S.O.S.!
Developing Social Skills in ASDs

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Workshop Objectives

• Familiarity with the diagnostic criteria for:
  – Autistic Disorder
  – Asperger’s Disorder
  – Pervasive Developmental Disorder – Not Otherwise Specified

• Recognition of the breadth of the impact of social impairment on the daily functioning of individuals with ASD

• Framework for developing social skills

• Creation of a toolbox of remediation strategies
Challenge

• Try to name a skill/behavior that does not have some social component:
  – Used for social purposes
  – Absence has negative social outcomes
  – Deficit has long-term impact on learning future skills

• Contention: Every symptom/manifestation of ASDs has a social impact
The “Triad of Impairments”

THEORETICAL FRAMEWORK
Lorna Wing

• Theoretical Framework:
The “Triad of Impairments” (Gould and Wing, 1979)

- Autism Spectrum Disorders
- Repetitive, Stereotyped Activities
- Verbal and Nonverbal Language Impairment
- Social Impairment
The Impact of Language: Global Characteristics

• **Repetitive or rigid language**
  – No meaning
  – Seems out of context in conversations
  – Immediate echolalia
  – High-pitched or singsong voice or use robot-like speech
  – Stock phrases to start a conversation
  – Repeat what they hear on television programs or commercials (delayed echolalia)

• **Narrow interests and exceptional abilities**
  – In-depth monologue about a topic that holds their interest, even though they may not be able to carry on a two-way conversation about the same topic.
The Impact of Language: Global Characteristics

• **Uneven language development:** Many children with autism develop some speech and language skills, with uneven progress.
  – Range: Nonverbal to Hyper-verbal
  – Strong vocabulary in a particular area of interest very quickly
  – Good memories for information just heard or seen
  – Hyperlexia
  – Fail to respond to the speech of others and may not respond to their own names

• **Poor nonverbal conversation skills**
  – Lack of or limited use of gestures to give meaning to their speech
  – Avoid eye contact, which can make them seem rude, uninterested, or inattentive
  – Not “seeing” and/or not understanding the facial expressions, body posture, and gesture of others
  – Not aware of volume and tone of voice in self and in others
The Impact of Language: Expressive Language

• Using speech or “expressive language”
  – Kanner highlighted the delay or absence of speech in his diagnosis. Use of speech varies from not at all (in 20% of cases) to a very good level of language. Common speech problems include:
    • Repeating words spoken to them (echolalia);
    • Asking for things by repeating a phrase they associate with the action e.g. 'Do you want a cup of tea' instead of 'I want a cup of tea';
    • Missing linking words out of sentences such as 'in' 'on' 'because' or 'under.' For example a child may say 'go car shop' missing out the joining words;
    • Explaining in greater detail than is necessary;
    • Long replies to questions spoken as if learned from a book.
The Impact of Language: Expressive Language

- **Using speech or “expressive language”**
  - Slow processing speed
  - Limited flexible use of emotions words
  - Limited self-advocacy
  - Out-of-context language
  - Functional versus pragmatic

- **Not knowing “what to say”, “when” to say “it”, or perhaps even “why” to say it**
The Impact of Language: 
Receptive Language

• **Understanding speech or “receptive language”**
  – As speech varies, so does understanding
  – Most people with ASD can understand some speech
  – Difficulties arise in a number of situations:
    • When objects have more than one name such as a bowl (washing up or eating from?);
    • Confusion between the sound of a word (e.g. meet and meat);
    • Literal interpretation: Imagine if you took phrases like 'it's raining cats and dogs' or 'have you lost your tongue' literally;
    • Humor, especially that which relates to verbal ambiguity, can be difficult for a person with autism (i.e. sarcasm, puns).
The Impact of Language: 
Receptive Language

• Overestimated receptive language comprehension
  – High IQs
  – Literal
  – Abstract
  – Figures of speech
  – Slow processing speed
  – When they get it, but it’s not what we mean (and we don’t figure it out until later.....and they might not)
Deconstructing the Triad

Autism Spectrum Disorders

Repetitive, Stereotyped Activities

Verbal and Nonverbal Language Impairment

Social Impairment
Impairments in Thinking and Behaving

• Repetitive stereotyped activities (Simple stereotypies may last into adulthood)
  – Tasting, smelling, feeling or tapping different surfaces;
  – Listening to mechanical noises such as washing machines;
  – Switching lights on and off;
  – Spinning objects;
  – Head banging.

