

## Social Functioning & Stuff

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Presentation at Ottawa County CMH  
March 3, 2015

Adapted from:

Mislabeled Child by Eide & Eide (2006)

Autism Spectrum Disorder in DSM-5 (ppt) by Reichow

DSM IV-TR & DSM V

DSMV changes: <http://www.snagglebox.com/article/dsm-5-changes>

Basics of language: <http://www.asha.org/Practice-Portal/Clinical-Topics/Spoken-Language-Disorders/Language-In--Brief/>

- ASD- DSM IVTR versus V
- Overlapping symptomology= diagnostic confusion
- Closer look ASD versus:
  - NVLD
  - Social Communication/Pragmatic Language
- Social functioning factors
- My strategies for informal assessment in-session
- Social skills interventions

## **Today's Agenda...**

# Diagnostic Criteria

## DSM-IV TR

Impairments in

1. Social Interaction
2. Communication
3. Restricted repetitive & stereotyped patterns of behavior/interest/ activities

- 6 total symptoms required
  - 2 in social interaction
  - 1 in communication
  - 1 in restricted or stereotyped behaviors

Autistic Disorder

- Req 6+ total symptoms
  - 2 in social interaction
  - 1 in communication
  - 1 in restricted or

Asperger's Disorder

- 2+ in social interaction
- 1+ restricted/stereotyped behavior
- (No sig delay in language)

Pervasive Developmental Disorder NOS

- Social Difficulties

Qualitative impairment in social interaction

- a) Marked impairment in the use of multiple nonverbal behaviors
- b) Failure to develop peer relationships appropriate to developmental level
- c) A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people
- d) Lack of social or emotional reciprocity

2. Qualitative impairment in communication

- a) Delay in development of spoken language
- b) Marked impairment in ability to initiate or sustain a conversation with others
- c) Stereotyped and repetitive use of language or idiosyncratic language
- d) Lack of varied, spontaneous make-believe play or social imitative play

Restricted repetitive and stereotyped patterns of behavior, interests, and activities

- a) Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
- b) Apparently inflexible adherence to specific, nonfunctional routines or rituals

- c) Stereotyped and repetitive motor mannerisms
- d) Persistent preoccupation with parts of objects

### **Autistic Disorder**

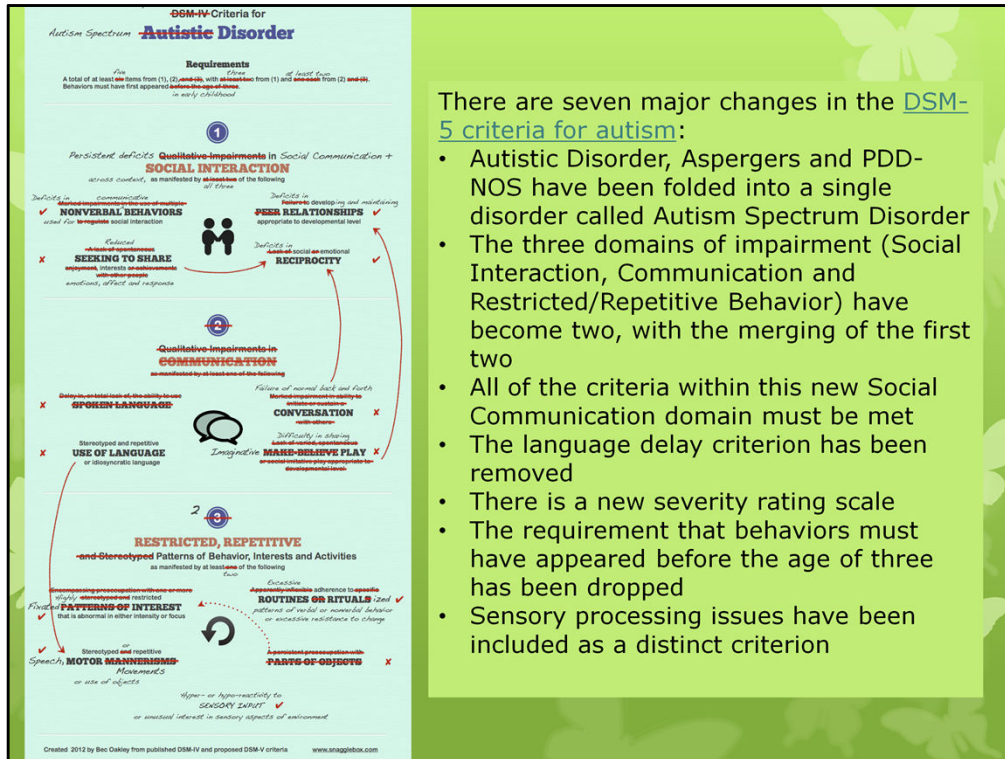
- 6 or more total symptoms
- At least 2 in social interaction
- At least 1 in communication
- At least 1 restricted or stereotyped behavior
- Delays or abnormal functioning evident by age 3

