AUTISM: ATTACKING SOCIAL INTERACTION PROBLEMS

ASHA- Public Schools
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www.speakla.com
“THE TALK”: TODAY’S PRESENTATION

As a result of full participation in the seminar, the attendee will:

- Become familiar with statistics related to autism spectrum disorders
- Become familiar with current assessment tools
- Become familiar with social skills milestones in the classroom setting
- Become familiar with specific social skills intervention techniques
WHAT IS AUTISM?

- ASD is a range of complex neurodevelopmental disorders characterized by social impairments, communication difficulties, and restricted, repetitive and stereotyped patterns of behavior.
SPECTRUM DISORDER CONTINUUM

- Measured IQ:
  Severe..................................................Gifted
- Social Interactions:
  Aloof..............................Passive......................Active but odd
- Communication:
  Nonverbal................................................Verbal
- Motor Skills (gross):
  Awkward.............................................Agile
- Motor Skills (fine):
  Uncoordinated.................................Coordinated
- Sensory:
  Hyposensitive....................................Hypersensitive
Most Common ASDs

- Autism is the most severe form of ASD
- Asperger Syndrome is a milder form
- Rhett Syndrome
- Childhood Disintegrative Disorder
- Pervasive Developmental Disorder- Not Otherwise Specified (PDD-NOS)
ASD OCCURS IN ALL ETHNIC AND SOCIOECONOMIC GROUPS

- ASD has increased nearly 80% in the last decade
- Affects 1 in 100 children
- Males 5x more likely to have ASD
- Autism is more prevalent than childhood cancer, juvenile diabetes, and pediatric AIDS combined

**Current reports state 1 in 88**
Prevalence of Autism Spectrum Disorders
(Centers for Disease Control, 2012)

- Current CDC report states the following: “Because the ADDM Network sites do not make up a nationally representative sample, these combined prevalence estimates should not be generalized to the United States as a whole”.

# Identified Prevalence of Autism Spectrum Disorders
**ADDM Network 2000-2008**  
Combining Data from All Sites

<table>
<thead>
<tr>
<th>Surveillance Year</th>
<th>Birth Year</th>
<th>Number of ADDM Sites Reporting</th>
<th>Prevalence per 1,000 Children (Range)</th>
<th>This is about 1 in X children...</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>1992</td>
<td>6</td>
<td>6.7 (4.5-9.9)</td>
<td>1 in 150</td>
</tr>
<tr>
<td>2002</td>
<td>1994</td>
<td>14</td>
<td>6.6 (3.3-10.6)</td>
<td>1 in 150</td>
</tr>
<tr>
<td>2004</td>
<td>1996</td>
<td>8</td>
<td>8.0 (4.6-9.8)</td>
<td>1 in 125</td>
</tr>
<tr>
<td>2006</td>
<td>1998</td>
<td>11</td>
<td>9.0 (4.2-12.1)</td>
<td>1 in 110</td>
</tr>
<tr>
<td>2008</td>
<td>2000</td>
<td>14</td>
<td>11.3 (4.8-21.2)</td>
<td>1 in 88</td>
</tr>
</tbody>
</table>

CDC Report 5/2012
ASD, RACE AND ETHNICITY
(ADVANCE MAGAZINE, 4/30/12)

- Largest increase in Hispanic and African American children
- Later diagnosis than general population
  - Limited funding which impacts poorer and minority families more than other ethnic groups
  - Stigma /Avoidance
  - Inability of health care providers to convey information in a culturally relevant and sensitive manner
  - Lack of access to quality health care
WHAT CAUSES AUTISM?

- No known single cause for autism
- Abnormalities in brain structure or function
- Environmental triggers (Brick Township, NJ 1997)
- Medical conditions
- Vaccines
  - No evidence to support link
- Genetics/Heredity
GENETICS/ HEREDITY

- **TWINS:** Studies have shown that among identical twins, if one child has an ASD, then the other will be affected about **36-95%** of the time.

- In non-identical twins, if one child has an ASD, then the other is affected about **0-31%** of the time.

