

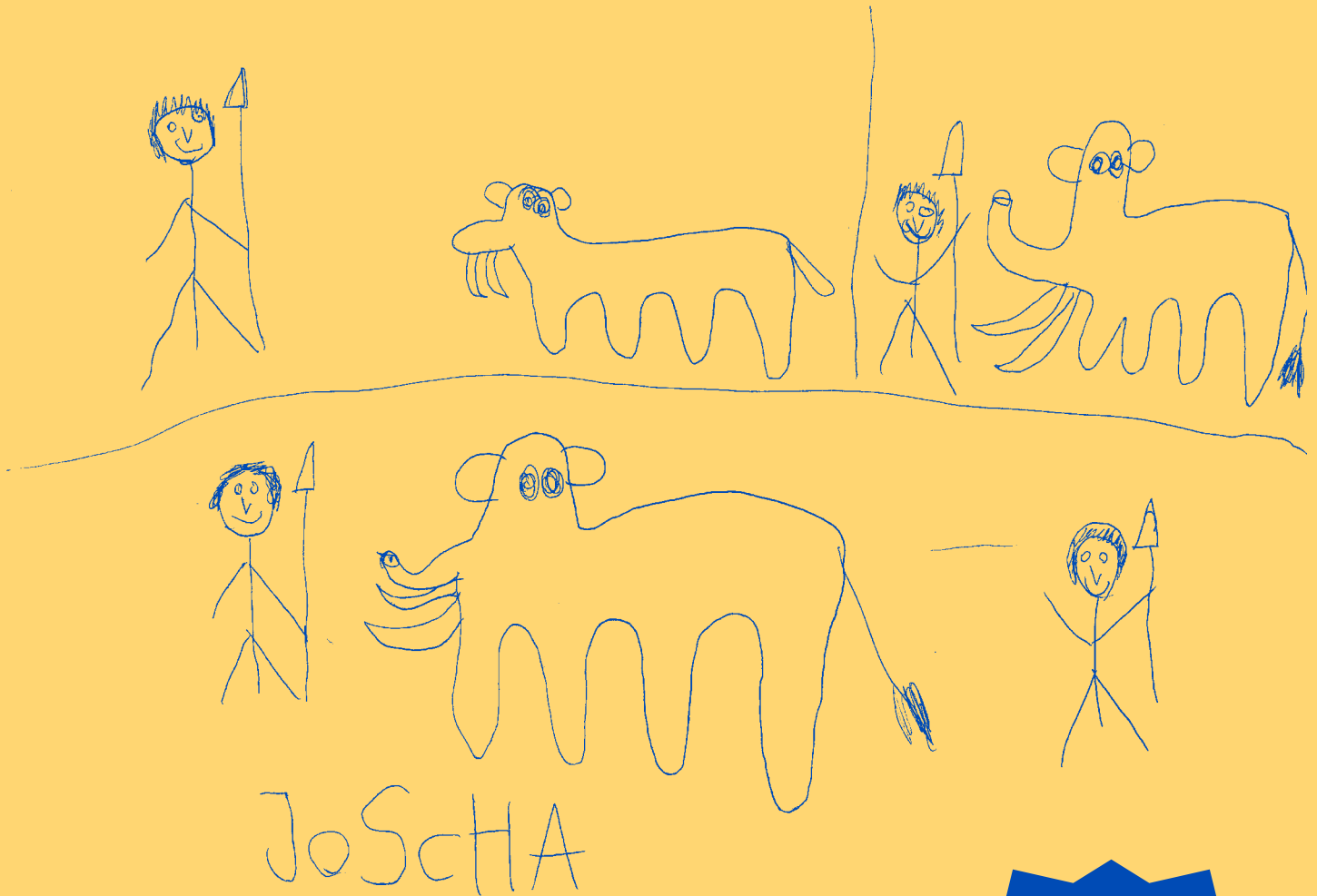


AUTISM NEWS

of Orange County
& the Rest of the World

Summer 2012

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COVER FEATURE

We are pleased to feature one of our local artists, **Joscha**. Read more about Joscha on page 21.

Mission Statement

Autism News of Orange County & the Rest of the World is a collaborative publication for parents and professionals dedicated to sharing research-based strategies, innovative educational approaches, best practices and experiences in the area of autism.

Submission Policy

The Autism News of Orange County–RW is available free of charge. The opinions expressed in the newsletter do not necessarily represent the official view of the agencies involved.

Contributions from teachers, therapists, researchers and relatives/children of/with autism are welcome. The editors select articles and make necessary changes.

Please submit articles in Microsoft Word using font size 12, double spaced, and no more than four pages in length (2600 words). Photos are encouraged and when submitted with articles the permission to include is assumed.

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Social Skills Programs: Who is learning which skills from whom?

By Vera Bernard-Opitz

Social skills can be a stepping-stone or a hurdle across the lifespan: from helping or preventing popularity in kindergarten to facilitating or obstructing personal relationships or professional opportunities as an adult. Considering social skills such as eye contact, social awareness and reciprocity, as well as communicative competence, play such an important role, it is surprising that they are not core teaching targets in regular educational settings. Compared to reading, writing and arithmetic, social skills usually are not contained in textbooks, well-organized lesson plans or graded subjects taught in schools.

A number of recent developments have been triggered by the obvious need for social skills training programs for individuals with Autism Spectrum Disorders (ASD). In this population, impairments in social skills are a defining feature, and a huge market has emerged focusing on social skills training. Teaching targets range from joint attention to understanding and expressing feelings, empathy, and Theory of Mind or social perspective taking. How to understand the "Hidden Curriculum" (Myles et al, 2004), use self-control "Five Point Rating Scale" (Buron & Curtis, 2004), be a good friend (Baker, 2003), a "Social Detective" (Winner, 2010) or a competent communicative partner (Jenny et al, 2011) can now be taught according to these or many other specific training programs.

The challenge in social skills training has been to develop programs that generalize to everyday settings (see excellent summary by Loomis, 2008). The current issue of the Autism News tries to capture some of the strategies that promote generalization. Often social skills make a difference not only in the lives of individuals on the spectrum, but also to many others who come into contact with them, as in the following examples:

Today a parent reported that her six-year-old son had managed to control his anger by using the "Turtle Technique" (withdrawing into your shell when things get tough) as well as "letting off steam" just like his beloved

"Thomas the Tank Engine." When she recently became upset about his endless chatter, he recommended "Mom, why don't you use the Turtle Technique!"