### **Asperger's Disorder**

- At least 2 symptoms in social interaction
- At least 1 restricted or stereotyped behavior
- Significant impairment in functioning
- No significant delay in language, cognition, adaptive behavior

### **Pervasive Developmental Disorder – Not Otherwise Specified**

- Social difficulties (1 social symptom)
- Impairments in communication or restricted/repetitive interests or behaviors (1 communication or behavioral symptom)



There are seven major changes in the [DSM-5 criteria for autism](#):

- Autistic Disorder, Aspergers and PDD-NOS have been folded into a single disorder called Autism Spectrum Disorder
- The three domains of impairment (Social Interaction, Communication and Restricted/Repetitive Behavior) have become two, with the merging of the first two
- All of the criteria within this new Social Communication domain must be met
- The language delay criterion has been removed
- There is a new severity rating scale
- The requirement that behaviors must have appeared before the age of three has been dropped
- Sensory processing issues have been included as a distinct criterion

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Summary of Proposed DSM-5 Criteria Changes

	Change From	To
Title	Autistic Disorder	Autism Spectrum Disorder
Number of criteria	12	7
Minimum required for diagnosis	6	5
Number of domains	3	2

**SOCIAL INTERACTION DOMAIN**

Combined with Communication to form new domain:  
Social interaction and social communication

Minimum required	At least two of four	All three
Criterion 1a	Marked impairments in the use of multiple nonverbal behaviors to regulate social interaction	Criterion A.2 - Deficits in nonverbal communicative behaviors used for social interaction
Criterion 1b	Failure to develop peer relationships appropriate to developmental level	Criterion A.3 - Deficits in developing and maintaining relationships appropriate to developmental level (Subsumed into Criterion A.1)
Criterion 1c	A lack of spontaneous seeking to share enjoyment, interests or achievements with other people	
Criterion 1d	Lack of social or emotional reciprocity	Criterion A.1 - Deficits in social emotional reciprocity

**COMMUNICATION DOMAIN**

Combined with Social Interaction to form new domain:  
Social interaction and social communication

Minimum required	At least two of four	All three
Criterion 2a	Delay in, or total lack of, the ability to use spoken language	(Criterion removed)
Criterion 2b	Marked impairment in the ability to initiate or sustain a conversation with others	(Subsumed into Criterion A.1)
Criterion 2c	Stereotyped or repetitive use of language or idiosyncratic language	(Subsumed into Criterion B.1)
Criterion 2d	Lack of varied, spontaneous make believe or social imitative play appropriate to developmental level	(Subsumed into Criterion A.3)

**RESTRICTED INTERESTS and REPETITIVE BEHAVIORS DOMAIN**

Minimum required	At least one of four	At least two of four
Criterion 3a	Encompassing preoccupation with one or more stereotyped and restricted patterns of interest abnormal in intensity or focus	Criterion B.3 - Highly restricted fixated interests that are abnormal in intensity or focus
Criterion 3b	Apparently inflexible adherence to specific routines or rituals	Criterion B.2 - Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior or excessive resistance to change
Criterion 3c	Stereotyped and repetitive motor mannerisms	Criterion B.1 - Stereotyped or repetitive speech, motor movements or use of objects (Criterion removed or possibly subsumed into Criterion B.3)
Criterion 3d	A persistent preoccupation with parts of objects	
New criterion		Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment

