



**OKLAHOMA AUTISM
NETWORK**

Asperger Syndrome: Understanding It and Providing Effective Interventions

Rene' Daman, PT, MS

Jennifer Moyano, OTR/L

Oklahoma Autism Network

April 30th, 2010

The Oklahoma Autism Network

- The Oklahoma Autism Network
 - Established in October 2003
 - First step for implementation of the Individuals with Autism and Their Families, Oklahoma Plan.
- Funding by:
 - The Department of Human Services, Developmental Disabilities Services Division
 - The Oklahoma State Department of Education, Special Education Services
- Sponsored by:

The University of Oklahoma Health Sciences Center, College of Allied Health, Department of Rehabilitation Science, Tolbert Center for Developmental Disabilities

What is the Oklahoma Plan?

- Outlines a vision to improve services to address the needs of individuals with Autism Spectrum Disorders across the lifespan.
- Developed by a working group over two years including:
 - Center for Learning and Leadership
 - Child Study Center
 - Department of Rehabilitation Services (DRS)
 - Development Disabilities Services Division, DHS
 - Families
 - JD McCarty Center
 - Lee Mitchener Tolbert Center
 - Oklahoma Commission on Children and Youth
 - Oklahoma Health Care Authority
 - Oklahoma State Department of Education

The Vision for Oklahoma's systems of services and supports

- Key principles:
 - Personal preferences and values are respected;
 - Continuum of effective, integrated options for assistance;
 - Each person with autism resides in the least restrictive environment; ideally in his/her own home;
 - Full acceptance and participation in the community;
 - Professionals are competent and educated; and
 - Services are effective and evidence-based

Mission

The Oklahoma Autism Network is committed to improving the outcomes and quality of life for individuals with autism and their families through education, professional development, advocacy, and systems change while respecting individual preferences, adhering to research and best practices, and promoting community inclusion.

The Oklahoma Autism Network

At a Glance

- The Oklahoma Autism Network was established in October 2003 as a statewide administrative unit to facilitate the planning, financing and administration of the various recommendations of the *Individuals with Autism and Their Families: Oklahoma Plan*.
- We coordinated the development and implementation of the *Autism Pilot Program*.
- We are the *only statewide autism organization* supporting individuals across the full autism spectrum from diagnosis through adulthood.
- We serve as the *state's information and referral system* providing evidence-based information through our toll-free telephone line, a comprehensive website, and trainings and technical assistance to families and professionals.
- We support the *various parent-led and community organizations across the state* to reach individuals in communities where they live.
- We collaborate with higher education, state agencies, parent initiatives and other programs to *continually improve systems of services and supports* including workforce development, policies and procedures, funding, and legislation.
- We coordinate activities with other groups and programs focused on Autism Spectrum Disorders so as to *maximize the limited resources in the state* versus duplicating programs and services.
- We bring *professionals from the private and public sector together* through our coordination of the Oklahoma City Professional Autism Coalition and our collaboration with the Tulsa Professional Autism Network.
- We offer a *resource center* that includes a library with books, videos, and access to tools to create low-tech supports, such as visual schedules and picture boards.



Understanding Asperger's Disorder

What is Autism?

- Autism Spectrum Disorders (ASD) are a group of related brain-based disorders that are characterized by three distinctive features.
 - Difficulty with social interactions
 - Delays/difficulty in verbal and nonverbal communication
 - Repetitive behaviors or narrow, obsessive interests

- American Academy of Pediatrics, 2006

Autism Spectrum Disorders

- Autistic Disorder
- Asperger Syndrome
- Pervasive Developmental Disorder-Not Otherwise Specified

Associated disorders or symptoms:

- Seizures (25%)
- Nutritional or gastrointestinal disorders
- Tics (6%)
- Behavioral challenges (aggression, self-injury, self-stimulation, sleep disorders)
- Emotional disorders (anxiety, depression)
- Developmental disorders (mental retardation, verbal apraxia)

Autism Statistics

- Autism is now the second most common developmental disability and increasing at 10-17% per year. (CDC, 2006)
- Autism affects more children than diabetes, cancer, and AIDS combined.
- Autism occurs in approximately 1 out of 110 school- aged children, 1 in 70 boys at a ratio of 4.5:1. (CDC 2009)
- Approximately 560,000 children ages 0 to 21 have autism in the United States.
- Based on the 2007 census and CDC data, approximately 6,005 Oklahoma children under 18 years of age have autism.
- According to OSDE, 2,007 children ages 3-21 (who receive special education services) have autism.

Why the increase in autism?

- Reasons are not completely clear.
- Theories:
 - Increased awareness of autism
 - More screening tools and services
 - Changes in how autism has been defined and diagnosed.
 - Children with milder symptoms are being diagnosed.
 - Increased prevalence due to increase in various environmental factors

UC Davis M.I.N.D. Institute Study

- Study from U.C. Davis M.I.N.D. Institute (2009) concluded that the increase in autism in California is NOT due to the earlier diagnosis, increased awareness, or inclusion of milder forms of autism in diagnostic criteria. This study encourages researchers to shift the primary focus from genetics to also address the chemicals and infectious microbes in the environment.

What autism is not?

- It is not a mental illness.
- Children with autism are not unruly kids, who choose not to behave.
- Autism is not caused by bad parenting.
- No known psychological factors in the development of the child have been shown to cause autism.

History of Asperger's Disorder

- Appeared as a high functioning form of autism in 1994 in the American Psychiatric Association's Manual, prior to that, no more than a footnote in history.
- Originally described in the 1940's by Hans Asperger, it was an unclear label even after 1994.
- Even today, the diagnosis still remains very much in the eye of the beholder.