Recently a teenager with ASD caught himself in an informal social gathering, commenting on his own monologue with "Oops, I guess this was 'Me-Talk' instead of 'We-Talk'." I often wonder how many friendships, careers or even marriages could be saved if social awareness, knowledge and competence would be considered as important as the three Rs.

The following articles are highlights of this 18th issue of the Autism News OC:

- **Jed Baker**, Director of the Social Skills Training program New Jersey and well-known author and presenter, tackles the important issue of the motivation to be social across the different levels of the autism spectrum.
- **Sunny Kim and Robert and Lynn Koegel**, researchers from the Autism Research Center at UCSB, report about integrating adolescents with ASD with their high school peers through clubs targeting preferred interests.
- **Kathleen Davey**, Clinical Psychology and Training Consultant at the Social Skills Training Institute Brisbane, presents an exciting espionage-themed social skills computer program.
- **Joan Hersh and Kelly McKinnon**, BCBA and award-winning blended preschool teacher and Board Certified Behavior Analyst respectively, share highly workable ideas on facilitating social skills in inclusive environments.
- **Nancy Pohlot and Le Etta Vanderpool**, Speech and Language Pathologists at Providence Speech and Hearing Center and Newport Language and Speech Centers, provide interesting examples and results from their social language focus groups.
- **Lou Ann Boyd**, BCBA and autism specialist at OCDE, presents methods which promote generalization of social skills for different levels of learners. An interesting feature is the alignment of these

levels to the proposed levels of DSM V.

- In our family section, **Dang Uy Koe**, Chair Emeritus, Autism Society Philippines, shares the impressive account of **Elizabeth Udquin**, also called “Mom Beth” on helping her two boys with autism learn to relate to neighbors through selling biscuits and managing their own “mini-store.”
- **E. Cheryl Fletcher, MA**, CCC-SLP, BCBA, Director, Integrated Therapy Services has contributed a very moving Memorial to **Adriana “Loes” Schuler**, whose departure is a huge loss not only for her family and friends, but also for the international autism community.

We herewith thank all our authors as well as our child artist **Joscha** for their efforts, all of which made this issue on social skills programs so very special. A cordial thanks also goes to all our supporters.

The Autism News continues to depend on your donations and announcements of support. Please keep up your support so that we can produce the next issue, which will **focus on Curricula** for individuals with ASD, a group we all care so much about.

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The World Autism Organisation (WAO)

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The WAO was formally established in 1998. We have people with autism spectrum conditions, parents, professionals and friends as members in every continent. We work to improve the lives of people with autism and their families wherever they live and whatever their age and situation.

We intend publishing information about our plans and activities in future editions of “Autism News” on a regular basis.

Major international events are planned for the future.

- **2012 General Assembly** and associated events in Herring, Denmark. October 19th-20th
- **2013 International Conference** (in association with the Irish Society with Autism) Dublin, Ireland April 3rd-4th
- **2014 International Congress** in Kuwait, November 11th-13th

For further details about these events, memberships and activities, please visit our website at

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Motivation to Interact with Others

By Jed Baker

A fundamental concern for those who work with individuals with autism is how to motivate social interaction and develop the skills that will allow for greater independent functioning.

To describe some of the various ways to motivate individuals to learn, I organized a map of motivation shown in Table 1. The map is divided into strategies for those with pre symbolic language (i.e., limited receptive language) and those with good symbolic language (i.e., good receptive language). Consider a 4-year-old named Johnny with classic autism and limited receptive language. He lines up toy block letters on the floor. His parents approach him and try to get his attention by saying, “Hi Johnny, look at me,” but he continues to focus on his letters. His sister comes up to him showing a toy train and says, “Look at the choo choo train” but he continues to focus on lining up his blocks. Johnny lacks joint attention; he is not motivated to even look at his parents or sister. Because he lacks receptive language we cannot use language to try to “talk him into” interacting with us.

Alice, on the other hand, is a 15-year-old with Aspergers Syndrome and very good receptive language. In her 10th grade history class, the teacher tells her that she is to do a group project today with some classmates that she knows. The teacher tells her they will get points for working well with each other. Alice says, “I don’t work with other kids.” The teacher tells her, “Alice, if you want to make friends you are going to have to work with other students at some point.” Alice responds, “That’s okay, I do not want any friends.” “But Alice,” says her teacher, “if you want to have a job later in life you are going to need to learn to work with others.” Alice responds, “That’s quite all right,

I do not want a job either!”

Although Alice and Johnny are different in their language functioning, they both lack motivation. However, because Alice has more receptive language, we can try to “talk her into” interacting with others, although she may not agree.

We further divide the map of motivation into those strategies that emphasize extrinsic motivation and those that emphasize intrinsic motivation. Extrinsic motivation refers to rewarding a child after engaging in an activity. Intrinsic or natural motiva-



tion refers to making the targeted activity rewarding in and of itself. For example, some ASD children resist playing with others at recess. We can consider using an extrinsic reward to help them engage in play, like access to their favorite video after playing tag with peers for five minutes at recess. Alternatively, we can try to make the play at recess intrinsically interesting to the student. Perhaps the student loves animals but dislikes tag. So we might try to engage the student in an animal guessing game at recess rather than try to get him or her to play tag.

Now recess itself becomes rewarding rather than providing a reward after (external to) recess.

For children with limited symbolic language skills

For children with limited language, early intervention with intensive ABA therapy has been shown to be particularly effective in a variety of controlled studies (Lovaas, 1987; Koegel and Koegel, 2006; Sundberg and Partington, 1998; Mateson, Mateson, & Rivet, 2007). However, these ABA strategies differ in their emphasis on extrinsic versus intrinsic motivators.

The traditional ABA approaches, like Discrete Trial Instruction (DTI), often uses “extrinsic” rewards to teach skills (Lovaas, 1987). For example, if we wanted to teach a young person to learn the words for different colors, we might show him different pictures of colored circles. DTI involves a cue, prompt, and then after the child’s behavior, praise and external reward. So to teach the word “yellow,” we would show the child the pictures of all the colors and cue the child, “touch yellow,” and then prompt him by putting his hand on yellow. Then we would praise him, “good touching yellow,” and offer an external reward, like a piece of candy. Although some children will work very hard for these external rewards, others may resist such training and have difficulty generalizing skills to a natural setting outside the DTI work environment.

