided more social opportunities for their child with CSN and for themselves. One way to expand the social networks of parents and students could include teachers and related service providers creating a “meet and greet” day for parents of children in the same classroom to get to know one another. This would allow for parents to connect their children with peers outside of the classroom as well as creating a support system between parents. For example, parents can meet each other and discuss their child’s interest. This could create a social network for both parents and children with CSN. As described above the need for connecting was extensively discussed among participants in both groups.

Recommendations for Future Research

There are several recommendations for further research that should be considered based on the findings from this study. First, casting a wider net to recruit more participants from diverse socioeconomic, cultural and linguistic backgrounds would allow for a deeper understanding of the social supports provided to children with CSN during the Covid-19 pandemic and their effectiveness. To include a more diverse participant group, future researchers may consider reaching out to school districts across the United States to encompass a larger geographical area including a wider range of socio-economic status, a more culturally diverse group of individuals, and a more linguistically diverse group of participants. Additionally, future research could include participants from international organizations that support parents of children with disabilities and international organizations for teachers and related service provides who support individuals with disabilities. Including participants outside of the United States could provide a richer understanding of how to effectively support the social lives of children with CSN.

Secondly, the voices of the children with CSN should be included in future studies so there can be a more complete picture and understanding of the social supports' children with CSN need and prefer to promote social interactions and maintain friendships. Researchers could conduct interviews with children with CSN to expand on their preferences for and perceptions of social interactions and friendships. Future researchers could also include observations of the child with CSN engaging with peers across settings (e.g., classroom, recess, home, church) and interview the child with CSN and a friend to expand on their relationship. This would provide insight into the ways in which individuals with and without CSN engage with one another across settings as well as provide explanations into the roles of the friendships.

Thirdly, future researchers should consider including interviews or a focus group to clarify responses to open-ended survey questions completed by parents/guardians, primary caregivers, teachers, and related service providers. This would help with expanding the ideas of all participants and allow for better understanding of the comments provided in the open-ended questions. Future researchers could include the opportunity to participate in a follow-up interview or focus group after completing the survey. Any participant who would be willing to participate in an interview would be asked to expand or clarify any information from the open-ended responses.

Lastly, exploring the potential benefits of families of children with CSN connecting with disability related organizations (e.g., Down Syndrome Society) and their communities (e.g., church, community centers) should be explored. It would be helpful to know how families and children with CSN benefit socially when they are connected to organizations and their communities versus when they are not involved in their community or connected with organizations. Future researchers could interview or survey parents who are already connected with such organizations to explore weather being a part of the organization has supported the parent and the child with expanding their social network or supporting social opportunities. Such interviews or surveys could compare these responses to parents who are not connected to such organizations.

Appendix A

Parent/Guardian/Primary Caregiver Survey

1. Which role best describes you?
    a. parent/guardian
    b. primary caregiver (primary caregiver is someone who spends five or more hours per day, at least four days a week providing unpaid support [e.g., feeding, changing diapers, playing] for a child).
2. Does your child/child you care for have complex support needs (an individual who requires lifelong support across multiple domains [e.g., academic skills, home living skills] with diagnoses such as intellectual disability, autism spectrum disorder, or multiple disabilities)?
    a. Yes
    b. No
3. How old is your child/child you care for?
    a. 0-5 years
    b. 6-10 years
    c. 11-15 years
    d. 16-20 years
4. What is your relationship to your child/child you care for?
    a. mother
    b. father
    c. legal guardian
    d. grandparent

   e. aunt
   f. uncle
   g. other: (please specify): ____________________

5. What is your gender?
   a. Male
   b. Female
   c. Nonbinary
   d. Other (please specify): _________________________
   e. Rather not say

6. Which category best describes you?
   a. White (e.g., German, Irish, English, Italian, Polish, French, etc.)
   b. Hispanic, Latino, or Spanish origin (e.g., Mexican or Mexican American, Puerto Rican, Cuban, Salvadorian, Dominican Columbian, etc.)
   c. Black or African American (e.g., African American, Jamaican, Haitian, Nigerian, Ethiopian, Somalian, etc.)
   d. Asian (e.g., Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, etc.)
   e. American Indian or Alaska Native (e.g., Navajo nation, Blackfeet tribe, Mayan, Aztec, Native Village or Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.)
   f. Middle Eastern or Northern African (e.g., Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc.)