Diagnostic Criteria for 299.80 Asperger's Disorder (DSM-IV-TR)

- A.** Qualitative impairment in social interaction, as manifested by at least two of the following:
- marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
 - failure to develop peer relationships appropriate to developmental level
 - a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest to other people)
 - lack of social or emotional reciprocity
- B.** Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:
- encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
 - apparently inflexible adherence to specific, nonfunctional routines or rituals
 - stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
 - persistent preoccupation with parts of objects
- C.** The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning.
- D.** There is no clinically significant general delay in language (e.g., single words used by age 2 years, communicative phrases used by age 3 years).
- E.** There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than in social interaction), and curiosity about the environment in childhood.
- F.** Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia

DSM-V

- The most recent draft of the DSM-V (available May 2013) has proposed eliminating the diagnoses of Asperger Syndrome and PDD-NOS.
- It uses the diagnosis of Autism Spectrum Disorder.

New DSM-V Criteria

Autism Spectrum Disorder

Must meet criteria 1, 2, and 3:

1. Clinically significant, persistent deficits in social communication and interactions, as manifest by all of the following:
 - a. Marked deficits in nonverbal and verbal communication used for social interaction;
 - b. Lack of social reciprocity;
 - c. Failure to develop and maintain peer relationships appropriate to developmental level.
2. Restricted, repetitive patterns of behavior, interests, and activities, as manifested by at least TWO of the following:
 - a. Stereotyped motor or verbal behaviors, or unusual sensory behaviors;
 - b. Excessive adherence to routines and ritualized patterns of behavior;
 - c. Restricted, fixated interests.
3. Symptoms must be present in early childhood (but may not become fully manifest until social demands exceed limited capacities).

Categorical Definition of Autism

(P.L. 101-476, 1990)

- A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

Differential Diagnosis

- Other Autism Spectrum Disorders
- Schizophrenia
- Attention Deficit Hyper-Activity Disorder
- Obsessive Compulsive Disorder
- Affective Disorders
- Other Diagnostic Categories

What causes Asperger's Disorder?

- No known cause.
- Becoming more clear that the challenges with AS are rooted in the brain and nervous system.
- Not a result of a single, or even a few “glitches.”
- Not a result of “spoiling” or poor parenting.

Face Recognition Studies

- Several studies have looked at difference in facial recognition circuitry.
- Typically developing infants come “prewired” to attend to faces.
- Toddlers with ASD tend to attend less to eyes and more to mouths and objects
- Were more focused on physical movement.

Klin et al., 2008

Six Characteristics of Asperger Syndrome

1. Difficulty with Reciprocal Social Interactions

- Display varying difficulties when interacting with others.
- Some has no desire to interact, while others simply do not know have to interact; they do not understand the give-and-take nature of social interactions.
- They have difficulty comprehending the verbal and nonverbal cues used to further our understanding in typical social interactions (ex: eye contact, facial expressions, body language, conversation turn-taking, perspective taking, and matching conversation and nonverbal responses to the interaction)

2. Impairments in Language Skills

- Difficulty with social language, or pragmatics.
- Language is seen as a way to communicate information and facts, not for social purposes.
- Prosody (pitch, stress, rhythm, or melody of speech) can also be impaired.
- Conversations might appear scripted or ritualistic (might be a dialogue from a TV show or movie).
- Difficulty problem solving, analyzing, or synthesizing information, and understanding language beyond the literal level.

3. Narrow Range of Interests and Insistence on Set Routines.

- Interactions may be ruled by rigidity, obsessions, and perseverations , transitions.
- Generally, few interests, but those interest will often dominate.
- Structure and routine will be vital.
- May develop his/her own rules to live by that barely coincide with the rest of society.

4. Motor Clumsiness

- Difficulty with both gross and fine motor skills.
- Difficulty not just with the task itself, but the motor planning involved in completing the task.
- Typical challenges: handwriting, riding a bike, and ball skills.

5. Cognitive Difficulties

- Theory of Mind
- Weak Central Coherence
- Executive Functioning

Theory of Mind

(Baron-Cohen, Leslie, & Frith, 1985)

- The ability to imagine the situation from another's perspective.
- Difficulty reading social cues.
- Difficulty predicting the behavior of others.
- May lack insight into their own behavior.

Weak Central Coherence

(Frith, 1989, Ozonoff, 1995)

- Understanding the “Big Picture” by piecing together bits of information from different sources.
- It may be that persons with ASD over-filter sensory information and therefore miss out on some information.
- Or, that they are unable to put the pieces together.



Executive Functioning

(Frith, 1989)

- The ability to break down a problem and then solve it, systematically.
- Impacts organization skills, planning, sequencing, and flexibility.
- May impair impulse control.

6. Sensory Sensitivities

- Might perceive ordinary sensations as quite intense or may even be under-reactive to a sensation.
- The challenge is to determine if the response is a sensory reaction or a learned behavior drive by rigidity and anxiety.



Intervention for Asperger's Disorder

Ziggurat Model

- A comprehensive framework for assessment and intervention planning for individuals with High Functioning Autism & Asperger Syndrome
- Developed by Dr. Ruth Aspy & Dr. Barry Grossman

Strengths of the Ziggurat Model

- Provides a structure for helping you ‘see the autism’
- Includes an assessment tool to help you identify the individual’s strengths
- Provides a comprehensive intervention planning framework