Some of the more contemporary ABA approaches (like Pivotal Response Training and parts of Verbal Behavior Training) along with relationship-based approaches try to capitalize on intrinsic motivation. In Pivotal Response Training, the instructor uses the same components as in DTI (a cue, prompt, and reward) but also capitalizes on the initial naturally occurring interest of the child to begin the learning experience. To continue with the example of teaching words for colors, PRT would begin by noticing what the child was attending to in their natural setting. If the child was drawing, the instructor might take the drawing or marker and cue the child by asking, “what color is this?” Then the instructor might prompt the child, “say yellow.” After the child says yellow, the instructor might say “good job” and hand

them back the marker. Thus PRT capitalizes on what the child seems interested in at the moment and the reward is intrinsic to the activity. PRT also builds intrinsic motivation by reducing frustration, through interspersing simpler tasks in teaching trials so that child feels successful.

Verbal Behavior Training (VBT) has several components. The first part, mand training, involves using intrinsic motivation. Mand training essentially is teaching children to request what they want. In keeping with our example of teaching the words for different colors, VBT would begin by baiting the child’s interest in some objects of different colors. For example, if the child were drawing, we would show, but hold on to, all of the markers. As the child reaches for a marker, we would prompt them, “say ‘yellow marker please.’” Then we would hand them the yellow marker (an intrinsic reward) rather than using an external reward.

DIR®/Floortime™ (Greenspan, and Wieder, 2005) and RDI (Gutstein, 2007) are both approaches that emphasize intrinsic motivation. Both have shown to lead to positive changes in behavior, yet there is a lack of controlled studies evaluating these models.

Floortime is a technique in which for sessions of at least twenty minutes a caregiver gets on the floor to interact with the child. It is also a philosophy that involves following the lead of the child to gain motivation and trust and challenging the child to interact. By imitating and following the child’s lead, the instructor uses the child’s interest in the moment to play and reduce frustrating demands to establish motivation to interact.

RDI focuses on being able to think flexibly, take different perspectives, cope with change, and process several sources of information simultaneously (Gutstein, 2007). Many of the activities designed to help children gain these abilities aim to be highly engaging and fun for the children to capture their motivation and desire to interact. The goal is for children to interact with the instructor because it is fun (an intrinsic reward).

Which approach should you use?

Historically, there has been much debate over

what strategy is more effective in teaching children with autism: DTI, PRT, VBT, RDI, DIR or some other strategy. If the goal is to maintain motivation so that learning can occur, then we should consider a variety of evidence-based approaches that can be used flexibly to maintain motivation throughout a learning session. I often vary the use of both intrinsic and external motivators depending on the response of my students in the learning environment. For example, a student who has been earning computer time for doing schoolwork might come to expect this reward routine. Thus I might continue in that theme when it comes time to having him play with peers. However, if we are playing a board game and he becomes bored during the time between his turns, I can introduce a more intrinsically rewarding game like “follow the leader” that gets him moving and requires no wait time. In this way, I can maintain motivation to interact with peers using both external and intrinsic rewards.

Combining strategies was tested in a recent controlled study that evaluated the effects of The Early Start Denver Model (ESDM) an early intervention program for children as young as 12 months old (see Dawson et al., 2009). This was a particularly interesting study because of the powerful results and the authors’ emphasis on integrating aspects of applied behavioral analysis (ABA), particularly PRT strategies, with developmental and relationship-based approaches. The study compared ESDM to a comparison group in which parents received recommendations on ASD interventions, as well as referrals to local community providers of the interventions. In the first year, children in the ESDM group gained 15.4 IQ points on average, while children in the comparison group gained an average of 4.4 points. Over the two-year study period, children in the ESDM group consistently improved on measures of communication skills, motor skills, and daily living skills compared to the control group.

A play-based protocol for children with limited language

I am often called upon in schools to increase the peer interaction between students with classic autism

and their typical peers. To motivate students to initiate of play, respond to peer initiation, and increase the duration of interactive play, I have used the following protocol:

1. Have a staff member explore possible play activities with the targeted child during one-on-one sessions. Use activities that are likely to be highly appealing. These might include games for which the student has already shown a preference, or games that have little wait time, allow for movement, and/or require less language demand (e.g., follow the leader; hide and seek; hot and cold, where you hide objects in the room; red light/green light; the freeze dance, where you stop and start music to dance or freeze; charade games, where you act out animals, feelings or actions and the student must point to a matching card to indicate what they saw someone act out; or active/intriguing board games like Lucky Ducks, Hungry Hippos, or Go Fishing).
2. Make a list of the games the child seems to enjoy based on his or her willingness to play. Create a communication system to request or offer these games for play, such as a choice board. Use this visual support to teach the child to choose the game they want to play with you by prompting, “Do you want to play . . .” and show them a choice of the preferred games. Teach the child to request a game by prompting, “I want to play . . .”
3. Gather peer volunteers to be “peer buddies” for targeted students. (See chapters on creating peer buddies in Baker, 2003; Baker, 2005). Teach those peers how to use the communication system to offer the preferred games to the targeted student and to be flexible in following the interest of the targeted child by offering a choice of a new game if the targeted child becomes bored.
4. Schedule play sessions several times per week with peers and targeted student.

For children with strong symbolic language skills

Explain rationale

Let's return to Alice, our student with excellent verbal language skills who is not motivated to work cooperatively with her peers on her history project. We can explain the rationale for working cooperatively with her peers; that it will help Alice reach her own future goals. Alice told us once that she wanted to be a Web designer. So we can say, "Alice, if you want to be a Web designer, you will need to work cooperatively with others. The skills you learn with your classmates today will help you to become a Web designer." She might then say that she changed her mind and does not want any job.

Use extrinsic motivators

When we run out of any natural future goals that Alice is willing to work towards, we can switch to the extrinsic motivation side. We can say, "Alice, usually your mom does not let you play video games during the week, but she said if you work with your

peers today she will give you an hour of video game time tonight." She might then say, "I do not care if you take all my video games away, I am not working with peers on this group project."