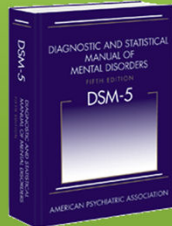
Created 2012 by Bec Oakley from published DSM-IV and proposed DSM-5 criteria [www.snagglebox.com](http://www.snagglebox.com)



## DSM V- Autism Spectrum Disorder

**1. Persistent deficits in social communication and social interaction** across multiple contexts

**2. Restricted, repetitive patterns of behavior**, interests, or activities, as manifested by at **least two** of the following, currently or by history



- Symptoms must be present in early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life)
- Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.
- These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay.

**A. Persistent deficits in social communication and social interaction** across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive; see text):

1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated- verbal and nonverbal communication; to abnormalities in eye contact and body-language or deficits in understanding and use of gestures, to a total lack of facial expression and nonverbal communication.
3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers

**B. Restricted, repetitive patterns of behavior**, interests, or activities, as manifested by at **least two** of the following, currently or by history (examples are illustrative, not exhaustive; see text):

1. Stereotyped or repetitive motor movements, or use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).
3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
4. Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, fascination with lights or spinning objects).

C. Symptoms must be present in early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).

D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.



ADHD?

**Obsessive Compulsive?**

Sensory Integration?

Gifted, but bored?

Aspergers?

PDD - NOS?

Bipolar?

*Anxiety?*

*Emotional Disturbance?*

Expressive Language Disorder?

Autism?

[www.avspeechtherapy.com](http://www.avspeechtherapy.com)

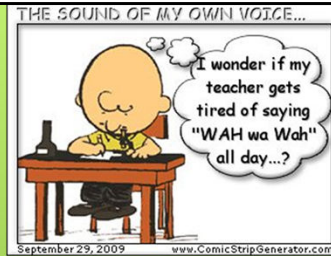
**Overlapping  
Symptomology  
= diagnostic confusion?**

- Many other conditions can mimic autism. However, it is important to distinguish by looking at where dysfunction occurs.
  - Children with other conditions usually show abnormal behaviors in more restricted areas (eg. predominantly visual, auditory, language-related areas). AND typically don't see severe deficits in emotional empathy, "mirroring" and social affiliation (bonding with others) as expected in autistic disorders.
- Not to say that children with other conditions don't have social or communication difficulties because of underlying problems which can still feel spectrumy and difficult for others to empathize with them or continued perception of them being weird. But have to look at role of mirroring (works both ways), if you don't understand a child's behaviors you can possibly project your confusion and distance onto them

## ASD

vs

## Auditory Processing Disorders (APD)



- Many ASD kids can have APD
- Kids with APD may present as ASD
- Difficulty in understanding heard information
  - Acuity versus processing
- Diff in following social interactions, miss social cues
- Mishearing/misunderstanding may lead to 'weird' responses

- Sensitivity or avoidance of distressing auditory stimuli
- Can engage in repetitive activities to produce noises
- Echolalia/speech

APD: Children may present some of the odd responding, reactions, etc to auditory stimuli and/or due to misunderstanding heard information.

- Can act odd if overstimulated by overwhelming auditory information. Repetitive noises (pen clicking, etc).
- Echolalia in trying to understand what was said and confirming accuracy

## ASD vs Visual Processing Disorders




*Difficulty understanding/making sense of perceived visual information*

- Poor eye contact
  - Misinterpret nonverbal communication
    - Facial expressions
    - Social cues
  - Avoidance of high visual stimuli environments
  - Visual distractibility
- Visual processing issues may lead to misinterpretation and odd responding/behaviors
  - Some kids with cerebral visual impairments may engage in odd/stimming visual behaviors

Self-stimulation behaviors may include repetitive activities involving light or visual movement (flapping hands/objects in front of eyes); staring for long periods of time at visually stimulating info; bring objects really close to visual field (to block out visual distraction)