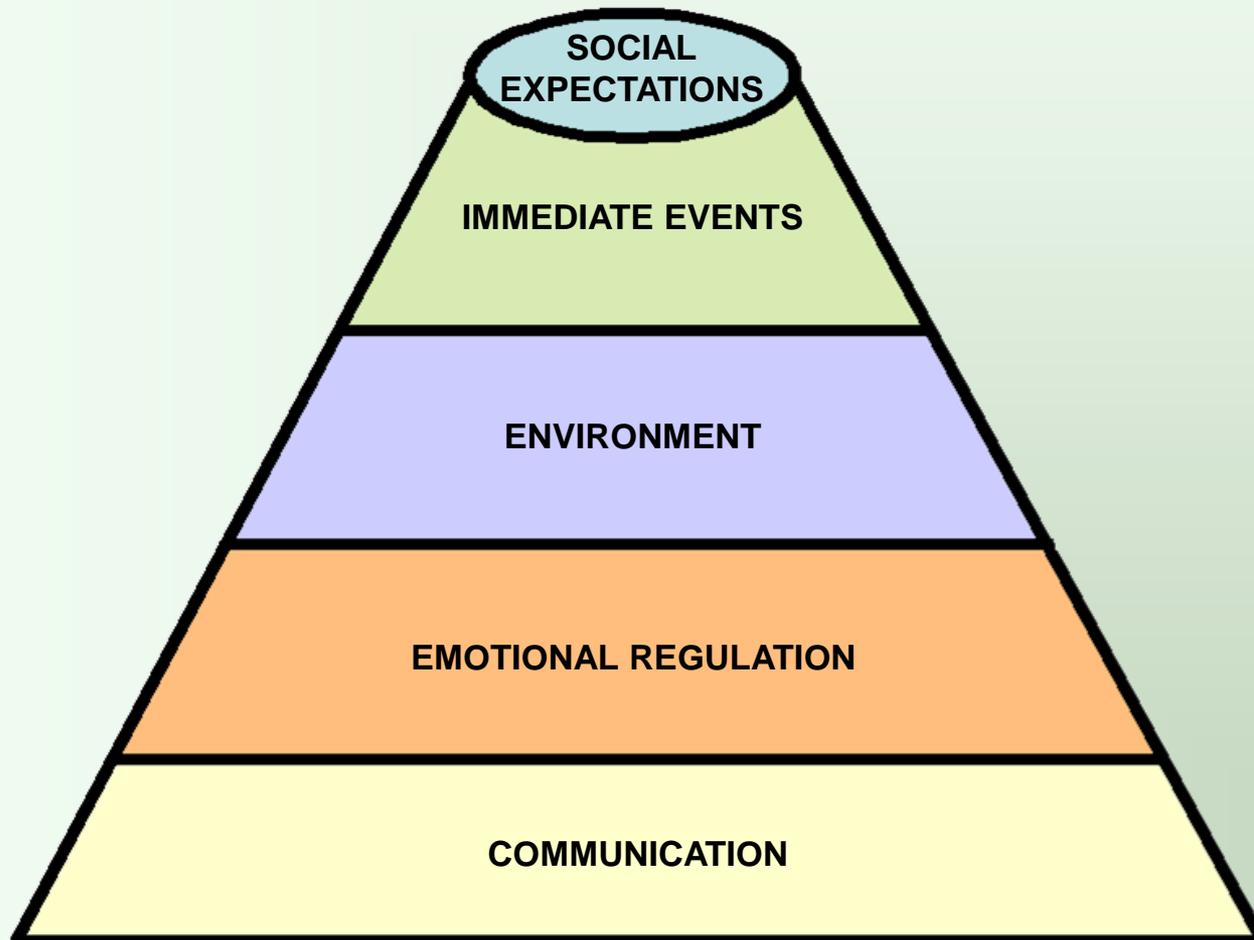
Assessment

Functional Behavior Assessment

- Understanding the factors that contribute to challenging behavior
 - Antecedents (triggers)
 - Behavior (how the person acts described in an objective manner)
 - Consequence (what follows the behavior and either reinforces or redirects the behavior, including other people's response)

The Volcano

Understanding Challenging Behaviors



3 Key Elements of a Behavior Support Plan

- Prevention Strategies
 - How can we prevent the behavior from occurring? As often? As intensely?
- Replacement Skills
 - What do we want the child to do instead of the challenging behavior? What do we teach?
- Response Strategies
 - How will we respond?
 - How will we reinforce the behavior we want to see more of?
 - How will we redirect the behavior we want to see less of?

Assessment Tools - Ziggurat

- Underlying Characteristics Checklist
 - Helps you ‘see the autism’
 - Identifies characteristics related to:
 - Social
 - Restricted patterns of behavior and interests
 - Communication
 - Sensory
 - Cognitive
 - Motor
 - Emotional vulnerability
 - Medical and biological factors