Increase awareness of strengths and talents first

When we run out of natural goals, and there are no contrived external rewards that will motivate someone, it often appears like there is nothing that is motivating to the student. When students no longer care about their future or the prospect of any rewards, we might say that they are apathetic, depressed, or feeling hopeless. For students like this, we need to increase self-awareness of strengths and talents to establish hope for a successful future prior to motivating them to work on a challenge (see Table 1). No one is willing to do difficult work, skill training or face challenging social interactions unless they have hope of a future. So we can say to Alice, "You have a great visual arts sense, you could be a Web designer. You also know a tremendous amount about weather, have you considered a career in meteorology? I am also amazed at your singing voice, have you considered joining our chorus? With all these strengths, you can have a very bright future. I want to help you learn to compromise so that does not get in the way of all your talents."

Have students teach others

Another way to motivate Alice is to ask her to help us teach others, e.g., saying to Alice "You know how to compromise very well. Can you help me teach the other girls how to work cooperatively?" For many students, teaching others is much less shameful than being the student and allows one to learn a skill through the teaching of the skill.

Make socializing fun through high interest activities

If we want Alice to participate in a group history project, we will need to make it fun for her. If she has a great singing voice, we can ask that the group project develop a song about history. Many of the group projects we work on with our students involve creative activities like making songs, drawings or films to maintain interest as students work with one another.

Although the Map of Motivation in Table 1 is



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Table 1: A Map of Motivation

	Extrinsic Rewards	Intrinsic Rewards
Pre symbolic language	Use of material rewards such as food, toys, privileges, or social praise provided after skill enactment. The reward may have no natural connection to the skill in that the reward may not be available in naturally occurring settings. This characterized the earlier <u>Lovaas discrete trial</u> approach; the more contemporary Lovaas approach utilizes intrinsic approaches as well.	<p><u>Pivotal Response Training</u> often imbeds the child's interests into the skill lesson, and intersperses challenging tasks in between easier ones to maintain intrinsic motivation.</p> <p><u>Verbal Behavior Training</u> starts with "mand" training in which the child learns to request favored items or activities, so that the reward is intrinsic to the learning situation.</p> <p><u>DIR®/Floortime™</u> follows the lead of the child to gain motivation.</p> <p><u>RDI</u> – attempts to make social referencing fun and engaging in and of itself</p>
Pre symbolic language	Extrinsic rewards are provided as above, often through the accumulation of symbolic rewards such as tokens or points on a behavior chart.	<p><u>Explain rationale</u> for working on challenging skills; that it will help the student reach their own future goals</p> <p><u>For students who seem not to care about their future, increase self-awareness of strengths and talents</u> to establish future goals prior to focusing on their challenges</p> <p><u>Have students teach</u> necessary skills to others to help them feel competent themselves</p> <p><u>Make socializing fun</u> through high interest activities</p>

not exhaustive, it is my hope that it can provide some guidance in maintaining the interest, attention and motivation of both verbal and less verbal students to learn and to interact with others.

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Adulthood for Those with Autism and Aspergers Syndrome; *The Social Skills Picture Book*; *The Social Skills Picture Book for High School and Beyond*; and *No More Meltdowns: Positive Strategies for Managing and Preventing Out-of-Control Behavior*.

For further information, contact:

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Improving Socialization for Adolescents with Autism Spectrum Disorders

By Sunny Kim, Robert Koegel, & Lynn Koegel

This article reports a summary of some preliminary analyses for a project we are conducting aimed at improving socialization for adolescent students with Autism Spectrum Disorders (ASD) and their typical peers in inclusive high school settings. Currently the literature reports relatively few empirically supported intervention models or programs aimed at ameliorating social deficits experienced by adolescents with ASD in their inclusive school settings (Bellini, Peters, Benner, & Hopf, 2007; Tse, Strulovitch, Tagalakis, Meng, & Fombonne, 2007). Research has documented that without systematic social intervention, adolescents with ASD can exhibit limited or nonexistent initiations toward typical peers (Hughes, Golas, Cosgriff, Brigham, Edwards, & Cashen 2011), difficulty maintaining engagement with typical peers (Humphrey, & Symes, 2011), a general lack of social competence around typical peers (Stichter, Randolph, Gage, Schmidt, 2007; Knott, Dunlop, & Mackay, 2006), and an overall difficulty appropriately participating in social activities with typical peers (Orsmond, Krauss, & Seltzer, 2004). These adolescents have also reported greater feelings of loneliness (Bauminger & Kasari, 2000). What is especially alarming is that these social impairments increase the risk of adolescents with ASD developing secondary disorders such as anxiety and depression (Simonoff, Pickles, Charman, Chandler, Loucas & Baird, 2008; Strang, Kenworthy, Daniolos, Case, Martin & Wallace, 2012).

Adolescents with ASD have expressed a desire to develop meaningful friendships (Bauminger & Kasari, 2000), but they may not have developed the necessary skills. Research has suggested that one way to improve socialization skills for adolescents with ASD is to incorporate their preferred interests into systematically developed club activities (Koegel, Fredeen, Kim, Danial, Rubinstein, & Koegel, 2012). Clubs are common avenues for social participation in middle and high schools. In addition, clubs provide a common ground where friendships could be formed between students with similar interests (Feld, 1982; Cohen, 1977). Our earlier results (Koegel, et al., 2012) systematically embedding students with ASD's restricted interests into social clubs in socially appropriate ways suggest the potential to produce major benefits. These idiosyncratic interests may be powerful positive reinforcers and motivate adolescents with ASD to appropriately engage with typical peers (Charlop, Kurtz, & Casey, 1990; Wolery, Kirk, & Gast, 1985).