• More complex stereotyped behaviors include:
  – A complex sequence of bodily movements;
  – Placing objects in long lines that cannot be moved;
  – Extensive bedtime routines;
  – The family sitting in exactly the same places at mealtimes;
  – Attachment to strange objects such as pieces of string or leaves; and
  – Collecting strange objects such as tins of polish.

• In more able people with autism, fascination with the weather, timetables, train numbers, etc. may be found.

• Many of the above do not extend into adulthood. However, fascination with numbers and sequences can often continue.
Impairments in Thinking and Behaving

• Wing observed a number of additional features that in themselves are not universal:
  – Stereotyped movements - such as finger flapping, arm waving, jumping, head rolling and walking on tiptoe;
  – Abnormalities of gait and posture are sometimes seen - where the child may not swing his/her arms properly when walking, may hold their hands out when walking or may bend their fingers or arms in unusual ways;
  – The person with autism may have marked difficulties with physical education and games. This is especially the case with team sports.
Impairments in Thinking and Behaving

• Inappropriate, difficult behavior is frequent in children with ASD. This may manifest itself in a number of ways:
  – Confusion and fear of unfamiliar circumstances;
  – Restlessness, destructive and aggressive behavior;
  – Screaming and temper tantrums;
  – People with ASD generally will not lie so if they see what they consider to be an ugly baby or a very short person.
Impairments in Thinking and Behaving

• The complex process of self-regulation: Knowing when something is “wrong”
  1. Recognition:
     • Understanding physical states
     • Understanding emotional states
     • Understanding behavioral patterns
     • Understanding cognitive patterns
  2. Decipher the problem
  3. Select a strategy
  4. Implement a strategy
  5. Reassess the effectiveness of the strategy
Impairments in Thinking and Behaving

• Sensory processing greatly impacts daily functioning

• General themes:
  – Hyper- or hypo-sensitive: taste, smell, touch, movement, sound, visual
  – Inconsistent impact within a sensory system and across the sensory systems
  – Strategies:
    • Seek
    • Avoid
Deconstructing the Triad

- Autism Spectrum Disorders
- Repetitive, Stereotyped Activities
- Social Impairment

Verbal and Nonverbal Language Impairment
The Breadth of Social Impairment

• “The aloof group”: Most common type of impairment
  – Behaving as if other people do not exist;
  – Little or no eye contact made;
  – No response when spoken to;
  – Faces empty of expression except with extreme joy, anger, or distress;
  – No response to cuddling;
  – If something is wanted, carer’s hands may be pulled towards the object;
  – Does not ask for help;
  – May respond to rough and tumble play well, but when this stops return to aloof pattern;
  – Seem to 'be in a world of their own'.
“The passive group”: Least common group

– The child accepts social approaches;
– May meet the gaze of others;
– May become involved as a passive part of a game.
The Breadth of Social Impairment

• “The active but odd” group: Make active approaches to others but make that contact in strange ways, including:
  – Paying no attention to the other party;
  – Poor eye contact although sometimes may stare too long;
  – May hug or shake hands too hard.
• “The over-formal, stilted group”: Seen in later life, this behavior is common in the most able person with ASD.
  – Excessively polite and formal;
  – Good level of language;
  – Try very hard to stick to the rules of social interaction without really understanding them.
Overarching Themes of Social Impairment