Assessment Tools - Ziggurat

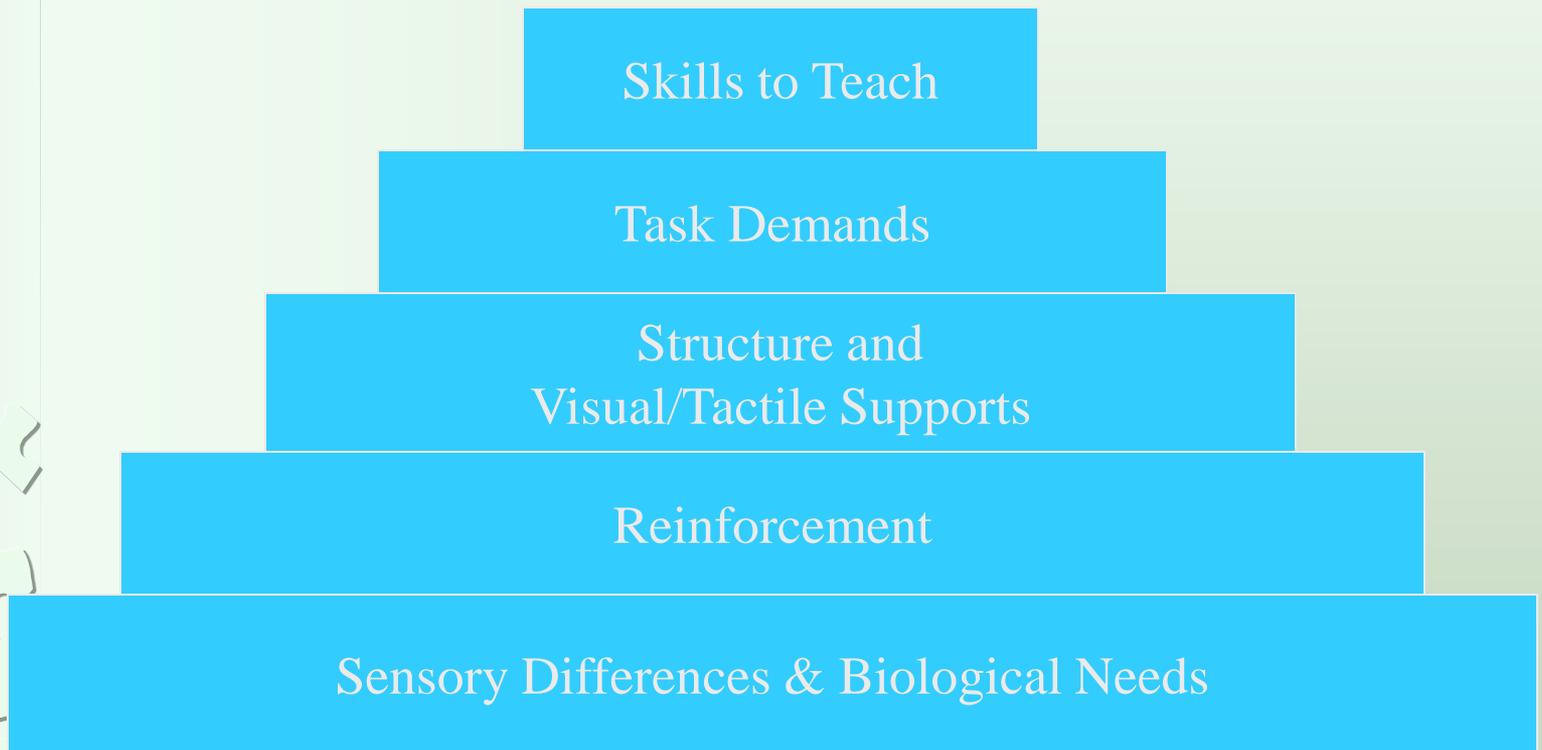
- Individual Strengths and Skills Inventory (ISSI)
 - Assists in identifying the individuals strengths that can be used when planning intervention



Reuben

http://www.youtube.com/watch?v=q_PBVxGEEY4&feature=related

Ziggurat Model



Aspy & Grossman, 2008

Sensory Differences and Biological Needs

- Sensory preferences
- Biological needs
 - Sleep
 - Dietary issues
 - Other medical issues (eg: seizures, gastrointestinal)

Sensory Preferences

- Sensory Profile is an assessment tool that helps identify sensory preferences
 - Available at www.sensoryprofile.com
- Provide supports and/or a sensory diet based on the individual's preferences

Lighting and Other Visual Input

- Consider the types of lighting
 - Fluorescent lights can be aversive; try
 - Natural light or lower levels of light when possible
 - Try different colors of lights
 - Move the individual's seat or workspace to be in more comfortable lighting
 - Allow the student/adult to wear sunglasses or a ballcap
 - Kluth, 2003

Sounds

- Talk to the family and the individual about which sounds are the most difficult.
- Consider these options:
 - Move the individual as far away from the aversive sound as possible (eg: hallway noise, pencil sharpener)
 - Try earplugs or headphones for certain activities
 - Reduce noise. Use carpet where possible, use tennis balls or felt on the bottom of chairs and/or desklegs.
 - Talk softly to the individual, play soft music.
- Recognize coping strategies that the individual uses:
 - Humming or making other noises will block outside noise
 - Self stimulatory behavior
 - Kluth, 2003

Other factors to consider

- Smells
 - Be aware some individuals may be sensitive to certain smells or they may use smell as a way to learn about objects
- Seating
 - Different seating options that can be beneficial for all individuals, not just those with ASD
 - Seat cushions
 - Bean bag chair or pillow area
 - Rocking chair
 - Exercise ball

Biological Needs

- Sleep
- Diet/Hunger
- Medical Needs
- Physical Activity

Reinforcement

Positive Reinforcement

“Any pleasant object or activity that is given to a person following a behavior that increases that behavior”

- Increasing a behavior means that the behavior is likely to:
 - Happen more often
 - Happen for a longer period of time
 - Improve in quality

Individuals with ASD

- Individuals with ASD may require additional reinforcers for skills that others learn naturally.
 - The Ziggurat Model

Ways to Identify Reinforcers

- Talk to the individual about what they find motivating or interesting.
- Watch the individual carefully. What captures their attention?
- For younger children watch how they spend their time? What toys or activities does he/she enjoy?



Structure & Visual/Tactile Supports

Visual Supports Test (Hodgen, 1995)

- Do you use a **calendar, palm pilot, or day timer** to organize your life?
- Do you use a **shopping list** when you go to the grocery store?
- Do you look at the **sign** on the bathroom door before you enter?
- Would you need a **recipe** to make something like “Cherries Jubilee”?
- Have you ever left a **note** for your spouse/friend/parent?
- Have you ever left a **note** for yourself?
- Have you ever pointed to a **picture** to let someone know what you want?
- Do you read the **menu** before you order?
- Do you refer to the printed **instructions** or **picture diagram** when assembling a toy or appliance?
- Do you wait for the “Walk” **sign** before you cross the street?

Why structure and the use visual supports for individuals with ASD?

- Many individuals who have communication difficulties may have related behavior problems
- Many individuals with autism have poor listening and auditory processing skills
- Individuals with ASD have a strong need for order and predictability
- Visual supports tell individuals exactly what is expected of them, including clarifying rules, the social expectations, and demands of the task
- Visual supports help to structure the environment
- Visual supports help individuals avoid frustration by giving them a means for making choices, telling wants and needs, and expressing feelings.