    g. Native Hawaiian or Other Pacific Islander (e.g., Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, etc.)
    h. Some other race, ethnicity, or origin

7. What is your age group?
    a. 18-20
    b. 21-25
    c. 26-30
    d. 31-35
    e. 36-40
    f. 41-45
    g. 46-50
    h. 51-55
    i. 56-60
    j. 61-65
8. What is your highest level of education?
    a. some high school
    b. high school graduate
    c. some college
    d. associates degree
    e. bachelor’s degree
    f. master’s degree
    g. doctoral degree

9. On a scale from 1-5, how important is it for your child/child you care for to engage in social interactions with peers their age?
    a. Not at all important
    b. Somewhat important
    c. Neutral
    d. Important
    e. Very important
10. On a scale from 1-5, how important do you think it is for your child/child you care for to have friends (when two individuals voluntarily engage in shared activities or spend time together in ways that demonstrate reciprocity, viewing their interaction partner as a favored companion, and/or illustrate inclusion in a social network)?
    a. not important
    b. somewhat important
    c. neutral
    d. important
    e. very important
11. Does your child/child you care for have friends?
    a. yes
    b. no
    c. I don’t know
12. If yes, how many friends does your child/child you care for have?
    a. at least one

   b. 2-3 friends
   c. more than 3 friends

13. Does your child/child you care for have a friend(s) who: (check all that apply)
    a. Has a disability
    b. Has complex support needs
    c. Does not have a disability
    d. Is a relative (please specify): ________________________
14. Before the COVID-19 pandemic, where did your child/child you care for interact with their friend(s)? Check all that apply
    a. at school
    b. at home
    c. at church
    d. community center
    e. other (please specify): _____________________________
15. Before the COVID-19 pandemic, how often did your child/child you care for interact to their friends?
    a. once per week
    b. 2-3 times per week
    c. 4-5 times per week
    d. 6-7 times per week
    e. more than 7 times per week
16. Please describe how you think your child/child you care for views or feels about their friendship(s).

____

____

____

17. In what ways do you think your child/child you care for benefits from their friendship(s)? Check all that apply:
    a. Emotionally (e.g., your child for regulates their emotions)
    b. Socially (e.g., your child’s social skills are age appropriate)
    c. Physically (e.g., your child is more active)
    d. Intellectually (e.g., your child is more curious)
    e. Other (please specify):

       ____

       ____

    f. I don’t believe my child benefits from their friendship(s)
18. During the COVID-19 pandemic, did your child/child you care for socially interact with their friend(s)?
    a. Yes
    b. No
19. If yes, how did your child/child you care for engage in social interactions with their friend(s)? (check all that apply)
    a. Zoom
    b. Facetime
    c. Snapchat
    d. Over the phone

   e. Other (please specify): ____

20. During the COVID-19 pandemic, how often did your child/child you care for engage with their friend(s)?
    a. Once per week
    b. 2-3 times per week
    c. 4-5 times per week
    d. 6-7 times per week
    e. More than 7 times per week
21. Which best describes your child's/child you care for daily social routine (e.g., engages with specific individuals before school, engages with specific people at school, attends an afterschool program, spends time with a specific person after school) before the COVID-19 pandemic?
    a. Regular social routine that was followed very closely
    b. Regular social routine that was followed closely
    c. Regular social routine that was followed somewhat closely
    d. Had a flexible daily social routine
    e. Did not have a daily social routine
22. How did the COVID-19 pandemic disrupt your child's/child you care for daily social routine?
    a. The pandemic did not disrupt my child's daily social routine
    b. The pandemic slightly disrupted my child's daily social routine
    c. The pandemic drastically disrupted my child's daily social routine
    d. The pandemic changed my child's daily social routine completely

23. Did you receive support from your child's/child you care for teacher or other support staff (e.g., occupational therapist, speech and language pathologist, physical therapist) during the COVID-19 pandemic with accessing various avenues for your child to engage in social interactions with peers from school?
    a. Yes
    b. No
24. If yes, who provided you with support? Check all that apply
    a. General education teacher
    b. Special education teacher
    c. Occupational therapist
    d. Physical therapist
    e. Speech and language pathologist
    f. Orientation and mobility
    g. Social worker
    h. Counselor
    i. Principal
    j. Assistant principal
    k. Paraprofessional
    l. Other (please specify): ___________________________
25. What kind of support did you receive to help your child with social interactions? Check all that apply:
    a. Academic
    b. Speech/communication

c. Emotional/well being
d. Arranging opportunities for my child/child you care for to engage in social interactions with peers remotely
e. Helping my child/child you care for send notes to their peers.
f. Other (please specify):

____

____

26. Please specify what additional support for the social interactions of your child's/child you care for would have been helpful during the pandemic.