The idea for this project was a result of reports from parents, school psychologists, and special education teachers who all work with children with ASD expressing their concerns about the student with ASD's lack of socialization with peers. School psychologists and special education teachers in particular were concerned with the student with ASD's psychological well being as a result of difficulties socializing with peers. In some cases, the school psychologists and special education teachers reported

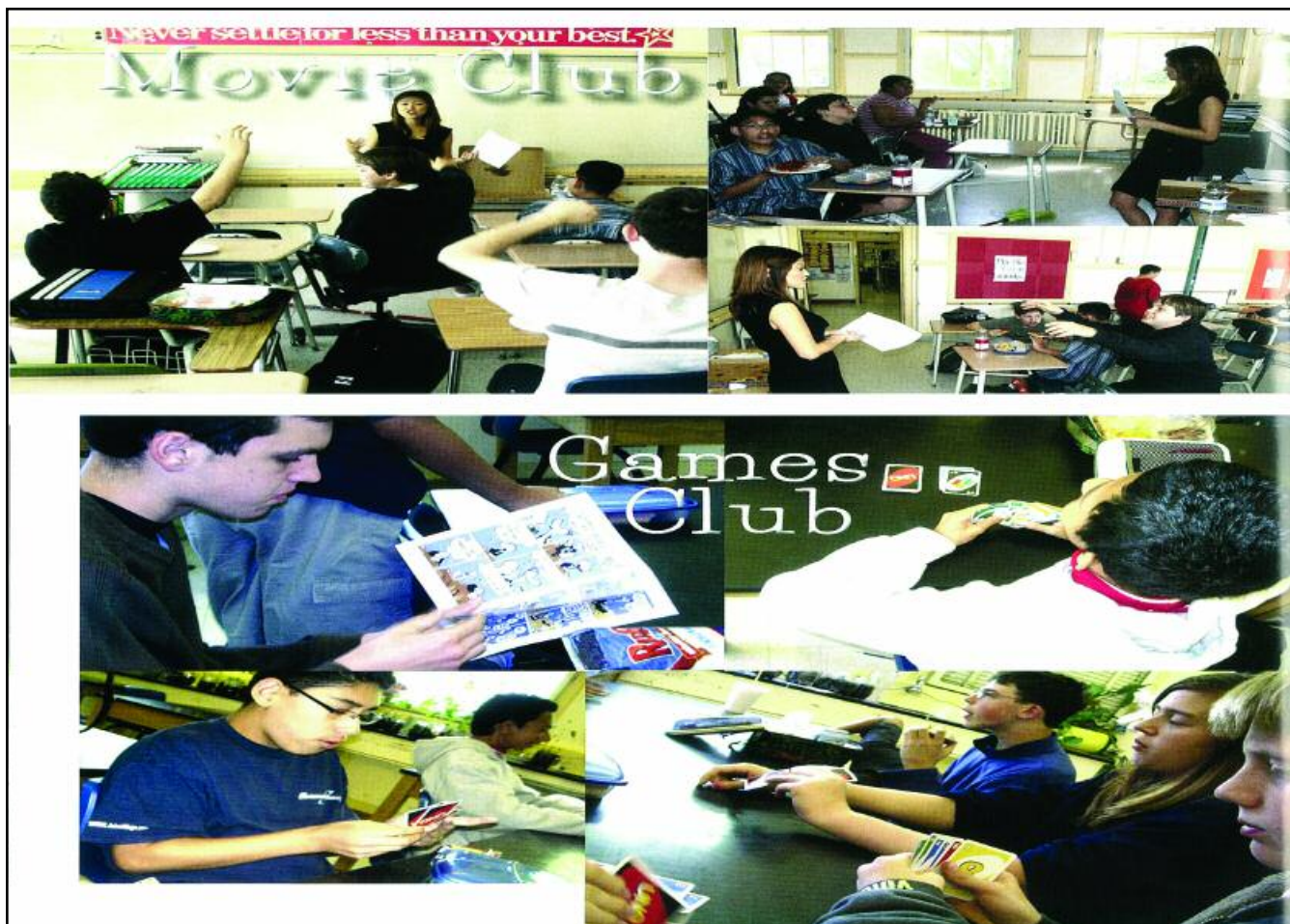


Figure 1. Implementation of various clubs incorporating the adolescent with ASD's preferred interests.

these students being bullied and teased by typical peers. Parents also expressed concerns with their child not knowing how to socialize with peers as many parents realize learning appropriate socialization skills is an important skill set for development.

The main goals for this project were two-fold. First, we wanted to contribute to the understudied area of appropriate intervention models or programs for adolescents with ASD in their inclusive school environments. Second, we wanted to address the social impairments of adolescents with ASD by fostering their engagement, responsivity, and initiations toward typically developing peers during unstructured time periods such as lunch by incorporating their preferred interests into club activities.

Participants and Settings Seven high school students with a diagnosis of ASD participated in this

project. All participants were diagnosed by independent agencies with expertise in autism and all had a diagnosis of ASD listed on their IEPs. School psychologists referred the adolescents for participation in this study due to observed difficulties socializing appropriately with typical peers during lunchtime in their high school settings. The adolescents were between the ages of 14 to 16 years at the start of the project, which took place at local high schools.

Dependent Measures Data were collected on parameters of social interaction frequently measured in the literature (c.f., Koegel, Koegel, Shoshan, & McNerney, 1999): (a) the adolescent with ASD's *percent time engaged* with typical peers; (b) the *frequency of initiations* the adolescent with ASD made to typical peers; and (c) *social validation measures* regarding the intervention through a self-report

measure that participants completed.

Procedures Our target adolescents were observed participating in their regular lunchtime activities during baseline. No changes were made to their respective lunchtime environments, nor were the participants given any prompts or additional instructions to interact with typical peers. After the baseline observations, each target adolescent was individually interviewed to assess what their preferred interests were in order to incorporate their interests into club activities during lunchtime. Although a variety of clubs were already available at the high schools and our participants had the option of joining pre-existing clubs, none of these clubs incorporated the target adolescent's preferred interests.

Similar to the pre-existing clubs, the new clubs were open to all students and were advertised via flyers, which were posted around the school, and given to various teachers to announce to their students. For some clubs, the target adolescents actively promoted the club to typical peers by passing out flyers in between classes and lunchtime. In addition, prior to the club meetings, the club was announced over the intercom right before lunch, announcing the opportunity for all students to join. The participants' diagnoses were kept confidential throughout the project. As in the baseline condition, the students were never prompted to initiate to or engage with their typical peers. Likewise, the typically developing peers were not prompted to initiate to or engage with the target adolescents.