Strengths of Individuals with ASD



- Visual processing
- Rote memory
- Special Interests
- Analytical thinking, formal/logical rules, understanding absolutes
- Straightforward, honest, objective
- Serial information processing

First



Then



Next

A large, empty, rounded square box with a black border, intended for writing the first step of a sequence.A large, empty, rounded square box with a black border, intended for writing the second step of a sequence.A large, empty, rounded square box with a black border, intended for writing the third step of a sequence.

www.elearning.autism.net



OKLAHOMA AUTISM
NETWORK

CHOICE BOARD

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Choice Board

Choice Board

www.elearning.autism.net



Mrs. Jones' Math Class

I Need:

- green textbook
- green notebook
- green pencil case
- calculator



Routine:

- go to seat
- put homework in green basket
- get assignment
- copy notes
- listen to teacher
- raise hand to answer question

math

$$\begin{array}{r} 2 \\ +3 \\ \hline 5 \end{array} \quad \begin{array}{r} 3 \\ -1 \\ \hline 2 \end{array}$$



pencil



textbook



paper



calculator



ruler



markers

geography



pencil



textbook



atlas



binder



ruler

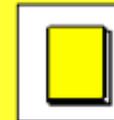


markers

science



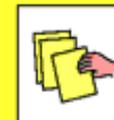
pen



textbook



paper



folders



laptop



headphones

Organization Chart



1. Fill in agenda every afternoon



2. Put materials in backpack for homework



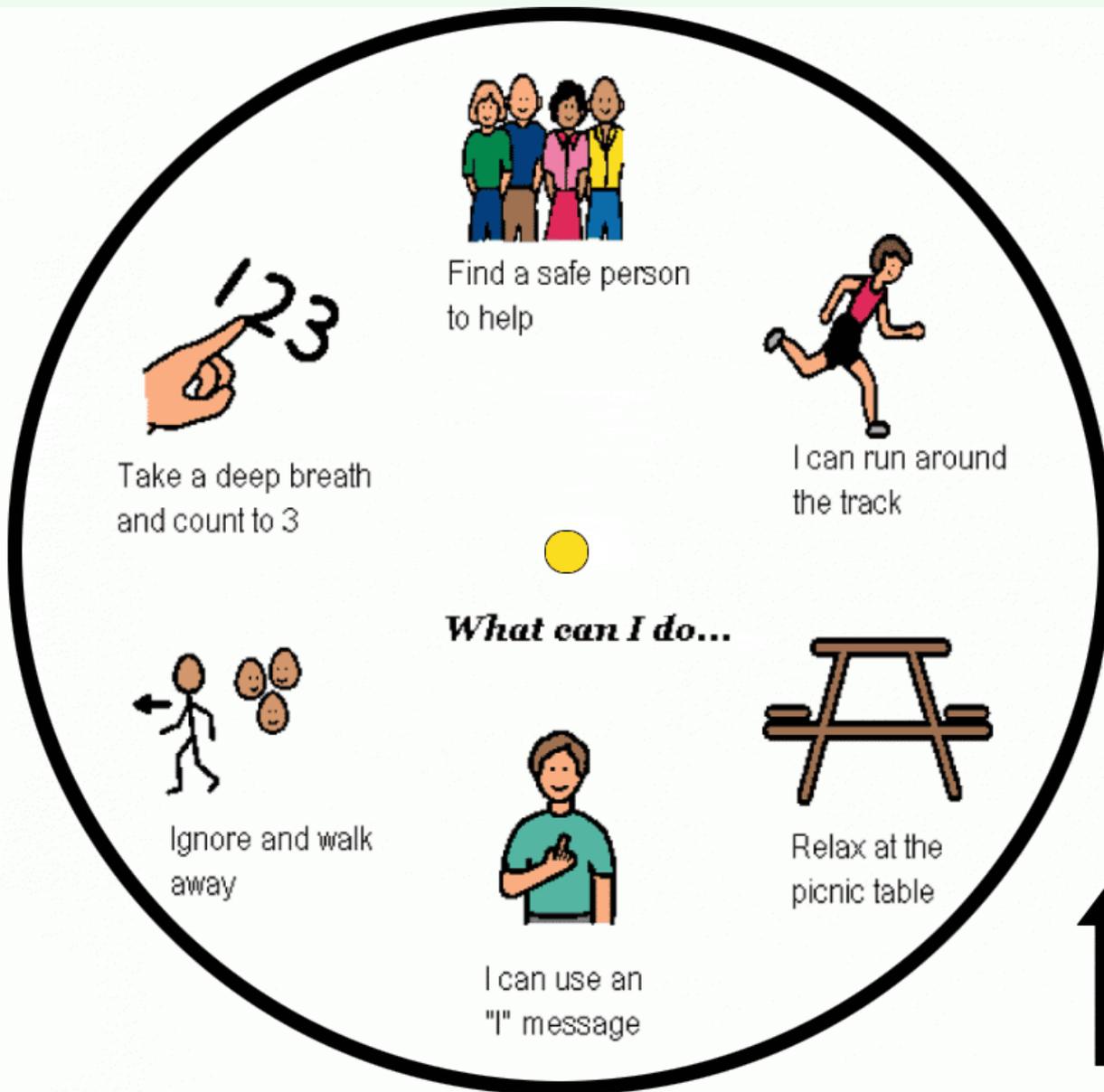
3. Carry backpack home



4. Tell parent and grandparents about homework



5. Do the homework



Choice Wheel

Choice wheel provides the student with a list of strategies that can be used for a specific time (recess), area or activity. Each strategy should be taught, practiced and practiced.

CHANGE IN ROUTINE CARD

NOTICE: _____ will be changed on _____

because _____

The new _____

is _____

Social Skill Strategy – Taken from: *Simple Strategies That Work!*
Brenda Smith Myles, Diane Adreon, Dena Gitlitz

RELAXATION ROUTINE

1. SIT ON A CHAIR...



2. "SCRUNCH" UP YOUR FACE...



