

What are some of the main social problems that children and adolescents experience?

Frequently Asked Questions about Social Cognition and Competence in VCFS

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Social problems can arise from a number of domains including difficulties recognizing faces and facial emotion, attention regulation and anxiety issues, speech and communication impairments, and the self-absorption that is often observed in children who constantly feel like they just don't "measure up".

Do children with VCFS have trouble making friends?

Building and initiating relationships is one of the biggest challenges for individuals with VCFS. Behavioral studies have found children with VCFS to be frequently withdrawn and shy, as well as socially immature and more comfortable playing with younger children. In addition, since they often have problems understanding social situations, they do not always pick up on social cues and can be targets for school bullies. Parents often describe their affected children as more reserved, likely to be a follower among their peers, and vulnerable to being taken advantage of. Given these characteristics, a big part of the challenge becomes teaching them how to feel powerful and assertive in social situations.

How can mental health problems affect social functioning in VCFS?

There are emotional factors that most likely blunt affected individuals' sensitivity to emotion, including disproportionately high rates of anxiety and depression. Recent research shows anxiety disorders being as frequent as 50% among adolescents and adults with the syndrome and depression in around 40% of adults with the syndrome. In the typical population, people with anxiety and depression are less social, socially interactive, and sensitive to emotions, so it is not surprising that these factors would influence social competence in VCFS. Obsessive behavior is one of the most common types of anxiety problems in the syndrome and can be a formidable obstacle to social relationships. Furthermore, the more anxious a person is, the less he/she looks into others' people's eyes during conversations, depriving him/her of important cues and information about the person's emotional state. Affected individuals should be frequently evaluated for behavioral problems since they can change over the course of development.

Do children and adolescents affected by VCFS show symptoms of autism?

Several studies have been done looking at the overlap between autism and VCFS. At this point, it appears that individuals with VCFS demonstrate many of the communication and socialization problems that are hallmark features of autism. However, stereotypy (or mechanical speech) and repetitive behaviors are relatively rare, resulting in diagnosis of full autism in only 5% of individuals with VCFS.

Some examples of the reported communication and socialization difficulties that are shared between autism and VCFS are: reduced use of gestures and imaginative play with peers, narrower use of facial expressions, reduced directing of others' attention toward items of interest, reduced social smiling. The overlap between symptoms associated with VCFS and autism can be useful for families who are looking for ways to improve their children's social abilities. Some educational programs and curricula developed for children with autism may be pertinent for improving socialization and communication in individuals with VCFS as well.

Do individuals with VCFS have trouble processing faces and emotions?

Parents and researchers frequently report deficits in face and emotion recognition. Recent studies have revealed that children and adolescents with VCFS spend less time on the eyes of the face, an area that is rich in cues about what the other person is thinking and feeling. Instead, affected individuals spend more time on the mouth area. It is likely that several factors contribute to altered exploration of faces in the syndrome, including underlying brain regions that show atypical pre- and thus post-natal development. However, it also is possible that social discomfort and anxiety have discouraged individuals with VCFS from spending time on the eyes of the face, resulting in a decrease in the availability of important emotional information. Alternatively, it has been suggested that the mouth region attracts individuals with VCFS because of the movement of the lips; however, this has not yet been proven through research.

Difficulty recognizing emotional expressions may be an important repercussion of not spending enough time on the eyes. Neuroimaging studies have shown that individuals with VCFS show differential responses in the brain to seeing neutral and emotional faces compared to seeing other types of objects (houses, animals, rooms, bodies). However, we also know that it is more difficult for individuals to recognize which expression is being expressed, especially for angry, disgusted, fearful, or neutral faces. Indeed, parents of children often report that their child believes them to be angry, simply because they are not smiling.

Do other intellectual difficulties contribute to social problems?

Absolutely. Cognitive impairments are important aspects to consider when helping a child improve his/her social skills. First, general intellectual impairment works on individuals' confidence, making them less sure of their decisions and their perceptions of situations. It is well established that individuals have problems with working memory, making it more difficult to keep a large amount of information in mind while doing something else. Working memory is important for academic success, but it is also important for being prompt and responsive in

social situations, enabling a person to understand and store what is being said while responding.

Another important function that is associated with similar regions of the brain as working memory is inhibition. Parents often report that their child will be completely silent for a period, and then come out with exactly the wrong thing at the wrong moment. One reason for this may be a problem inhibiting or regulating one's own behavior. This may be partially influenced by the fact that children with VCFS can be perseverative and have trouble adapting to the conversation around them. This has been illustrated through studies using set-shifting tasks that show that affected individuals have trouble remaining flexible enough to adapt to constantly changing rules.

Cognitive flexibility is also linked to the ability to understand separate mental states. Few studies have looked at perspective-taking in VCFS, but from the research that has been done, we know that it can be difficult for persons with VCFS to see things from others perspectives, particularly if it requires complex cognitive manipulations as well.

Problems with language comprehension during early and middle childhood and reliance on visual support to understand situations inhibit children's abilities to respond appropriately in a discussion. Surprisingly, it is easy to assume that children with the syndrome understand more than they actually do, due to their relatively stronger expressive language skills.

How can I encourage my child to be more socially competent?

There is a lot you can do to encourage your child to develop social competence. First of all, it is important to get early intervention for speech or early surgery, if necessary, to make his/her speech as clear and intelligible as possible. Second, it is important to instruct your child in social skills as you would help them with math. Donna Landsman encourages parents to do as much role-playing as possible with their child to teach about opening and closing conversations, giving compliments, addressing friends vs. authority figures. Start from the beginning

and do not assume that they know or will automatically learn how to behave and interact. Teach body language and greetings and how to make telephone calls. Individuals with VCFS are good at repetition and remembering things they have repeated. Repeat role-playing exercises enough that they start to build an arsenal of appropriate ways to respond in a variety of situations. Also, find ways to remind your child of how to respond without embarrassing him/her in public. Older children and adolescents may need help understanding how to recognize and respond to jokes and plays on words.

Set up regular times for your child to get out of the house and interact with an organized group. Find an activity that he/she is motivated to do, and keep looking until you find the structure/group that works. This may take some trial and error, but do not let your child stay in the house all week or close him/herself off to the outside world. The most important thing is finding something that your child feels good at. Also, you may need to devise a system for helping your child to stay organized to remember when they have group meetings or dates with friends. Planning and organization is usually hard for individuals with the syndrome.

Finally, it is important to teach older children about the dangers of substance abuse and poor choices. Parents may need to role-play with children to help them understand how to avoid dangerous situations. Monitoring internet use is also important during the adolescent years. Many adolescents use the internet because it seems “safer and easier” than interacting with the real world.

Adolescents can sometimes have problems with bullying in school, especially if they are physically small for their age. Parents should work assertively with the school and teachers to avoid bullying behavior, and should always respond if they sense that their child is feeling scared to go to school. Finally, adolescents should be regularly assessed for mood problems and should be given professional help if they seem particularly anxious or depressed.