- Parents who have a child with an ASD have a **2-18%** chance of having a second child who is also affected.
**Why the increase?**

- Greater awareness and information available
- Early detection
- Expansion in diagnostic criteria which includes milder forms
California

- **EIGHT** new cases each day – 7 days a week in California alone!
- From 1987-1998, there was a 633% increase in autism (DSM-IV) in the State of California.
- Autism cases represent over 18% of California’s Regional Center caseload.
- Annual budget for Autism Spectrum Disorders (ASD) care is more than $171,000,000.
- Autism cases account for nearly 60% of intake.
Hallmark feature of ASD is Impaired Social Interaction

Social communication skills are the verbal and nonverbal behaviors people use to influence social situations (Timler, Vogal-Ellis & McGill, 2007)
TEMPLE GRANDIN

- [Link](http://www.youtube.com/watch?v=46ycu3JFRrA&feature=related)

- “Temple Grandin: The Woman who Thinks like a Cow”
Why the Need for Social Skills Intervention

- Foundation for getting along with others
- Impacts our self esteem
- Depression
- Can lead to academic failure
- Target of ridicule, bullying and manipulation
- Greatest concern voiced by parents
- Impact of poor social skills can last a lifetime
WHY THE NEED FOR SLP INVOLVEMENT?

- Social Interaction is achieved thru verbal and nonverbal language
- Part of our scope of practice per ASHA
Elements of Social Communication

- Social Intake
- Internal Process
- Social Output
Effective Communication Requires

- Eye contact
- Awareness of conversational turn taking
- Perspective taking/ Theory of Mind
- Proxemics/ Space and Personal boundaries
- Topic Maintenance
- Nonverbal Communication
- Engaging style and manner of presentation

Goal: Move from purely social skills to social thinking, Michelle Winner (2004)
STUDENT PROFILE

- Problems with norm peer relations
- Social anxiety or withdrawal
- Difficulty with nonverbal communication
- Impairments in social interactions in general
- Difficulty with abstract language concepts
- Delayed speech and language
- Solitary, onlooker, parallel player
WHO CAN BENEFIT FROM SOCIAL SKILLS TRAINING?

- Asperger’s and HFA
- ADD/ADHD
- Learning Disabled
- Specific Language Impairment
- Mild to moderate MR
- Social Loner
ASSESSMENT

- 45-60 minutes to administer
- Ages 6-11 yrs. To 18-11 yrs.
ASSESSMENT

- Social Emotional Evaluation (SEE) by Elisabeth Wiig (2008)
- Ages: 6-12 yrs. 11 mos.
- 20-25 minutes to administer
- Criterion-referenced
ASSESSMENT

- The *Social Skills Improvement System (SSIS)* by Gresham, & Elliott (2008)
- Designed to replace the SSRS; Social Skills Rating System.
- Ages 3 - 18 yrs
- 10-25 minutes to administer
ASSESSMENT

- Rating scales for clinicians and parents
- Ages: 2 yrs +
- 5-10 minutes to administer
**ASSESSMENT**

- 5 to 10 minutes to administer
- 42 items, 3 Subscales and an Autism Index (AI) Score
NONSTANDARDIZED MEASURES

• Checklist
  - Clinician developed checklists

• Parent intake
  - Parent/teacher surveys & questionnaires

• Informal Observations
HOW CAN YOU GET A GROUP STARTED?

- Solicit referrals from staff (teachers, resource specialists, psychologists, counselors)
- Look at children on your caseload
- Survey parents
- Playground Observation
- Assess students
INTERVENTION: AUTISM: ATTACKING SOCIAL INTERACTION PROBLEMS
SOCIAL INTERACTION UNITS

- Skills Needed for School Success
- Initiating Friendships
- Personal Hygiene
- Sportsmanship
- Figurative Language: Idioms
- Dealing with Emotions
- Being Safe
- Blending In/ Everyday Situations
Creating the Social Environment

- Avoid a “therapy” feel
- Set up room or area to stimulate social interaction
- Develop rules which promote positive social interaction
- Use lots of visuals
- Use age appropriate teaching materials and items of interest
Methodology