The new clubs systematically incorporated the

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visual learning

student with ASD's preferred interests. For example, one of the participants was interested in basketball so we started an Intramural Basketball club. Flyers announcing the Intramural Basketball club were posted around the school and the school bulletin announced the new club. Students were given the option to form teams comprised of four to six players. The club facilitator's role was to start the game by throwing the ball in the air and record the scores. The peers primarily mediated the basketball games by making sure students were following the basketball rules (e.g., foul, travel). Other clubs we implemented include: Movie Trivia club, Computer Graphics club, Cooking club, Frisbee club, and Video Game club.

Results All participants were socially isolated when compared to typical peers during baseline. While numerous structured clubs were available for these adolescents to attend during baseline the target adolescents did not attend any existing structured clubs, but instead remained socially isolated. In contrast, all participants improved with intervention when all variables remained the same except for the individualized theme of the club that incorporated the students' highly preferred interests. Specific details for each measure are presented below.

During baseline, adolescents with ASD were engaged with typical peers at low levels. With intervention, however, adolescents with ASD's level of engagement increased, reaching the typical range. Similarly, during baseline, adolescents with ASD made limited initiations to typical peers. With intervention, however, adolescents with ASD were able to initiate to their typical peers at similar rates as their peers. The social validation measure of self-report suggests that both adolescents with ASD and typical peers enjoyed participating in the club activities.

Summary and Discussion Following participation in the project, the adolescents with ASD demonstrated measurable gains in their socialization with typical peers. This project demonstrates that high school students with ASD can appropriately socialize with typical peers if their preferred interests are a core theme of lunchtime activities.

Specifically, adolescents with ASD in this project demonstrated increases in their engagement with and initiations to their typical peers. In regard to mental health, the participating adolescents as well as their typical peers reported feelings of happiness and enjoyment while engaging in the club activities. Moreover, most of the adolescents with ASD were observed to make appropriate initiations and appropriately engage with typical peers. This may be due to the fact that the intervention allowed them to appropriately discuss conversation topics that revolved around their preferred interests with typical peers that had similar interests.

This project systematically investigated an intervention model for adolescents with ASD in their inclusive school setting in order to improve their socialization with typical peers. The approach was simple and did not deviate extensively from the extracurricular activities that schools already offer to students. The primary difference between the extracurricular activities schools provided and this study's intervention was the incorporation of the adolescent with ASD's preferred interests into these activities. This manipulation has been shown to greatly enhance the socialization of younger children with ASD with typical peers (Baker, et al., 1998) and was similarly effective with high school students.

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Secret Agent Training for Social Skills

By Kathleen Davey



Figure 1. Characters from the SAS Computer Game.

The Secret Agent Society program

Secret Agents, computer games, walkie-talkies, and lots of fun! Child engagement is receiving increased attention as an important predictor of outcome for intervention programs targeting children. Ease of engagement and motivation to participate and learn were key elements in the development of the Secret Agent Society (SAS) intervention program by Dr. Renae Beaumont. The SAS intervention is designed for use with children between eight and 12 years old with high-functioning Autism Spectrum Disorders (ASDs), such as Asperger's Syndrome.

SAS is an espionage-themed emotion regulation and social skills group program. The program creates a fun and supportive environment at schools and clinics to help "Junior Detectives" develop essential life skills, such as how to recognize emotions in themselves and others, express their feelings in appropriate ways, talk and play with others, solve friendship problems, cope with change and deal with bullying. A variety of program modifications are possible to optimize flexibility in delivering SAS in different settings, for example, allied health practi-

tioners in private practice or community clinics or special education teachers in school settings.

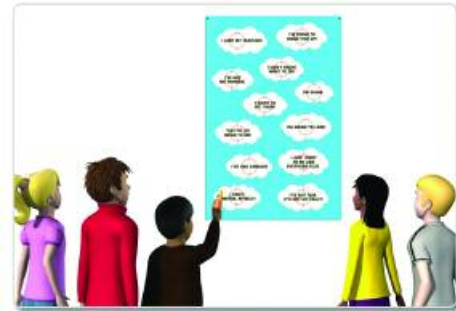


Figure 2. Thought Missile Game – using Helpful Thought Missiles to Combat Enemy Thoughts.

Children develop a basic understanding of core emotional and social concepts by playing assigned sections of the computer game, attending weekly group sessions to further learn and practice skills using their "Cadet Handbooks," and participating in fun activities and peer role-plays. Parents are provided with information and support through facilitated parent group sessions and a parent workbook. Teachers are supported through a series of tip sheets, phone calls/e-mails, and school information sessions if desired. Skill generalization across home and school is a big focus of SAS. The program includes pocket-sized collectable "Code Cards" to prompt skill usage (see figure 3), assigned weekly "home missions" that involve children practicing and reviewing skills in their Secret Agent Journal, and the Home-School Diary monitoring and rewards system. Typically, the program spans 12 sessions starting with a period of nine weekly sessions followed by two review sessions three months apart. Sessions include games, new activities, a party and a graduation ceremony with presentation of SAS medals.



Figure 3. *Skill Code Cards – pocket-sized visual reminders.*

From Research to Practice.

After many years of program development and evaluation, the first randomized controlled trial (RCT) for the program was published in 2008 (Beaumont & Sofronoff, 2008). The RCT shows that children with Asperger's who participated in the SAS Program showed greater improvements in social and emotion management skills than children who received treatment as usual during the intervention period. Parents reported the social skills of 76% of children improved to within the range of their typically developing peers. Improvements in social functioning were found to be maintained five months after the program ended. Data from teachers suggested that treatment gains generalized to the school environment. Children in the treatment group were better able to suggest appropriate strategies for managing feelings of anxiety and anger at those in the control group. The outcome of this project was identified as the most clinically significant change published for a social skills program for children with high-functioning autism.

Beaumont and Sofronoff (2008) reported that treatment outcomes were not affected by children's IQ (within the average range), ASD symptom severity, age, number of comorbid diagnoses, medication usage, and parent ASD symptomology, depression or stress. Importantly, participation in "home missions" was a significant predictor of the gains children made. For this reason resources for "home missions" in the newer version of the program are presented in such a way as to maximize the likelihood of completion.