THEN...
RELAX
IT...



3. TENSE YOUR ARMS...



THEN...
RELAX
THEM



4. TENSE UP YOUR SHOULDERS AND CHEST...



THEN...
RELAX
THEM



5. TENSE UP YOUR LEGS...



...THEN RELAX!



6. BREATHE IN
RELAXATION...



...BREATHE OUT
TENSION



Executive Function

The brain's ability to take in information, interpret this information, and make decisions based on this information.

Planning

Organizing

Shifting Attention

Multi-Tasking

Challenges
How to Systematically Approach a Task
How to Break Down a Task into Smaller Steps
How to Manage and Organize Time
How to Complete a Task



Executive Function



Strategies

Teach How to Ask for Help

Give One Instruction at a Time

Point Out the Important Information

Use Clear and Direct Language

Prioritize by Importance

Create a reasonable Time Line or Due Dates

Know what Works for Your Student and Stick with it

Adapted from:
Asperger Syndrome and Adolescence
By Brenda Smith Myles, Diane Adreon

Theory of Mind

The ability to take another's perspective or "put yourself in their shoes".

Difficulty Explaining Own Behaviours

Difficulty Understanding Emotions

Difficulty Predicting the Behaviour or Emotional State of Others

Problems Understanding Perspectives of Others

Problems Inferring the Intentions of Others

Lack of Understanding that Behaviour Impacts How Others Think and/or Feel

Problems with Joint Attention and Other Social Conventions

Problems Differentiating Fiction from Fact



Theory of Mind



Strategies

Teach the Concepts of Feelings and Emotions

Teach Awareness that Others have their Own State of Mind

Teach How to Read Non-Verbal Cues

Review Different Perspectives

Practice Social Situations

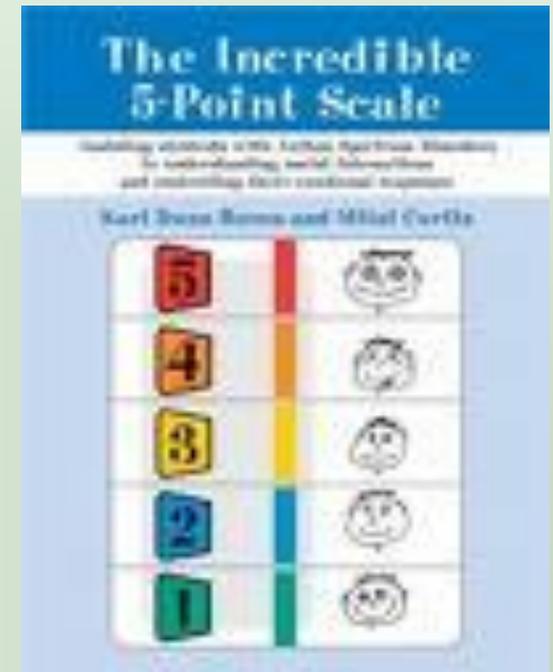
Role Play/Rehearse

Support Abstract Concepts with Scripts and Visual Aids

Adapted from:
Asperger Syndrome and Difficult Moments
By Brenda Smith Myles, Jack Southwick

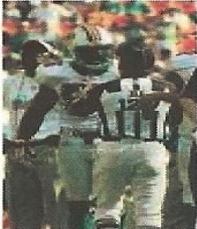
The Incredible 5 Point Scale

- Uses scale of 1-5 to identify with how a student is feeling in a particular situation.
- Student can help develop.



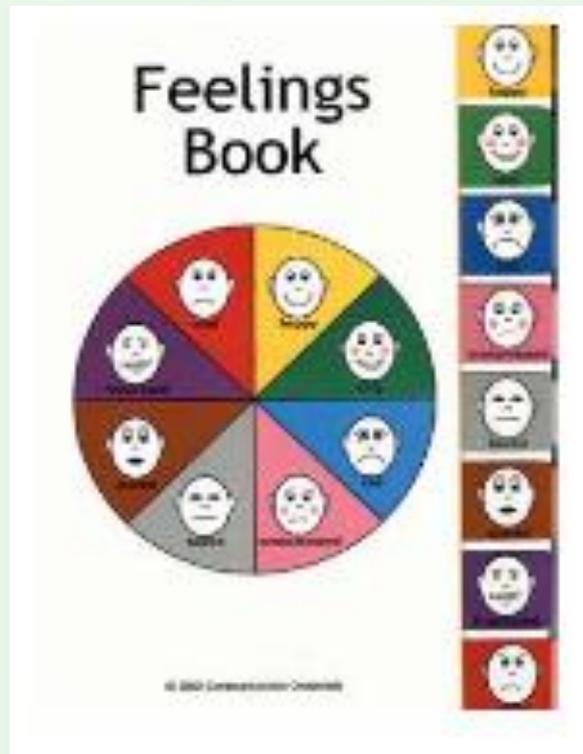
The Incredible 5 Point Scale

5		
4		
3		
2		
1		

5	<p>KICKED OUT OF GAME!!!!!!</p> 	<ol style="list-style-type: none"> 1. Feel like I want to punch someone! Can't control myself 2. I am probably arguing, hurting someone, or saying bad words 3. I am getting punished
4	<p>PENALTY! FLAG ON THE PLAY</p> 	<ol style="list-style-type: none"> 1. Feeling mad, you could try to calm me down but it probably won't work 2. I am making threats, punching hand and popping knuckles, or might hit 3. I am losing rewards
<p>*****</p> <p>3</p>	<p>PLAYING THE GAME</p> 	<p>REMIND ME HERE "POINTS OR PENALTIES?"</p> <ol style="list-style-type: none"> 1. Feeling ok might be clenching fists but not hurting anyone physically 2. Might be griping about things, threatening but not hitting or kicking 3. Being warned about losing rewards
2	<p>FIELD GOAL</p> 	<ol style="list-style-type: none"> 1. Might clench fists but not hurting anyone physically 2. Might call people names and might use sarcasm 3. Still getting my rewards
1	<p>TOUCHDOWN</p> 	<ol style="list-style-type: none"> 1. Feel good and relaxed 2. Not hitting, kicking or calling anyone names 3. Getting rewards and praise