**They say I have A.D.H.D.  
but I dont really feel...  
-Oh look,  
a bunny!**



**ASD  
VS  
Attention Issues**

- Impaired working memory
  - "tune out"
- Diff in various types of attention may appear inflexible, rigid
- Social difficulties common
- Miss social cues, trouble with social rules, behavioral issues

Those who have impaired selective, sustained or stimulated focus may appear inflexible and/or rigid and may at times even appear to show deficits in social affiliation, because they struggle with shifting focus of attention easily in response to leading of others. Some kids with inattention show diminished imagination, cognitive flexibility, and difficulties generalizing their ideas from one area to another

## ASD vs Sensory Processing Disorders

*Difficulty understanding/making meaning of perceived sensory information*

- Difficulties in senses independently and/or integration
- Many with ASD have SPD difficulties (\*new criteria)
- Possible difficulties with transitions, reactivity, rigidity
- Difficulties with smooth emotional and motor control
- Sensory seeking, sensory avoiding
- Self-stimming behaviors common

The diagram features a central blue stick figure with a smiling face. Seven arrows radiate from this figure to seven different cartoon characters, each representing a sense. Clockwise from the top, these are: a character with a nose labeled 'smelling', a character with large eyes labeled 'sight', a character with hands labeled 'Touch', a character with a spinning top labeled 'Vestibulation', a character with a foot labeled 'Proprioception', a character with large ears labeled 'Hearing', and a character with a tongue labeled 'Taste'.

SPD have difficulty in accurately perceiving their environment and responding  
 Can be easily overstimulated or reactive to environment, difficulties with

Stimming behaviors can help to provide motor and sensory inputs that help to improve  
 body imagery, balance and localization

5 Lang Domains	Spoken Language		Written Language	
	Listening	Speaking	Reading	Writing
<b>Phonology</b>	ability to identify and distinguish phonemes while listening (i.e., phonological awareness)	appropriate use of phonological patterns while speaking	understanding of letter-sound associations while reading (i.e., phonics)	accurate spelling of words while writing
<b>Morphology</b>	understanding morphemes when listening	using morphemes correctly when speaking	understanding grammar while reading	appropriate use of grammar when writing
<b>Syntax</b>	understanding sentence structure elements when listening	using correct sentence structure elements when speaking	understanding sentence structure while reading	using correct sentence structure when writing
<b>Semantics</b>	listening vocabulary	speaking vocabulary	reading vocabulary	writing vocabulary
<b>Pragmatics</b>	understanding of the social aspects of spoken language	social use of spoken language	understanding point-of-view, needs of the audience, etc.	conveying point-of-view, needs of the audience, etc.

**ASD vs Language**

- Language is the comprehension and/or use of a spoken (i.e., listening and speaking), written (i.e., reading and writing) and/or other communication symbol system (e.g., American Sign Language). Language can also be classified as receptive (i.e., listening and reading) and expressive (i.e., speaking and writing).
- Descriptions of the five language domains follow.
  - Phonology—study of the speech sound (i.e., phoneme) system of a language, including the rules for combining and using phonemes.
  - Morphology—study of the rules that govern how morphemes, the minimal meaningful units of language, are used in a language
  - Syntax—the rules that pertain to the ways in which words can be combined to form sentences in a language.
  - Semantics—the meaning of words and combinations of words in a language.
  - Pragmatics—the rules associated with the use of language in conversation and broader social situations.
- The social use of language\*\*

*Difficulty interpreting, following or understanding language input*

- Odd or idiosyncratic responses
- Concrete interpretation
- Difficulty with more complex (abstract) language
- Can appear inflexible or easily frustrated with change
- Difficulty in expression
- Those with social/pragmatic language often diagnosed with ASD...