____

____

27. During the COVID-19 pandemic what was the perspective of your child's/child you care for about socially distancing and/or quarantining?
    a. Very confused
    b. Somewhat confused
    c. Not at all confused

Appendix B

Teacher and Related Service Provider Survey

Personal Information

1. Which role best describes you?
   a. General education teacher
   b. Special education teacher
   c. Occupational therapist
   d. Speech and language pathologist
   e. Physical therapist
   f. Orientation and mobility
   g. Other support service provider ____________________________________
2. Do you teach or provide services to a child with complex support needs (an individual requires lifelong support across multiple domains [e.g., academic skills, home living skills] with diagnoses such as intellectual disability, autism spectrum disorder, or multiple disabilities)?
   a. Yes
   b. No
3. What grade level(s) do you teach? Check all that apply.
   a. Pre-K
   b. K
   c. 1st
   d. 2nd
   e. 3rd

    f. 4th
    g. 5th
    h. 6th
4. What is your gender?
    a. Male
    b. Female
    c. Nonbinary
    d. Other (please specify): _______________
    e. Rather not say
5. Which category best describes you?
    a. White (e.g., German, Irish, English, Italian, Polish, French, etc.)
    b. Hispanic, Latino, or Spanish origin (e.g., Mexican or Mexican American, Puerto Rican, Cuban, Salvadorian, Dominican Columbian, etc.)
    c. Black or African American (e.g., African American, Jamaican, Haitian, Nigerian, Ethiopian, Somalian, etc.)
    d. Asian (e.g., Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, etc.)
    e. American Indian or Alaska Native (e.g., Navajo nation, Blackfeet tribe, Mayan, Aztec, Native Village or Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.)
    f. Middle Eastern or Northern African (e.g., Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc.)

   g. Native Hawaiian or Other Pacific Islander (e.g., Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, etc.)
   h. Some other race, ethnicity, or origin

6. What level of education do you currently have?
   a. Bachelor’s degree
   b. Master’s degree
   c. Doctoral degree
   d. Other (please specify): ________________________
7. Do you have a teaching license?
   a. Yes
   b. No
8. If yes, in what area?
   a. General education
   b. Special education
   c. Other: _____________________________
9. How many years of experience do you have in your current professional role?
   a. 1-3 years
   b. 4-6 years
   c. 7-9 years
   d. 10-12 years
   e. 13-15 years
   f. 16-20 years
   g. 21-25 years

   h. 26+ years

10. Which setting(s) do you teach or provide service to student(s) with complex support needs? Check all that apply.
    a. General education classroom
    b. Inclusive classroom
    c. Special education classroom
    d. 1:1 classroom
    e. Other (please specify): _______________

When answering question #11 and 12, think of all your students with complex support needs

11. On a scale from 1-5 how important do you think friendship is between a child with complex support needs and a similar aged peer? (Friendship is defined as when two individuals voluntarily engage in shared activities or spend time together in ways that demonstrate reciprocity, view their interaction partner as a favored companion, and/or illustrate inclusion in a social network of peers).
    a. Not important
    b. Somewhat important
    c. Neutral
    d. Important
    e. Very important
12. On a scale from 1-5 how important do you think social interactions are between a child with complex support needs and a similar aged peer? (social interactions are defined as when two individuals engage in a verbal or nonverbal reciprocal action

including but not limited to having a conversation, helping each other, providing emotional support, engaging in an activity, and/or achieving mutual goals within an activity).

   a. Not important
   b. Somewhat important
   c. Neutral
   d. Important
   e. Very important

In answering questions #13 to 32, choose one student with complex support needs to consider when answering the questions.