Feelings Book



www.commxroads.com

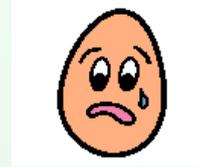
Social Stories

- teach and facilitate positive behaviors
- usually written in the first-person
- usually written in present-tense
- provide more information about the social situation than you think the student needs
- prepare children to act appropriately

Social Story Resources

- **Mayer-johnson.com**
 - My Social Stories Book
 - The New Social Story Book
 - Social Skills Stories
 - More Social Skills Stories
- **Kansasasd.com**
 - Social Narratives

When I am upset



If I am upset and ask for a break then...

If I am upset and the teacher needs to remove me then...

I will get to stay in the classroom.

An illustration of three children sitting on the floor in a circle, engaged in an activity.

I will earn points on my point sheet.

✓	✓	✓	★
✓	✓	✓	★
✓	✓	✓	★

My teachers and friends will be happy.

A simple cartoon illustration of a smiling face.

I will earn my choice.

An illustration of a child's choice of toys, including a green ball, a red toy car, and a stack of colorful blocks.

I will need to go to the "get it together" room.

An illustration of a child sitting in a chair, possibly in a designated "get it together" room.

I will lose points on my point chart.

✓	✓	✓	★
✓	✓	✓	★
✓	✓	✓	★

My teachers and friends will be sad.

A simple cartoon illustration of a sad face.

I may not earn my choice.

An illustration of a child's choice of toys, including a green ball, a red toy car, and a stack of colorful blocks, with a large black 'X' drawn over the entire scene.

Which choice is the best choice?



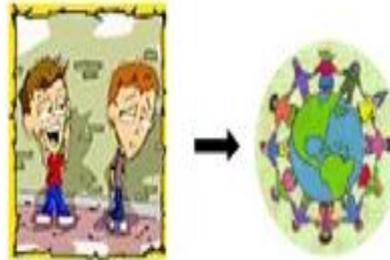
Sometimes kids bug other kids.



Some kids bug others when they're bored, or because they think it's fun.



Lots of kids get bugged at school, in Toronto, and all over the world.



A lot of kids don't like being bugged.

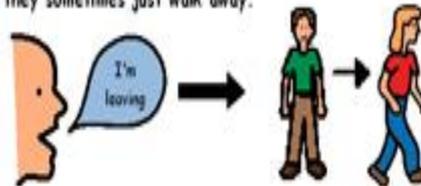


When kids are being bugged, they sometimes say:

"I don't like that"

"I'm leaving"

or they sometimes just walk away.



I can do these things too when I'm being bugged.

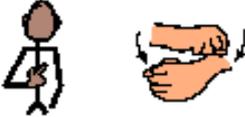


Kids sometimes feel really proud when they walk away from others who bug them.



Behavioral Supports – Token Systems

I am working for:



computer time



★ ★ ★ □ □

Behavior Support Example

I need a break



Break



www.timetimer.com

Task Demands

Easy

Independent skills
with or without
modifications and
structured supports

Challenging/emerging

Possible with assistance

TOO DEMANDING!

Ziggurat Model

Interventions for Task Demands

- Break the task into smaller steps
- Allow more time
- Provide written or visual instructions
- Allow individual to choose order of tasks
- Allow for breaks
- Provide organizational supports

Skills to Teach

- What is the long term vision for the person?
- What are the skills necessary for the person to be successful in the target environment(s)?
- Prioritize skills based on:
 - What is most important to the person and family?
 - What skills will have the greatest impact on the quality of life for the person and family?
 - What skills will have the greatest impact on the person's ability to function in a variety of environments?

Skills to Teach

- Underlying Characteristics Checklist Areas
 - Social
 - Communication
 - Restricted pattern (coping and strategies for expanding skills)
 - Sensory
 - Cognitive
 - Motor
 - Emotional regulation



Social Skills

Individuals with ASD

- Regardless of language ability, social communication or pragmatic deficits are present in individuals across the autism spectrum.
- This includes deficits in joint attention and acquisition of conventional and symbolic aspects of communication.
 - Conventional gestures – eg: showing, pointing
 - Symbolic gestures – eg: nodding the head
 - Charman & Stone, 2006

Basis for Social Skill Deficits

- Theory of Mind
- Weak Central Coherence
- Executive Functioning

Social Skills Intervention

- Critical component of an effective intervention program for individuals with ASD
- Because social expectations change with age this is a skill that must constantly be addressed.

Assessment of Social Skills

- Observation of the individuals with peers in a variety of environments
- Relating with the individual without facilitating the social interaction
- Informal assessment measures
- Standardized assessments
- Interviewing teachers, parents, and others who interact with the individual in the relevant settings
 - Garcia-Winner, Available at socialthinking.com

Social Skills Intervention

- General Guidelines – No one program to teach social skills for all individuals with ASD.
- Younger children- start with development of foundation skills, including joint attention, language, and symbol use. Early intensive behavioral intervention is one treatment approach often used to teach these skills.
- Provide opportunities to practice play skills & social skills
- Use checklists to help identify what skills the child has and what skills should be targeted during intervention.

Teaching Social Skills

- The methodology that is used should match the individual's developmental age, cognitive skills, consider the individual's strengths, and address the social skills the individual needs to participate in their daily environment.