"Cadet Handbooks" are espionage-themed, clearly structured and replicated in parent workbooks. Children have an option of recording "home missions" through an electronic format in the computer game or in their Cadet Handbooks, eliminating any anxiety around handwriting or motor control, as well as providing an engaging electronic experience. Clear guidance is provided to parents on how to support home mission completion. The Home-School Diary provides an easy structured way to entice skill practice across both home and school, in addition to the Parent Workbook and Teacher Tip Sheets.

The standard program incorporates assessment measures for social skills and emotion regulation. At multiple points parents, teachers and children complete measures including the Spence Social Skills Questionnaire (Spence, 1995; 2003), The Emotion Regulation and Social Skills Questionnaire (Beaumont & Sofronoff, 2008), James and the Math's Test (Attwood, 2004), and Dylan is being teased (Attwood, 2004). This process allows practitioners to track progress in order to monitor treatment response, update parents and teachers on progress, and to collect further evidence for their delivery of SAS.

SAS is designed for small groups with ratios of three children to one trained facilitator and additional behavior support if needed. Research shows that small group social skills training is the most popular and effective form of social skills intervention for children with a range of mental health disorders (Cotugno, 2009; Antshel & Remer, 2003; Spence, Donovan & Brechman-Toussaint, 2000). There is a lack of published research demonstrating that social skills training can be done effectively through either individual or large group therapy for children with a range of mental health conditions.

Nonetheless, there is great interest in using the SAS program in an individual format from practitioners in regional areas where there are not enough families to create a group or practitioners whose setting does not offer group programs as well as from practitioners working with particular children for whom a group format would not be suitable.

Clinical experience guides the provision of tips for trained practitioners on how to adapt the group program to an individual format. For example when delivering the SAS program individually, it is recommended that practitioner adapt or remove activities according to the child's profile of strengths and difficulties, try to involve parents, siblings, or other staff members in role play activities, and consider video-recording role plays to assist with feedback and learning.

Research is currently being conducted to provide more information on the impact of various components of the SAS program. Data is being collected to investigate learning through the computer game, levels of parent involvement, the school delivery format, and the longer term outcomes for participants following group participation. A university pilot evaluation of the SAS Program for children who have social skill difficulties but without an ASD diagnosis has recently concluded and published results are forthcoming (Pearson, Sofronoff & Beaumont, in preparation).

School Delivery

Teachers can be involved in SAS either as a Teacher Mentor or as a facilitator delivering the program to groups at school. There are increasing numbers of school staff (for example, special education teachers and school counselors) enrolling in training to deliver the SAS program within the school setting. The findings from the original RCT (Beaumont & Sofronoff, 2008) prompted further school-based research on the development of the school version. At present, the school version of SAS is run in small groups outside of main classes with integration of skill generalization through the usual classroom teacher, however in the near future SAS will be implemented in the classroom to assist both typically developing children and children with ASDs.

An increasing number of emotion regulation and social skills interventions are being developed and evaluated for children with ASDs. These children's social difficulties are often most apparent at

school, however, relatively few interventions have been systematically implemented and evaluated in a school context. There is currently a three-year trial underway to evaluate the successes and challenges in delivering the SAS social skills program in a school context. For this project, SAS was implemented in specialist ASD classes affiliated with mainstream primary schools across five school districts. The project is ongoing, however initial teacher feedback indicates that being trained in the SAS Program improves teachers' confidence in supporting children's social and emotional development, and that the program structure and materials are a strength for delivery of the intervention.

SAS Computer Game

The computer game is used to harness interest and skill in computers to teach foundational skills in social and emotional understanding. This teaching tool caters to a range of learning styles while reducing social anxiety associated with therapist and peer interactions, and allows for self-paced instruction and repetition (Wainer & Ingersoll, 2011). In the SAS Computer Game, the user assumes the role of a Cadet training to be a mindreading specialist at the International Secret Agent Society Headquarters. The game consolidates and extends on existing understanding of simple emotions to teach children how to recognize and manage complex emotions that have important implications for their social development and peer acceptance.



Figure 4. SAS Computer Game - Spot the Suspect activity in Level 1 (Detecting emotions from facial clues).

In level one, the user plays games to detect how suspects feel from face, body and voice clues (Figure 4). In level two, they detect emotions in themselves through calibrating emotion scales based on body clues and thoughts. Level two also provides a series of animated vignettes that integrate face, voice, and body clues for the user to detect how other cadets are feeling. In level three, the user decides how their character will manage his emotions and respond to social challenges such as trying a new activity, group work, losing a game, and bullying (See Figure 5). The child's choices trigger different endings for each mission. To successfully complete the level, the user is required to attempt each mission at least twice, choosing a different course of action on each attempt. After successfully completing levels one to three of the game, the player graduates from the academy as a Special Agent in level four. To view footage from the game, please visit www.sst-institute.net



Figure 5. *SAS Computer Game - Detective Flight Challenge Virtual Reality Mission in Level 3 (Coping with anxiety, losing, and anger).*

As mentioned, the computer game provides an electronic platform for recording Home Missions. There is also an in built “Scene Generator.” The Scene Generator is similar to a computerized Comic Strip Conversation (Gray, 1998) creation device, whereby speech and thought bubbles can be added to visually depict people’s words, thoughts, feelings and behaviors in full-color images (see Figure 6).



Figure 6. *Screen shot of a picture created using the Scene Generator in the SAS Computer Game Journal.*

Practitioner Perspective

As a practitioner with a variety of experiences working with ASD across all ages, I find the SAS program really helpful for eight-to-12-year-olds. There are many programs and resources readily available for younger children but as they develop into the eight-to-12-year-old stage there are less clinical supports available. Many clinicians I have worked with or trained cite the challenge of engaging this older child group and are often seeking supervision or requesting books to motivate older children. Being able to deliver an effective social skills and emotion regulation intervention through training to be a Secret Agent makes it a lot easier. The pre-prepared fun learning activities, ready-to-use resources (Figure 7), and animated computer



Figure 7. *Screen shot of a picture created using the Scene Generator in the SAS Computer Game Journal.*

game mean my preparation time is reduced and families get high quality, useful resources to learn from and take home. I appreciate the structure of SAS and the pre-prepared resources for involving parents and schools in the generalization of the skills learned. Although the comprehensiveness of SAS can initially be daunting, the manual and two-day practitioner training course provide the knowledge, skills and resources needed to deliver the SAS Group Program including managing process issues for both child and parent sessions.