13. Before the COVID-19 pandemic did you provide support for social interactions between a child with complex support needs and their peers?
    a. Yes
    b. No
14. If you answered yes, who did the child with complex support needs engage with? Check all that apply.
    a. A peer with complex support needs (an individual requires lifelong support across multiple domains [e.g., academic skills, home living skills] with diagnoses such as intellectual disability, autism spectrum disorder, or multiple disabilities)
    b. A peer with a disability (e.g., intellectual disability, autism spectrum disorder, multiple disabilities, cerebral palsy) that is not considered to have complex support needs

   c. A peer without a disability

15. What gender are the peers in which the child with complex support needs engages in social interactions with? Check all that apply.
    a. Male
    b. Female
    c. Nonbinary
16. How often did the child with complex support needs engage in social interactions with their peers?
    a. Once per week
    b. 2-3 times per week
    c. 4-5 times per week
    d. 6-7 times per week
    e. More than 8 times per week
17. Does the child with complex support needs have friends (as defined in #9)? Check all that apply:
    a. Occasional friend (e.g., engages in social interactions inside the school setting a few times per month)
    b. Good friends (e.g., engages in social interactions inside and/or outside the school setting 1-4 times per week)
    c. Close friends (e.g., engages in social interactions inside and/or outside the school setting 5-7 times per week)
    d. Best friends (e.g., engages in social interactions inside and outside the school setting almost daily multiple times per day)

    e. Does not have friends

18. If yes, how many friends? (Put number beside each type of friend.)
    a. Occasional friends ____
    b. Good friends ____
    c. Close friends _____
    d. Best friends _____
19. Does the child with complex support needs spend time with their friend(s) outside of school?
    a. Yes
    b. No
    c. Not sure
20. How do you think the child with complex support needs benefits from their friendships? Check all that apply.
    a. Emotionally (e.g., student regulates their emotions)
    b. Socially (e.g., student's social skills are age appropriate)
    c. Physically (e.g., student is more active)
    d. Intellectually (e.g., student is more curious)
    e. Other (please specify): ______________________
    f. I do not believe my student benefits from their friendship(s)
21. How do you think the child with complex support needs views their friendship?

    ____

    ____

    ____

22. Is there any additional information you would like to add to help describe the friendship between the child with complex support needs and their friend(s)?

    ____

    ____

23. During the COVID-19 pandemic did you provide educational support to the child with complex support needs?
    a. Yes
    b. No
24. During the COVID-19 pandemic did you provide social support to the child with complex support needs?
    a. Yes
    b. No
25. During the COVID-19 pandemic did you provide technological support to the parent/legal guardian of the child with complex support needs to promote social interactions (e.g., support with AAC device, accessing meetings remotely)?
    a. Yes
    b. No
26. If yes, was the parent/legal guardian or primary caregiver receptive to the support provided?
    a. Yes
    b. No
    c. Sometimes

27. Please describe the kinds of support you provided directly to the child with complex support needs to support social interactions for the child during the COVID-19 pandemic.
    a. Virtual social skills group
    b. One-on-one support through Zoom, Webex, or another platform
    c. Other (please specify): __________
28. Please describe the kinds of support you provided to the parents of the child with complex support needs during the COVID-19 pandemic to help the parents facilitate social interactions for their children.
    a. Social skills training with other parents
    b. One on one support through Zoom, Webex, or other online platform
    c. Other (please specify): _______

What were the social interaction outcomes of the support you provided?

29. During the COVID-19 pandemic did the child with complex support needs engage in social interactions?
    a. Yes
    b. No
    c. Not sure
30. If yes, who did the child with complex support needs engage with?
    a. A peer from school
    b. A peer from outside of school
    c. A relative (please specify) _________________________
    d. Other (please specify): ____________________________

31. How often did the child with complex support needs engage in social interactions?
    a. Once per week
    b. 2-3 times per week
    c. 4-5 times per week
    d. 6-7 times per week
    e. More than 7 times per week
32. Are there social supports you provided during the pandemic that worked well that you would keep or continue doing after the pandemic? If so, please describe or list these.

    ____

    ____

Appendix C

Research Narrative

There are three elements of my narrative that provide insight into the role of the researcher and positionality I take in my study. The first element is that of a mother of a child with CSN. The second element is the role of a teacher of an inclusive classroom setting. Finally, the third element is of the researcher herself. I will provide insight on my experiences of each role as I designed and implemented the study and then analyzed study findings and then explain how these three roles might have impacted the research study.