Pragmatics involve 3 major Skills:

1. Using language for different purposes (greeting, informing, demanding, etc)
2. Changing language according to situation/listener (context)
3. Following rules for conversations & story telling (reciprocity, topics, proximity, nonverbal signals, etc)

Therefore those with pragmatic language difficulties often:

- Say inappropriate or unrelated things during conversations
- Tell stories in disorganized ways
- Have little variety in language use
- Display poor social skills

**ASD vs Language**

- Inflexibility often related to not understanding why things are being done or have missed the warnings that changes were approaching
- Social/pragmatic use of language can be most demanding- need for rapid back and forth, simultaneous detection of social cues, need to interpret context, idioms, slang, and figurative language
- Autistic disorder inevitably cause difficulties in social language, however, many kids with pragmatic language difficulties are NOT autistic





## DSM V: Social (Pragmatic) Communication Disorder

*difficulties in the social use of verbal and nonverbal communication*

- Realized the presence of communication disorders, different from autism, amenable to treatment if diagnosed properly, so became a new diagnosis in DSM V
- SCD is characterized by a persistent difficulty with verbal and nonverbal communication that cannot be explained by low cognitive ability. Symptoms include difficulty in the acquisition and use of spoken and written language as well as problems with inappropriate responses in conversation. The disorder limits effective communication, social relationships, academic achievement, or occupational performance. Symptoms must be present in early childhood even if they are not recognized until later when speech, language, or communication demands exceed abilities.

## Social (Pragmatic) Communication Disorder

- Persistent difficulties in the social use of verbal and nonverbal communication as manifested by all of the following:
  - deficits in using communication for social purposes (greeting and sharing information)
  - impairment of ability to change communication to match context or the needs of the listener,
  - difficulties following rules for conversation and storytelling, rephrasing when misunderstood, and knowing how to use verbal and nonverbal signals to regulate interaction
  - difficulties understanding what is not explicitly stated (e.g., making inferences) and nonliteral or ambiguous meanings of language (e.g., idioms, humor, metaphors, multiple meanings that depend on the context for interpretation).
- The deficits result in functional limitations in effective communication, social participation, social relationships, academic achievement, or occupational performance
- Onset of symptoms is in the early developmental period (but may not become fully manifest until social demands exceed limited capacities).
- Symptoms are not attributable to another medical or neurological condition or to low abilities in the domains of word structure and grammar, and are not better explained by autism spectrum disorder, intellectual disability (intellectual developmental disorder), global developmental delay, or another mental disorder.

### Social (Pragmatic) Communication Disorder

A. Persistent difficulties in the social use of verbal and nonverbal communication as manifested by all of the following:

1. deficits in using communication for social purposes, such as greeting and sharing information, in a manner that is appropriate for the social context.
2. Impairment of the ability to change communication to match context or the needs of the listener, such as speaking differently in a classroom than on a playground, talking differently to a child than to an adult, and avoiding use of overly formal language.
3. Difficulties following rules for conversation and storytelling, such as taking turns in conversation, rephrasing when misunderstood, and knowing how to use verbal and nonverbal signals to regulate interaction.
4. Difficulties understanding what is not explicitly stated (e.g., making inferences) and nonliteral or ambiguous meanings of language (e.g., idioms, humor, metaphors, multiple meanings that depend on the context for interpretation).

B. The deficits result in functional limitations in effective communication, social participation, social relationships, academic achievement, or occupational performance, individually or in combination.

- C. The onset of symptoms is in the early developmental period (but may not become fully manifest until social demands exceed limited capacities).
- D. The symptoms are not attributable to another medical or neurological condition or to low abilities in the domains of word structure and grammar, and are not better explained by autism spectrum disorder, intellectual disability (intellectual developmental disorder), global developmental delay, or another mental disorder.



## Non-verbal Learning Disability (NVLD)

- Perception
  - visual spatial/organizational; ability to interpret and organize visual info
- Motor
  - graphomotor, coordination, balance, ability to master physical environment
- Social
  - comprehending nonverbal communication, adjusting to transitions and novel situations, social judgment, social interactions
- Sensory