• “Mindblindness” (Baron Cohen, 1997)
  – Predicting
  – Reading intentions
  – Understanding emotions
  – Explaining own behavior
  – Perspective or reference
  – Reading and reacting to others’ interests
  – Understanding social interactions
Overarching Characteristics of Social Impairment

- Nonverbal cues
- Initiating and maintaining social interactions
- Literalness
- Perspective taking
- Hidden curriculum
- Conveying own thoughts
- May not use social etiquette
- May sound more competent than they are
  - Expressive language more advanced than receptive
  - Say something without knowing what it means (“Bleep, bleep”)

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Examining the Diagnostic Criteria

- Clinical Framework:

*Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV, TR, 2000)* by the American Psychiatric Association
(Overly) Simple Differentiation

Pervasive Developmental Disorder-Not Otherwise Specified

Asperger’s Disorder

Autistic Disorder

Language or Social or Behavior

Behavior

Communication

Behavior

Social

Social
Qualitative Impairment in Social Interaction (2 AD, 2 AS)

- Eye contact
- Body posture
- Facial expression
- Gesture

- Not appropriate to developmental level

Multiple Nonverbal Behaviors

Peer Relationships

Reciprocity

- Showing
- Pointing
- Bringing

Lack of sharing enjoyment, interests, and/or achievements

Social
Emotional
Qualitative Impairment in Communication (1AD, 0AS)

- Delay
- Lack of development

- Initiate
- Sustain

Spoken

Adequate Speech, but Conversation Challenges

Stereotyped, Repetitive or Idiosyncratic

Play Appropriate to Developmental Level

- Make-believe
- Imitative
Restricted, Repetitive and Stereotyped Behaviors, Interests, and Activities (1AD, 1AS)
Additional Diagnostic Criteria

**Autistic Disorder**
- Prior to 36 months
- Delays/abnormal functioning:
  - Social interaction
  - Language in social interaction
  - Symbolic or imaginative play

**Asperger’s Disorder**
- No age of onset
- Clinically significant impairment in social, occupational or other important area of functioning
- No clinically significant general delay in language, cognition, self-help, adaptive, or curiosity about the environment
QUESTION: WHAT IS A “SOCIAL SKILL”? 

Answer: What isn’t? 

Complicating Factor: What are we trying to achieve?
What’s the Difference?:
Social Skills vs. Competence

• Social Skills:
  – Discrete abilities:
    • good eye contact
    • ability to maintain and repair conversation
    • joint attention
    • tone of voice
    • word choice appropriate to audience
  – Use versus outcome?
    • David and the floating hand
What’s the Difference?:
Social Skills vs. Competence

• Social Competence:
  – Successful engagement in social interactions and relationships with other individuals (Odom, McConnell, & McEvoy, 1992)
  – Ability to initiate, maintain interactions (reciprocity), and interact appropriately, even when difficult (Guralnick, 1992)

• Complication: Challenging behaviors are also social interaction
What's the Difference?:
Social Skills vs. Competence

• Inclusion/Integration alone is not the panacea:
  – He can handle the situation
  – He can function in it (socially competent)

• Knowing how and actually doing it

• Bottom line: Put them to good use and get the results (i.e. a social goal)
HOW DO WE TEACH SOCIAL COMPETENCE?
Treatment Methodology

• Instruction
• Interpretation
• Coaching
TREATMENT METHODOLOGY: INSTRUCTION

“If we don’t teach it, they don’t learn it”
Instructional Strategies

- Lack of incidental learning
- Direct Instruction
  - Scope and Sequence
  - Controlled Exercises
  - Video Modeling
Direct Instruction: Scope and Sequence

• A listing of skills in developmental order of acquisition
• Helps to target objectives (school and clinic)
• Assists in providing instruction in a systematic manner
• Some include assessments best completed in a social situation
Scope and Sequence: Examples

- Super Skills by Judith Coucouvanis
- Space Travelers by Josie Santomauro
- Skills Streaming by Arnold Goldstein and Ellen McGinnis
- Navigating the Social World by Jeannette McAfee
- Social Skills Training by Jed Baker
- Social Thinking by Michelle Garcia Winner
Direct Instruction:
Controlled Exercises