Mother of a Child with CSN

First, I am a mother of a nine-year-old child with CSN who experienced the struggles of promoting social interactions and maintaining friendships for my child during the Covid-19 pandemic. I experienced firsthand what it was like to be creative in providing access to other individuals for my child while staying safe from contracting Covid. Prior to Covid-19 my daughter and I were able to access unlimited opportunities in exploring our surroundings, meeting new people, and connecting with family, friends from school, and people in the community. Prior to Covid-19 we traveled to see our family whenever we could or hosted our family members whenever they could travel. During that time, we would engage with each other by talking around the kitchen table, getting ice cream, playing at the park, and going for a walk.

Pre-COVID, when connecting with friends from school my child would attend afterschool activities and participate in weekend social skills classes once a month. My daughter did not, however, actively meet with friends outside of school such as playing at the park together or meeting at each other's homes to hang out. In the community we would go to the park and socially engage with other children playing at the park. My daughter would play with other kids and chase dogs that were playing at the park. Together we would connect with others in the neighborhood and get to know new people.

Once the pandemic hit, we were no longer able to travel to see family members, family members were not able to travel to visit us at our home, afterschool activities were no longer being held, weekend social skills classes were canceled, and meeting new people at the park was no longer an option. Connecting with others in person was no longer an option, as every individual across the globe experienced. The difference for myself and my daughter, however, was that my child had CSN and needed additional supports in understanding this shift. Therefore, my family and I needed to think creatively in connecting with others in a safe manner. We visited with family over Zoom as much as possible; this became so common that my daughter began associating the computer with family. Every time the computer screen turned on, she would walk to the computer and begin waiting for a family member to show up on the screen to engage in conversation. We also attempted to send letters to family members, but this was short lived as my daughter's fine motor skills are significantly behind, and she does not enjoy holding a pen, pencil, crayon, etc. She would hold the writing tool of choice for several seconds and then throw it in frustration and attempt to tear the paper. I, like many parents of children with CSN, chose which battles were worth fighting, and this particular battle was not one of them.

Additionally, my daughter attended school remotely using synchronous video platforms. My daughter was able to connect with her friends each day for at least two hours throughout the day. The time was limited because there was a significant struggle with scheduling between her school schedule and my work schedule as a classroom teacher who also had to provide remote instruction to my first-grade class. My daughter loved seeing her friends and teachers over the computer, and again she began associating the computer with connecting with others.

My daughter's teachers were amazing with providing different ways for the children to respond. Many students, including my daughter, could not express themselves verbally with words, and therefore used a communication device, body movements, or eye gaze to communicate and respond to academic questions. This, however, required lots of one-on-one support from parents for my daughter and the other children to ensure the children's voice was being heard. Navigating the Zoom features of unmuting and muting the microphone are simple tasks that most individuals do not think about. These simple tasks however, required the parent or caregiver to be available for the full session. Additionally, if the parent or caregiver was not physically sitting next to their child, the teacher struggled to know how the child was responding to a question. My daughter, for example, needed support in pressing the buttons on her communication device or needed me to inform the teacher which answer on the computer screen she was drawing her gaze to in order to answer a question.

Although my daughter was excited to see her peers during these remote school sessions and enjoyed observing them at their homes, she quickly became fatigued with looking at the computer and started to become agitated with having me sitting next to her in her personal space for such a large portion of her day. A negative outcome of this was that she went from independently expressing herself in a different setting at school to relying heavily on her mother to ensure her voice was being heard in the same setting she socializes with family. A significant amount of self-agency in her day was taken from her, which impacted her confidence in advocating for herself and engaging with others outside of her home and outside of needing her parents to support her.

Finally, once the pandemic prevented us from leaving the house to connect with others, our option of going to the park to engage with people in the community was no longer available. We did continue to go on walks throughout the day to get fresh air and exercise, however, we had to walk past the play equipment, walk past and away from other individuals who were walking in the park as well, and could not chase dogs who were playing fetch. Instead, we went for our walk-in isolation. Although my daughter loves being outside, explaining that we could not engage with others at the park as we did the past was a struggle. We instead watched the dogs from afar, and I talked a lot more while we were walking than I had done pre-Covid. Together we pointed out everything we observed on the walk, from the number of birds we saw in the sky to the color of houses we were walking past. We discussed what we thought other people were doing and observed how their bodies moved while they were completing that task they were doing. This did provide additional support in speech and language as well as additional support orientation and mobility. These supports may not have occurred as frequently and as intentional if the pandemic did not occur.