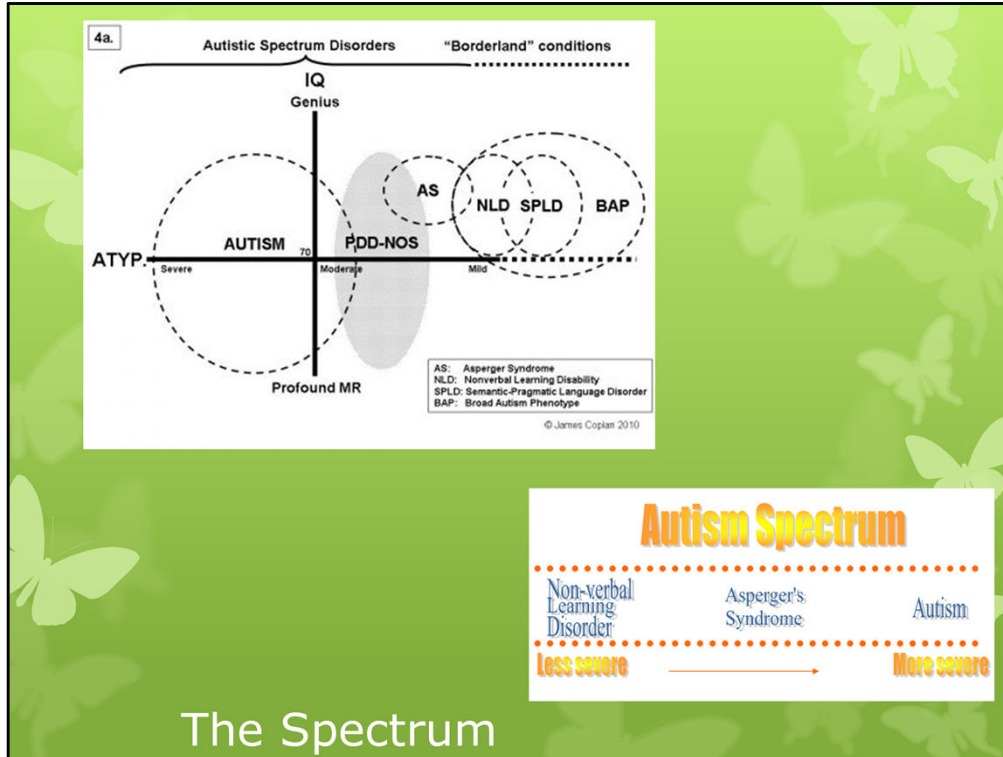
\*\*NOT in DSM

<http://www.nldontheweb.org/home.html>

### Testing specifics

- Deficits in nonverbal domains
  - High verbal
  - Low Motor
  - Low Visuo-spatial
- Academic
  - Math
  - Written language
  - Handwriting
- Anxiety/Depression

- “Right brain” issue– think it has to do with myelination (white matter).
- Gray matter in brain nerve cells... So gray matter is houses and neighborhoods, white matter is the streets and highways.
- 65% of all communication is actually conveyed nonverbally.
- NLD syndrome affects females as often as males (approximately 1:1 sex ratio)
- dysfunctions associated with NLD are "less apparent at the age of 7 to 8 years . . . than at 10 to 14 years," and that they become "progressively more apparent (and more debilitating) as adulthood approaches."
- NOT an acuity issue or issue with brain structures.
- Notion of NVLD as an individual diagnostic category is also under debate due to overlapping diagnostic similarity with other diagnoses (such as Asperger’s Syndrome or Autism). Some argue the NVLD might be best understood under the new DSM-V Autism Spectrum diagnosis with NVLD being a form of high functioning Autism- particularly as the DSM-V has transitioned to eliminating Asperger’s Syndrome and encapsulating it under the spectrum orientation. Roman (1998) explains that lower functioning children diagnosed with Asperger's may be more properly diagnosed as autistic, whereas many of the higher functioning children diagnosed with Asperger's syndrome may instead be NVLD children.