• Step 1: Describe the skill
• Step 2: Provide a rationale
• Step 3: Describe general situations in which to use the skill
• Step 4: Teach using role play
• Step 5: Identify social rules
Step 1: Describe the Skill

- Definition
- Verbal: What children say
- Nonverbal: What children do (body basics)
- Cognitive: What children think
Step 2: Provide a Rationale

• Explain why
• Discuss how the skill will benefit the child
• Provide positive and negative rationale statements
Step 3: Describe Situations in which to Use the Skill

• The idea is to communicate appropriateness or inappropriateness

• Increases likelihood of generalization
Step 4: Using Role-Play to Teach

- Participation
- Describe a real-life situation, assign a main actor, and a supporting actor
- Conduct role play
- Provide feedback (clinician, peers)
Step 5: Identify Social Rules

• Rules:
  – Govern socially acceptable behavior
  – Guide students in using a skill
Direct Instruction: Video Lessons

- Show a videotaped program without sound
- Have students videotape themselves
- Use silent movies to teach facial expressions
- Using media with over exaggerated acting
TREATMENT METHODOLOGY: INTERPRETATION

“Teaching to the Loophole”
The Challenge of Competence

• “We’ve given him all of the tools. He just needs to use it.”
  – Practice
  – Role of failure
  – Need for patience
Interpretation Strategies

• Scales, Numbers, and Categories (Oh My!)
• Social autopsies
• SOCCSS
• SODA
• Power Cards
• Social Stories
• Cartooning
Scales and “Things”

• Overarching Goal: Quantification
  – Omnipotent Problem: Abstraction versus Pragmatics

• Categories, Scales and Things:
  – Create structure and “rules”
  – Provide basis for comparison
  – Quantifies the unquantifiable

• Examples:
  – “Love, Like, Hate Scale”
  – “Just the Facts”
  – “Aspie Target”
  – “Fault Form”
Five Point Scale (Buron, 2003)

Name: David

My Scared/Afraid/Trembling Scale

Rating | Looks/Sounds like | Feels like | Safe people can help/ I can try to
--- | --- | --- | ---
5 | Wide-eyed, maybe screaming, and running, hitting. | I am going to explode if I don’t do something. | I will need an adult to help me leave. Help!
4 | Threaten others or bump them. | People are talking about me. I feel irritated, mad. | Close mouth and hum. Squeaks my hands. Leave the room for a walk.
3 | You can’t tell I’m scared. Jaw clenched. | I shiver inside. | Write or draw about it. Close my eyes.
2 | I still look normal. | My stomach gets a little queasy. | Slow my breathing. Tell somebody safe how I feel.
1 | Normal – you can’t tell by looking at me. | I don’t know, really. | Breathe it!
Social Autopsies (LaVoie, 2001)

• Adult-assisted
• Joint analysis of child social errors
  – Identifies error
  – Pinpoints damage to others and self
  – Outlines strategies to correct damage
  – Teaches new strategies
SOCCSS (Roosa, 1995)

- Situation
- Options
- Consequences
- Choices
- Strategies
- Simulation
S O C C S S  
Situations-Options-Consequences-Choices-Strategies-Simulation

What Happened or What is the problem? (who, what, where, when, why)
Optional - how did you feel, how did others feel?

Who: Phil and Art Teacher
When: During art class
What: Phil threw his art materials on the floor. When the teacher asked, “what’s up?” Phil yelled, “leave me alone.”
Why: Phil was having a problem completing one of the steps on his art project, plus he got glue all over his fingers.

What choices do you have to solve the problem?