- Puppetry
- Videotaped guided practice/ video self modeling (Bellini et al., 2007)
- In vivo modeling
- Role playing
- Social Skills Stories
- Skill Steps
  - Provides students with written steps to follow. This can also be shared with classroom teacher and parent.
**Essential Ingredients**

- **Time**/possibly 4-6 weeks to teach a goal
- Inclusion of typical peers/Peer mediated Instruction
- Classroom teacher and support staff involvement
- Parent Involvement (if possible)
- Well thought out activities
- Knowledge of social skills milestones
- **FUN!**
SOCIAL LEARNING MILESTONES KINDERGARTEN

“Think back to your 1st day of driver’s education”

Top Concerns
- Taking turns
- Playing cooperatively with other children
- Sharing
- Listening to an adult other than their parent or caregiver

Children will learn to:
- Invite other children to play with him
- Take turns and share
- Invent games with simple rules
- Take risks
- Recognize that other children have feelings too
- Understand the basic concepts of right and wrong
- Play without supervision
- Understand and respect rules
- Develop self-esteem
- Use self-control
SAMPLE OBJECTIVES
MAKING FRIENDS

1. Johnny will initiate a verbal exchange with a peer.
2. Johnny will initiate a nonverbal exchange with a peer.
3. Johnny will introduce himself to a peer.
4. Johnny will verbalize an appropriate greeting.
**VIDEO MODELING**

- Students enjoy watching staff as well as peer models
- Video modeling is engaging because it is a relatively novel experience
- Good way to incorporate language and perspective taking
- Both video self modeling and in vivo modeling are affective not only in teaching new behaviors but also promoting generalization and maintenance
VIDEO: BASIC GREETING
SKILL STEPS

1. When I see a new friend, I will smile and say _____ (Hi, my name is _____.)
2. I will try to look at their _____ (eyes).
3. I will use a big _____ (voice).
4. I will remember not to stand ____ (too close).
5. I do not want to be a space invader.
TURN TAKING/RECIPROCITY

Goals:

1. Johnny will demonstrate nonverbal turn taking
2. Johnny will demonstrate verbal turn taking
3. Johnny will wait patiently for a turn while playing a game.
4. Johnny will demonstrate appropriate turn taking in conversation.
CONVERSATION TRAIN
VIDEO: TURN TAKING IN CONVERSATION
SKILL STEPS
GOOD TALKING

1. I will listen to_______ (what my friends say).
2. I will make my words and thoughts ________ (connect with what I hear them say).
3. I will share my talking times because I want to ________ (listen to what my friends say).
4. If I have nothing more to say I will say ________(see you later).
VIDEO: TURN TAKING USING PUPPETS
If I am playing with my friends, we can roll a die or use a spinner to ________ (decide who goes first).

If I am last, it is okay because________ (I will get a turn).

If I am first, it is okay because ________(my friends will still get a turn).

It is fun to play __________ (with my friends).
FOURTH GRADE

"Fourth Grade is like merging into a social fast lane"

- Gossiping
- Teasing
- Unblinking peer scrutiny
- Labels leading to pigeonholing; "athletic", "loser", "popular"
- Social hierarchies form leading to the negotiation of a complicated structure of values, prejudices, and social pitfalls.
- Delineation of the levels of friendship

Children are often the victims of:

- Teasing
- Bullying
- Being left out
FIFTH GRADE

- Friendships are two way
- Children learn to take another person’s perspective
- There is an increased emphasis on superficial qualities
Middle School

“Middle School is comparable to driving while texting”

- Children more independent and less reliant on family
- Look for peer support
- Peer pressure begins
- Increase in social pressure
- School age children struggle with social expectations of the school environment
- Parents report the most concern with social skills
GROSSOLOGY LESSONS

First Impressions are Lasting

When in Doubt Look Around

Clean Up Your Act

Dirty Little Habits
PERSONAL HYGIENE

Goal:
1. Johnny will demonstrate appropriate hygiene.