Necessary Components of Effective Social Skills Programs

- Make the abstract concrete
- Provide structure and predictability
- Provide scaffolded language support
- Provide multiple and varied learning opportunities
- Include ‘other’ focused activities (that provide opportunities for social interactions)
- Foster self awareness and self esteem
- Select relevant goals
- Program in a sequential and progressive manner
- Provide opportunities for programmed generalization and ongoing practice
 - Krasny, et al, 2003 referenced from article by Foden, 2009

Social Thinking

- Developed by Michelle Garcia Winner
- Intended for individuals with just below average to well above average IQ
- Teaches social understanding before teaching social skills. Taught to consider:
 - Points of view, emotions, thoughts, beliefs, and intentions of others.

Social Thinking: Perspective Taking

- **Step One:** When you come into my space, I have a little thought about you and you have a little thought about me.

Step Two: I wonder “why are you near me?,” “what is your purpose for being near me?” “Is it because you are just sharing the space, do you intend to talk to me or do you intend to harm me?” I have to consider all these things in order to keep me safe around people as well as to predict what will happen next.

Step Three: Since we have thoughts about each other, I wonder what you are thinking about me.

Step Four: To keep you thinking about me the way I would like you to think about me, I monitor and possibly modify my behavior to keep you thinking about me the way I want you to think about me.

- Michelle Garcia Winner

Social Thinking

- Thinking about others and what they are thinking about us
- Establishing a physical presence
- ‘Thinking with our eyes.’
- Using our language to relate to others
 - Michelle Garcia Winner

Video-Modeling

- Has been shown to be effective for children age 3-18 years of age to teach:
 - communication skills,
 - interpersonal skills,
 - play skills,
 - emotional regulation,
 - higher cognitive functioning.
 - National Autism Center, 2009

Video-Modeling

- Video-modeling is when the person demonstrating the activity has been pre-recorded.
- Always record the behavior you want to increase (eg: using words to request a desired object), NOT the behavior you want to decrease (eg: hitting).
- For additional information see Life First training at <http://www.okautism.org/oan/workshops-and-trainings/on-line/>

Peer Training

- Many different programs that use peers:
 - Project LEAP
 - Peer networks
 - Circle of friends
 - Integrated play groups
 - Peer initiation training
 - Peer-mediated social interaction training
 - National Autism Center, 2009

Peer Training

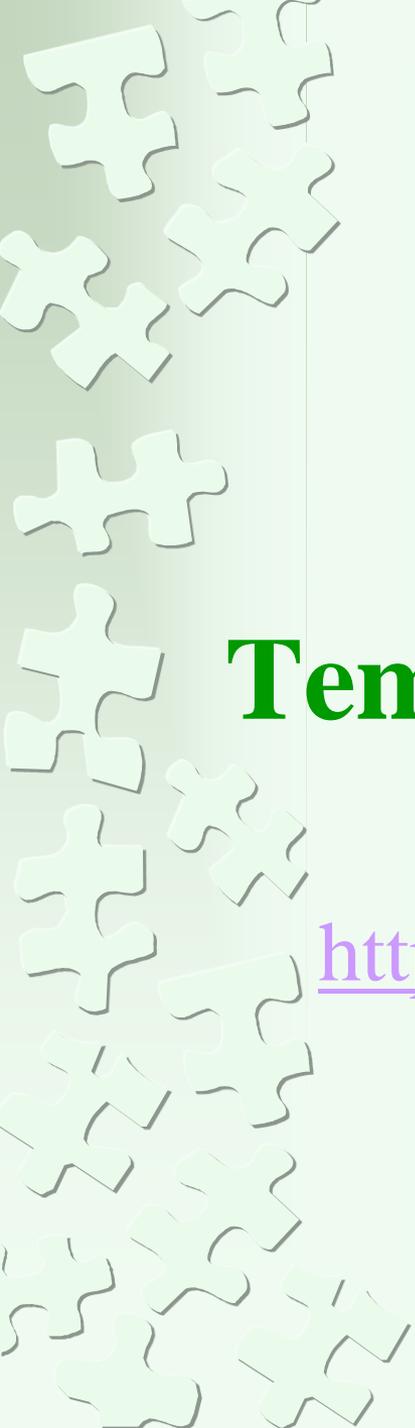
- It is important to carefully select peers. Ideally peers are:
 - socially skilled
 - generally compliant with instruction
 - have regular school attendance
 - are willing to participate in training
 - are able to imitate a model

Some more strategies....

- Social narratives – social stories
- Cartooning
- Power Card Strategy
- Direct Instruction
- An Item a Day – by the Hidden Curriculum
- Incredible 5-Point Scale

Anxiety and Emotional Regulation

- Coping Cat
- Deeno's Dream Journey in the Big Blue Bubble



Temple Grandin: The Movie

<http://www.youtube.com/watch?v=MP6lJC30g8>



Questions?

Resources

- **Oklahoma State Department of Education,**
(405) 521-4867
- **Child Study Center, School Support Services,**
(405) 271-6824, Dianne Mathis
 - Performs trainings and consults in the public schools.
There may be a cost to the schools.
- **Oklahoma State Department of Education, Assistive
Technology Team,** (405) 271-3625, Stefanie Olson
 - Free trainings and consults to any student in the public
schools regarding assistive technology.
 - Loan Program for Assistive Technology Items

Web-based Resources

- Autism Internet Modules
 - <http://www.autisminternetmodules.org/>
- www.elearning.autism.net
- www.socialthinking.com
- www.nationalautismcenter.org

Contact Us

Address: Oklahoma Autism Network
University of Oklahoma Health Sciences Center
College of Allied Health
1200 North Stonewall Ave.
Oklahoma City, OK 73117

Phone: 405.271.7476 or
1.877.2AUTISM (228-8476)

Fax: 405.271.2630

Email: okautism@ouhsc.edu

Web: okautism.org