<table>
<thead>
<tr>
<th>OPTIONS</th>
<th>CONSEQUENCES</th>
<th>CHOICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leave the classroom</td>
<td>Get in trouble for leaving the classroom</td>
<td>3</td>
</tr>
<tr>
<td>Read a book instead</td>
<td>Get in trouble for not following directions</td>
<td>2</td>
</tr>
<tr>
<td>Ask the teacher for help</td>
<td>The teacher helps Phil with his art project</td>
<td>1</td>
</tr>
</tbody>
</table>

Strategy – Plan of Action (develop a plan to carry out the option you chose)

(Option #1)
Talk to the art teacher. Apologize for yelling at her and explain that he was frustrated because he couldn’t figure out how to complete the art project. Explain that when he’s really frustrated, he can’t remember to ask for help. Attach an “I need a break” cue card on the corner of Phil’s workspace to help him remember to ask for help when he needs it.

Simulation

<table>
<thead>
<tr>
<th>Select One</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Find a quiet place, sit back and imagine how your Situation would work (or not work) based on the various Options and Consequences.</td>
<td></td>
</tr>
<tr>
<td>2) Talk with a peer, staff or other person about your plan of action.</td>
<td></td>
</tr>
<tr>
<td>3) Write down on paper what may happen in your Situation based on your Options and Consequences</td>
<td></td>
</tr>
<tr>
<td>4) Practice your Options with one or more people using behavior rehearsal. Start simple and easy for learning. Only make it difficult to test the learning.</td>
<td>Role play with teacher, speech therapist &amp; peer</td>
</tr>
</tbody>
</table>

Simulation Outcomes
Phil watched the speech therapist and teacher role play the Situation using Option #1. Phil role-played his Option #1 Situation 3 times – once with the teacher, once with the speech therapist and once with a peer.

Follow-up (more practice? student uses skill in actual situation?)
The art teacher told Phil that she understood. Phil and the art teacher made an “I need a break” cue card for Phil’s workspace. The art teacher helped Phil to remember to ask for help by pointing to the “I need help” cue card when Phil showed signs of frustration. Also, Phil used the cue card independently on 1 occasion.
Use the “I need a break” strategy in other learning environments.
SODA (Bock, 2001)

- **Stop**
  - What and where should I observe?

- **Observe**
  - Doing, saying, conversation length, after talking?

- **Deliberate**
  - What would I like to say or do?
  - How do I know to keep talking or stop?

- **Act**
  - Approach, greet, listen, ask related questions, look for cues (continue or stop), and end conversation
Power Card Strategy

• The Power Card is a visual aid that incorporates the child’s special interest to teaching appropriate social interactions including routines, behavior expectations, the meaning of language and the hidden curriculum (Gagnon, 2001).

• Not a stand alone intervention:
  – Part of an intervention strategy package
  – Strategies suggested are usually strategies concurrently being worked on

• Not a teaching tool:
  – Most effective to augment a skill already taught to a child
Power Card Strategy: Components

• A short scenario describing how the hero solves a problem similar to the one experienced by the child (reader)
  – Describes how this hero places a value on the expected behavior

• A short paragraph recapping the strategy
  – Encourages the child to attempt the new behavior
Tommy

Tommy is a nine-year-old boy with Asperger Syndrome. He is in a fourth-grade classroom most of the day but sometimes becomes frustrated when he has difficulty completing his work. At times, he falls to the ground kicking and screaming and has difficulty regaining his composure. These tantrums can last up to 45 minutes. Tommy loves baseball, particularly his hero, Cal Ripken.

The following scenario and POWER CARD were introduced to Tommy in an attempt to reduce his tantrums.

How Cal Ripken Handles Frustration
by Kitty Flinn

Cal Ripken is one of the best baseball players of all times. He has enjoyed playing for the Baltimore Orioles for 15 years. Cal understands that it is very important to work hard and stay focused on and off the field. However, there are times when Cal gets frustrated and feels like falling to the ground screaming. He realizes that this would be inappropriate. He knows that if he behaved this way, the umpire would throw him out of the game.

Cal wants everyone to know how important it is to handle frustrations appropriately. He began working on controlling his temper when he was in elementary school and has advice for all boys who feel frustrated.

