



Co-Regulation: *The Basis for All Social Interaction*

Linda Murphy M.S., CCC-SLP

Part One of Two Parts

As a speech-language pathologist, I am indeed familiar with standard social communication goals and objectives. In the past, like others in my profession, I typically focused on specific social language skills such as the number of conversational exchanges the child exhibited; his or her ability to respond to questions or comments; and whether the child could share a conversational topic. Yet, when targeting these types of language-based skills with children who were struggling socially, I often found that I had to prompt attention, answers, and conversational turns. Although we were “talking,” something was clearly missing. I learned later—while training to become an RDI® consultant—that the missing element in my therapy was the presence of an authentic and sustained social connection.

First Things First

Among the first things I learned to consider in my training were the ideas of *co-regulation* and *social coordination*. These concepts helped me to figure out how to support the development of a true, sustained social connection with the child. Of course, this meant that I had to let go of the notion that the initial focus of therapy should be primarily on language-based targets. Interestingly, I discovered that once I changed my focus from language to co-regulation, many of the above-noted social language skills evolved naturally.

What Is Co-Regulation?

Co-regulation simply means that each person acts in response to his or her partner; that is, each responds to the other contingently, moment to moment, without controlling what the other person is doing. In lay terms, this would be described as being “in sync.” In fact, for co-regulation to be established, the interaction must be balanced, meaning that both individuals would exhibit competence in their roles and do equal amounts of the “work.” With co-regulation we cannot exactly predict what our partner will do on his or her turn, yet we know all actions will be related in some way.

I had to let go of the notion that the initial focus of therapy should be primarily on language-based targets.

Examples of Co-Regulation in Action

Imagine two people taking a walk together. Typically, they match their pace to one another. This means, if one person slows down, so will the other; if one speeds up, the other will too. Or, if one person stops to tie his or her shoe, the other person will stop and wait until they are both ready to resume their walk. Neither is controlling the other person’s pace, yet each person is making adjustments along the way in order to stay together. For our purposes, the important “social component” of the walk is not to get to where they are going, but rather to stay together, moment to moment, during the walk. It should be noted that, even without conversation, these two people are nonetheless socially connected and coordinated in their actions.

Now, consider an eight-month-old in a high chair throwing her bottle to the ground. Her caregiver picks it up and gives it back. The baby does it again, and the caregiver follows as previously. While this familiar pattern can be viewed from many different angles, I like to think of this as baby’s first game of “catch,” and a wonderful example of early co-regulation in which the caregiver responds to the baby, and the baby cannot make her next move until her caregiver has put the bottle back on the tray. As the game continues, the baby has some freedom within the interaction with respect to: where to drop the bottle; how far to toss it; whether to drop the same or a different item; or whether to end the game. The caregiver also has choices, such as: whether to give the item back by putting it on the tray; hand it directly to the baby; pause before putting it back in order to say something; or end the game. Clearly, both partners are needed for this game of “catch” to continue, and each participant learns to adjust his or her pace to *stay with* the other person. Over time, it is also likely that a back and forth vocal exchange will develop to compliment what they are doing. This would be considered an early form of conversation.

...it is important to create roles in which the child can perform competently.

In this example, a toddler and his father are building a tower together. The father hands the child a block, which he puts in the appropriate place. Once the father sees that his son is ready, he hands him another block, and so on and so forth. Together they build a structure, and during this construction process, they are together each step of the way. In fact, it is *because* the father slows his own pace to accommodate the child's, that he enables his child to be *authentically* included, moment to moment. Here, too, as in the previous example, each person has some freedom within his shared frame: the father chooses which block to offer, and the child decides where to place it. This is co-regulation! For our purposes, what is most important is not the final product, but rather the *process of building together*. As father and son continue on with this activity, they may start to talk about what they are building, or in more clinical terms, *have a mini-conversation about their shared focus of attention*. When this occurs, the important thing to remember is that the conversation did not start with words; it started with coordinated movements.

Impediments to Co-Regulation


As we work to facilitate social interactions with children with ASD, it is important to ensure that we establish co-regulation first. Here are a few traps (and ways to avoid them) that I have fallen into that undermine this most foundational component of social interaction:

1. When we prematurely prompt or overcompensate for a child, we create an unbalanced interaction, since we are doing more of the work. *Therefore it is important to wait and allow children the time they need to assume their role independently.*
2. When we become product-focused, for example, when we focus on the number of words spoken or completion of a task, we tend to increase our pace. As the interaction speeds up, the child may not be able to authentically or independently assume his or her role. *It is important for us to remember to slow down.*
3. When we create roles that are too difficult for the child, we likely end up overcompensating or over-prompting. *Hence, it is important to create roles in which the child can perform competently.*
4. When we tell children *exactly* what to do (or say), we take away their opportunity to uniquely add to the interaction. This then becomes a contrived, rather than an authentic social exchange. *Therefore, it is important that we allow children some freedom within our shared frame.*

5. When we focus too much on talking, we miss opportunities to establish coordinated movements. *Therefore, it is important to look beyond words for opportunities to work together as a team.*

A Final Word

In this article, I have laid the foundation for social interaction by focusing on the important components of co-regulation. These include learning to coordinate our movements with those of the child. This may mean that we have to slow down the pace of the interaction so that we can stay together moment to moment. This creates a balanced "work load," if you will, and an ideal framework within which the child can engage in authentic, contingent, and competent interactive behavior. Finally, by valuing process over product, and allowing each person the type of freedom specified within the previously discussed vignettes, we can create activities that promote authentic social interactions at their most basic level. The important bonus of this type of focus is to create that elusive joint focus of attention from which social language and conversation can blossom.

In part two of this article, I will discuss specific ways to create co-regulatory opportunities at home and across the school day. 

BIO



Linda Murphy, M.S., CCC-SLP has been a speech language pathologist for over ten years, and a Relationship Development Intervention® (RDI®) Consultant since 2007. She obtained her Bachelor's Degree in Mathematics from Boston College but after working for two years with adults with ASD in supported work and residential settings, she found her true passion and pursued a Master's Degree in Speech Language Pathology from Emerson College. She added RDI® to her practice in order to serve families of individuals with ASD in more effective and meaningful ways. Linda has a private practice in Beverly, Massachusetts that offers services including speech language therapy, communication assessments, school consultations, professional trainings, social pragmatics groups, and RDI®. Her website is www.peer-projects.com and she can be reached at linda_murphy@peer-projects.com.