Teacher in an Inclusive Classroom

The second element of this narrative is that of a teacher in a first-grade inclusive classroom setting. I have one student with CSN, two students who receive speech supports, and two students who are learning English as a second language (ESL) in addition to students without diagnosed learning or language needs. As a classroom teacher providing opportunities for all students to engage in social interactions and maintain friendships, it was important to make time outside of the academic focus of remote school sessions for students to have an opportunity to talk to one another. This was important for all students with and without CSN. To ensure that my student with CSN, students receiving speech support, and my ESL students were fully included, I incorporated a several strategies to support them. The first strategy was me having control over their microphone to ensure their microphone was on when it needed to be on and off when it needed to be off. This allowed students to be able to respond without having to depend on anyone at home to manage this component for them. I actually used this feature for all students, so it was more of a common practice and not singling any one student out.

Second, I incorporated my students' personal surroundings as much as possible to limit the need for accessing resources outside of what was immediately available to them. This also allowed for students to talk about what they already knew and share personal stories about the items around them. This also helped to prompt questions from students and to discuss topics the children were already familiar with. The third strategy included the presentation of material to students via Webex. Students were provided with videos, PowerPoint presentations, and whiteboard activities. These variety of presentations allowed for students to have multiple expressions of meaning. By including their personal surrounding to be points of conversation, I included that into our academic instruction as much as possible. For example, most students had stuffed animals or action figures in their room, I would have students line up these items to practice addition and subtraction after verbally explaining to them what they needed to do as well as show a video of what they needed to do. The students would have the opportunity to write their math equation on their iPad using the whiteboard feature for all student to see. If a student struggled with writing such equation, they could verbalize their equation using their items from home to demonstrate their equation, or they could simply show the items lined up and follow my instructions of adding an item or taking an item away. This option allowed for students to not have to physically write or speak but did require movement. If the student needed additional support with this, I would have them give me a thumbs up or down to answer questions or use other body movements as needed.

Finally, the last strategy I implemented was working with parents to promote supports needed for the student to practice social and academic skills at home. Like many teachers and related service providers providing parents with supports during the pandemic was important to promote generalization of vocabulary and skills across settings. Many parents I worked with needed additional materials at home to make remote learning successful. The parents of the child with CSN, however, needed supports that were additional to the standard supports provided to all parents. Such supports included access to organizations that supported families financially during the pandemic to pay for food, utilities, rent, and internet so their child could access remote learning. The school district itself provided a great amount of support in all of these areas, but there were many outside resources that provided additional support. The parents of the child with CSN also received learning material packets by mail including academic and social supports. The social supports included information on using the Zones of Regulation at home to support their child’s social and emotional well-being. I also created a choice board to help parents with ideas of accessing social opportunities during the pandemic. Thinking creatively to access social interactions and maintaining friendships was a significant support that parents seemed appreciative of. Some of the options on the choice board included writing a letter to a family member or friend, recording a video message to send to a family member or friend, painting a picture or creating a craft to send to a family member or friend, creating a phone tree or actually playing telephone where one person starts the series of calls to pass a message along and the last person on the phone tree calls the first person on the phone tree to conclude the message. An additional option to this was to start with one fun fact about a family member or friend on the phone tree and the final person on the phone tree had to relay the fun facts about everyone during a Zoom meeting with the family to share all the fun facts learned about the family members or group of friends. This promoted a fun way to start a topic of conversation and to learn more about each other.

Researcher

The third and final element is that of a researcher role. Being that I have the experience of being a mother to a child with CSN and a teacher of an inclusive classroom supporting a child with CSN, I had to switch my lens from being subjective to being more objective when analyzing the data from the study I conducted. This, of course, is true in general when conducting qualitative research, however, I felt this was important to a greater extent for myself being that I have such a personal connection to both groups of participants.

Conducting data analysis of the parent/teacher/primary caregiver survey results, I had to remove myself from the lens of the parent and place myself into the researcher role, examining exactly what parents/guardians/primary caregivers were saying and documenting for themselves. This was a difficult task to complete especially if I felt as a parent myself that the parent participant reported a negative approach to supporting their child with CSN. Additionally, as a teacher I sometimes struggled with removing myself from the role of a teacher when analyzing how some of the teachers and related service provider participants viewed supporting children with CSN during the pandemic. Many of the discomforts I personally experienced were with the challenges and barriers either created by the participants in both groups and challenges experienced by both groups of participants. Once I removed or at least distanced my personal feelings from the analysis process and reviewed the data more objectively, I was able to pull out the codes, categories, themes, and subthemes.

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