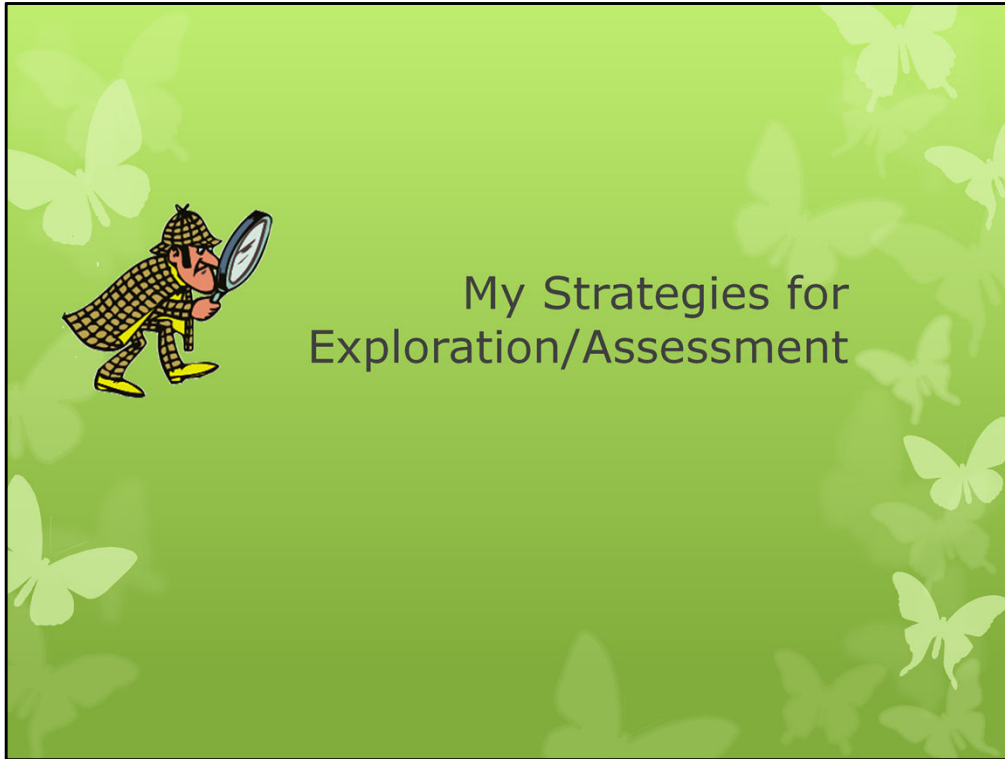
<https://www.psychologytoday.com/blog/making-sense-autistic-spectrum-disorders/201006/006-not-quite-autism-the-borderland-asd>:

- Children who have difficulty with conversational language, personal space, fine motor coordination, and right / left [discrimination](#), are said to have "Non-Verbal [Learning Disability](#)." (This is really a misnomer, since verbal ability as well as visual-spatial skills are affected, but on IQ testing, their Verbal scores are better than their Non-Verbal scores.)
- Children with NLD are "autistic-like," and have most of the same educational needs as the child with fully-expressed ASD. They resemble (indeed, overlap) with kids with Asperger Syndrome.
- Milder still are children who manifest isolated difficulty with language (turn-taking, topic maintenance, tone of voice, idioms, etc.) - termed Semantic-Pragmatic Language Disorder - but without any of the issues with personal space, coordination, or right / left discrimination seen in NLD.
- We all know someone (or perhaps you are that someone) who doesn't look other people in the eye, or who knows everything there is to know about some odd topic, or who is uncomfortable at parties but great at computer programming. These people are able to lead full, productive lives, and they are happy with who they are; they're just a bit quirky, or have strong personality traits in one dimension or another. Psychologists who study adults refer to this as the "Broad Autism Phenotype" (BAP). (One group of researchers has actually coined the

term "NQA - Not Quite Autism" to describe adults with minimal atypicality. See Chapter 5 and the Reading List of my book for details).

- Do children with mild ASD, NLD or SPLD turn into adults with BAP? Perhaps. This is a case where two different groups of researchers - one group focused on children, the other focused on adults, have come up with different terms to describe what may be the same phenomenon, at different points in the life cycle.
- This brings us to Figure 4a. Now we can see the entire range of ASD, as well as the "autistic-like" conditions, NLD, SPLD, and BAP. At the moment, NLD, SPLD, and BAP are not listed as autistic disorders in the DSM. More on that in another post.

<https://www.psychologytoday.com/blog/making-sense-autistic-spectrum-disorders/201006/006-not-quite-autism-the-borderland-asd>





## My process...



- Current presentation
- ALWAYS, ALWAYS, ALWAYS includes detailed developmental history (all areas including social)
- May include observations\*
  - Natural environments if possible
- In-session observations and informal assessments...