Short term objectives:
1. Mary will understand the importance of good hygiene.
2. Mary will identify specific personal hygiene goals.
Student 1: Hi ______
Student 2: Hi ______. How’s school?
Student 1: I have a new boy in my class. I think his name is Bobby. He seems really smart and nice but... I don’t think I want to sit next to him anymore.
Student 2: ______ that’s not nice to say! Why don’t you want to sit next to him?
Student 1: Because I don’t think he takes a bath. Everyday his hands and arms are dirty. Ooooh! And he sometimes smells like he needs to go to the bathroom. I don’t really know him but I think I don’t like him.
Student 2: Hmmm.. He’s new to your class so you don’t REALLY know him but you don’t like him because he’s dirty? That’s too bad!

VIDEO: SELF MADE SCRIPT
<table>
<thead>
<tr>
<th>If I am</th>
<th>I Need to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sneezing</td>
<td>Ex. Cover my mouth with my hand</td>
</tr>
<tr>
<td></td>
<td>Sneeze into my arm</td>
</tr>
<tr>
<td></td>
<td>Get a tissue</td>
</tr>
<tr>
<td></td>
<td>Wash my hands</td>
</tr>
<tr>
<td></td>
<td>Use sanitizer</td>
</tr>
</tbody>
</table>

**GROUP ACTIVITIES PROMOTE COOPERATIVE LEARNING**
SKILL STEPS

1. I will not pick _______ (my nose, pimples).
2. I will use a tissue if _______ (my nose is running).
3. I will cover my mouth if I______ (sneeze, cough, belch).
4. If I pass gas in front of my friends or family I will say ________ (excuse me).
5. My friends will want to be around me if I am not_____ (gross).
EVERYDAY SITUATIONS

- Concerns most frequently voiced by parents
  - Eating out
  - Birthday parties
  - Family gatherings
  - School activities/dances, sporting events, church
  - Dentist, doctor, barbershop
  - Bullying
  - Peer pressure

We need to seek out realistic situations and opportunities to introduce and reinforce social skills.
Everyday Situations

Objective: Joseph will be able to demonstrate age appropriate behavior when attending a social activity.

Goal: Joseph will demonstrate age appropriate behavior when attending a school related social activity.

We need to seek out realistic situations.
VIDEO: ASKING A GIRL TO DANCE
**SKILL STEPS**

**ASKING A GIRL TO DANCE**

1. I will establish eye contact with a girl.
2. I will smile and wait to see if she smiles at me.
3. If she smiles at me and is not already dancing with someone I will approach her and ask her to dance.
4. If she agrees I will dance with her for one song, and when I am finished I will say thank you.
5. If she says no, I will say “OK” and walk away.
6. I will not pout or be rude.
VIDEO: ASKING A GIRL OUT
“Students should move from purely social skills to social thinking”. (Michelle Winner, 2004)
How do you know it works?

- Greater peer acceptance
- Teacher/staff observations and feedback
- Parent feedback
- Mastery in 3 settings with 3 different people. (Bellini, 2007)
THE FINAL WORD

Autism: Attacking Social Interaction Problems

Pamela Wiley-Wells, Ph.D

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Visit our websites
www.autismsocialskillstherapy.com
www.speakla.com
IPAD APPS

Social Goals Apps:

- Authentic Yoga with Deepak Chopra, featuring Tara Stiles
- Hidden Curriculum for Children
- Hidden Curriculum for Adolescents and Adults
- Chess
- iQuarium
- Tic Tac Toe
- Whiteboard Lite: Collaborative Drawing
- Model me Going Places
IPAD APPS

Social Goals Apps:
- Quick Cues
- Look into My Eyes 2 Car mechanic
- Look into My Eyes Restaurant
- Stories to Learn
- Social Skills
- Microexpression Trainer
- Everyday Social Skills
- Initiating Social Skills
IPAD APPS

Social Goals Apps:

- Communication Skills
- Responding Social Skills
- Personal Social Skills
- Manners
- Social Skills Sampler
- iprompts
- Conversation Builder
- Mychoice board
REFERENCES

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REFERENCES

- Scripting: Social Communication for Adolescents by Patty Mayo and Patti Waldo (1994) Thinking Publications, Eau Claire, WI.