The next time you begin to feel a little frustrated, try doing the following three things that helped Cal:

1. Stop and take a deep breath.
2. Ask an adult if you can go to a quiet area to have a few minutes to calm down.
3. Talk to an adult, like a teacher, and work on a solution.

Work on these rules and you will score a homerun in the classroom!

Social Stories (Gray, 1999)

- Describe how to use and why to use a specific skill in a story format
  - Favorite character
  - Favorite items
- “Buy in”
Social Stories  (Gray, 1999)

• How To:
  – Disclaimer
  – Option 1: Describe the situation not working, describe the skill to be used, describe the situation working
  – Option 2: Describe the use of the skill in the situation
Social Stories: Examples

- “School is Hard”
- “Leave it on the Table”
Cartooning

• Visual Representation
• Thought Bubbles AND Talking Bubbles
• Benefits:
  – “On the fly”
  – No Van Gogh here!
I think I’ll ask that kid if he wants to play.

Hey kid, do you want to play?

He called me kid! He doesn’t like me! Ouch!

Don’t call me kid!

He called me kid because he didn’t know my name, but wanted to play with me. The next time Tom or someone calls me “kid,” I’ll tell them my name and that I don’t like to be called “kid.” I’ll apologize to Tom and tell him my name is AS. I will also tell him I don’t like being called “kid” and please don’t call me that again.
TREATMENT METHODOLOGY: COACHING

“Practice makes perfect or, at least, better.”
Social Competence: Coaching

- Feed the language
- Conversation starters
- Scripts
Coaching: Feeding the Language
(Collins, n.d.)

- Jump start
- Verbatim or paraphrased verbal prompt
- Can be used to
  - Point out a playmate who is alone
  - Provide a topic
  - Provide an opening sentence
Coaching: Conversation Starters

• List of topics
  – Eavesdropping
  – Asking high-status peers

• Written on business card

• Can be overtly displayed when used
Coaching: Scripts

• Provides verbatim (or close to it) structure
• Uses child/adolescent-friendly language
• Targets one social situation:
  – Predictability
  – Stress
Final Thoughts on Treatment Methodology

• Instruction → Interpretation → Coaching
  – Progression from individual to group format

• Social competence as part of a comprehensive treatment package

• Making it Work: We are the P.R.O.S.
  – Practice
  – Repetition
  – Opportunity
  – Sabotage
Dispelling Myths

- “Individuals on the spectrum are happy to be alone.”
- “Individuals on the spectrum are aggressive and violent.”
- “Autism is more severe than Asperger’s.”
- “Eye contact is always bad.”
When was the last time you threw a hammer away?

SMALL GROUP APPLICATION
Activity

• Pick two or three classmates
• Select 1 case study
• Select 1 strategy for how to work on “goal”
• Identify possible shortcomings with selected strategy
Case Study: Alex (19)

- DX: autism
- Relevant Strengths: well-mannered, no significant externalized behaviors, able to engage in rudimentary small talk
- Relevant Weaknesses: lack of knowledge about how his DX impacts him socially; accepting his lack of interaction; “video games are my friends”; “I don’t know what else to say”

- Goal: Increase peer communication at school
- Plan:

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Case Study: Joe (8)

- DX: Asperger’s Disorder
- Relevant Strengths: well-mannered, very intelligent, capable of assessing if a strategy will work for him, witty, interacts with peers with some success
- Relevant Weaknesses: policing and anger management

- Goal: Reduce impulsive reactions with peers when upset
- Plan

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Case Study: Patrick (14)

- DX: Asperger’s Disorder
- Relevant Strengths: well-mannered, motivated to interact with peers, articulate about himself
- Relevant Weaknesses: mindblindness, literalness, puberty

- Goal: Increase more socially appropriate interactions with same-aged females
- Plan:

Wednesday, October 12, 2011
Recommending Reading

- **Scope and Sequences**