- Current presentation: What are the current difficulties/what brings them in? what does that look like? What have they tried?
- Assessing all areas of developmental progression (social, physical, milestones, etc). Asking questions about play behaviors, friendships, etc. Understanding where they are now and how they have progressed through development
- Observations in natural environments can be key. Watching child in peer interactions (school recess, etc) can provide key information

## Questions I'm asking/thinking about

- Looking at nonverbal communication skills
  - eye contact      affective expressions      interest in environment
  - stimming      influence of others in room
- Looking at verbal communication
  - Speech quality      Reciprocal conversation      topics
  - Pragmatic language      what happens if I don't talk
- Is there any social motivation? Observed or described?
- What else could be influencing difficulties...



- Cultural Factors
- Exposure & Experience
- Values
- Norms
- Trauma
- Technology



## Social Skills

Other considerations

Eye contact, proximity, interaction style, conversation

## Stages of Play

**Unoccupied play** The child is not playing, just observing

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**Solitary play** The child plays alone, focussed on their own activity, unaware and uninterested in what others are doing. Most common in children aged under three.

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**Onlooker play** The child watches others at play but does not engage in it. They may talk about the play, but they do not join in. Most common in children aged 2-3 years

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**Parallel play** The child plays separately but close to others often mimicking their actions. Often seen as the beginning of more complex social play. Most common in children aged 2 1/2-4 years

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**Associative play** The child is interested in playing with others and interacts with others during play, but the activity is not organised or co-ordinated. Most common in children aged 3-4 years

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**Cooperative play** The child is interested both in the people playing and in the activity. The activity is organised, and participants have assigned roles. This is the beginning of 'team work'. Most common in children aged 4 1/2 - 6+ years.

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Adapted from Mildred Parten's Stages of Play theory  
[http://en.wikipedia.org/wiki/Parten%27s\\_stages\\_of\\_play](http://en.wikipedia.org/wiki/Parten%27s_stages_of_play)

### Assess through play

- Which should they be at vs where are they?
- Symbolic play behaviors
- Flexibility
- Frustration tolerance
- What function do I serve?
- Jokes/humor

How do they use me



## Social Skills Interventions



- **Current difficulties**
- **Understanding of developmental progression**
- **Identify strengths & weaknesses**
- **Goals**

## How would you break it down?



Social motivation?

Communication skills?

Initiating interactions?

Sustaining interactions?

Initiating friendships?

Sustaining friendships?

Do they want to make friends? Do they have any social interest already?

What are their verbal and nonverbal communication skills?

What are the goals? Parents, versus child versus yours?

To develop social skills which are foundational for all of life, or is it more about creating and sustaining friendships?



## Breaking it down...

Where are the difficulties?

- Communication/language
  - Communication boards/Speech interventions
- Social motivation or interest
  - Creativity, rewards systems, etc
- Initiating/sustaining social interactions
- Initiating/sustaining friendships
- Coping skills

## Breaking it down...

### Areas of focus

- Describing friendship qualities
- Feeling identification
  - Others and self
- Listening Skills
- Conversational Skills
- Verbal & Nonverbal Communication
- Practicing higher order language (jokes, sarcasm, etc)
- Coping Skills

101 ways to teach social skills

[..\101 Ways Teach Children Social Skills.pdf](#)

### Tools

- Individual
- Groups (Child & **Parent**)
- Social stories
- Teamwork activities
- Play Dates

And one of the most important techniques is...

- What makes a good friend/not? Identifying current relationships good/not so good
- Back and forth, discussing different topics
- Groups provide real world experience, opportunities for practice. Kids learn faster from other peers, more natural
- Identifying what makes someone good communicator
- Verbal communication activities- lego building back to back activity, I spy, etc.
- Nonverbal- facial expressions. Watching tv on silent and talking about facial expressions
- Identifying nonverbal communication (e.g. nodding, eye contact, smiling, facing the person, not fidgeting, taking turns talking, staying on topic, asking relevant questions, etc...)



To address difficulties with generalization, will need to practice and repeat learned skills in different environments and contexts