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Social Skills in an Inclusive Environment

By Joan Hersh & Kelly McKinnon

Without a doubt, the development of social skills is important for every young child! For a child with a diagnosis of autism, the direct teaching of social skills is critical. What comes naturally to typically developing peers must be taught to children on the autism spectrum. Social skill deficits are the “hallmark” of the diagnosis. In 2001, the book *Educating Children with Autism* ranked social skills and the teaching of developmentally appropriate play, “among the eight types of goals that should have priority in the design of effective educational programs for children with ASD.”

When we think of social skills in preschool, we often think of *play*. Research has been done on the need for social/play skill development in children. Pamela Wolfberg, an authority on peer socialization and play among children with ASD, indicated that, “Children with autism often gravitate to repetitive play activity, ranging from manipulating objects and enacting elaborate routines to pursuing obsessive and narrowly focused interests. Without specific guidance, they are less likely to engage in functionally appropriate play with objects similarly,” and without specific play skills, children with autism are not typically and meaningfully engaged with their peers. Compounding this issue is the limited quality play experiences that children with autism experience in a typical school day.

Many children with autism are placed in self-contained classes, with small class size ratios and fewer distractions as the “argument” for this placement. Although this rationale may be true, these classrooms routinely struggle to fully teach to the important aspect of social play. Playtime is often seen as “break time” or “down time” for the child with autism. **Without specific teaching and facilitation, these children are not likely to gain the skills needed to fully engage and play with their peers.**

In an effort to attempt to correct this, many children are placed in “mainstream” opportunities into

unfamiliar, unknown classrooms, often in the middle of activities already occurring, or in an adhoc manner, such as lunch and recess times. Again, without specific guidance, these children are not likely to fully experience and engage in play and social skill development. These mainstream opportunities often involve a child who enters a classroom during the allotted time, sits alone with their aide or in a group of children with the aide seated next to them. Too often these experiences do not involve direct feedback from the classroom teacher, entail limited peer interaction, and result in individual and isolative activity. During recess, the opportunities for children frequently involve the use of a few pieces of climbing equipment, or ball play; both activities that tend to be significantly difficult and challenging for the child with autism.

In fact the above is supported by the Division for Early Childhood of the Council for Exceptional Children and the National Association for the Education of Young Children in their joint statement: “The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential.”

Social skill teaching and development in schools needs to become a priority and to include new way of thinking. For example, recess should become a time when service delivery happens. Children should be given more opportunities for a variety of play materials, and organized games that require less motor coordination, and with more facilitation of social interaction.

A well-equipped recess playground can be achieved through wish lists, PTA support, and local donations. When children have a variety of activities to play, within their skill range, they are much more likely to engage in play activity with peers. When an adult facilitates an activity on the playground, children “flock” to that

adult. **Imagine the play experience for the child with autism if facilitation were to occur during lunchtime. They would find friends, access to toys and games**



that they can play comfortably, and plenty of children around playing the activity at the same time!

Social skills need to be a *scheduled and planned activity*. Significant time and teaching should occur in the classroom. In addition, developmentally appropriate social skills goals need to be embedded into the ongoing activities of the school day. Take every opportunity to reinforce naturally occurring

room design to set the stage. Use visual supports for all the students. An example would be a Choice Board that is color coded to the various learning centers. The Choice Board for center learning promotes motivation, a feeling of control, and independence. The “tickets” to each center provide the students with a nonverbal means of asking a peer to join in play.

Setting up learning centers provides the perfect opportunity to learn and practice social and play skills. The same play theme should be planned across multiple centers using a variety of activities and materials. The number of students per center can be predetermined and the teacher can open and close centers to better facilitate social and play experiences. These centers provide a defined space for play and put peers in close proximity to each other. An adult at the center guides the play, prompting the children directly or indirectly and arranging materials to support social interaction (e.g., not having enough scissors when the activity requires cutting, to encourage taking turns and asking for a scissors).

Once the classroom is designed to promote social and play skill development, the teacher can think of

“partner projects” to continue putting peers in close proximity to each other. This guidance is especially recommended for the student who can only handle one peer at a time. Examples of “partner projects” are partner painting, partner drawing or tracing hands, puzzles, and listening centers with one book to share, and partner dancing!



Partners dancing

Social/play goals to target for our children with autism:

- *Becoming familiar with other children- getting to know each other*
- *Responding to others*
- *Initiating with others*
- *Showing/sharing excitement/referencing/imitating*
- *Sharing/trading/taking turns*
- *Seeking adults and peers for help*
- *Sharing information/making comments*
- *Knowing how to play*
- *Joining and sustaining play*
- *Planning play and working together*
- *Problem solving and conflict resolution*
- *Self-regulation*

social behaviors as well as to teach the social skills needed “on the spot” as those situations occur.

What are some strategies for the classroom teacher to encourage and facilitate social interactions in the inclusive environment? First consider the overall class-

Students can bring in photographs of their experiences to share with the class. The teacher can use these photographs to help a group of peers develop a play plan. When children can relate to the theme, their participation in the

play activities is more likely and they'll potentially have more to talk about with their peers!

The teaching of social skills is crucial to the development of a young child on the autism spectrum and it should be done in an inclusive environment. **Inclusion is more than just a place;** meaning that in order for the desired results of increased positive social development to happen for our students with autism, the teaching of social skills needs to be scheduled with deliberately planned activities and interactions. In addition, the inclusive environment allows for ample opportunities to embed the targeted social/play goals into the naturally occurring activities of the child's day.

About the authors: Joan Hersh teaches a blended inclusive preschool class which received a California School Boards Association Golden Bell Award. She is the recipient of the National Association of Special Education Teachers, Outstanding Special Education Teacher Award. Kelly McKinnon is the owner and clinical director of two clinics for children with autism, and author of the book, *Social Skills Solutions*. Together they formed Every Opportunity Productions, producing and directing a video modeling DVD series which teach the play and social

skills crucial to the development of the young child on the autism spectrum. See video clips at www.everyopportunityproductions.com

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- *Play & Imagination in Children with Autism*, Pamela Wolfberg, 1999, Teacher's College Press



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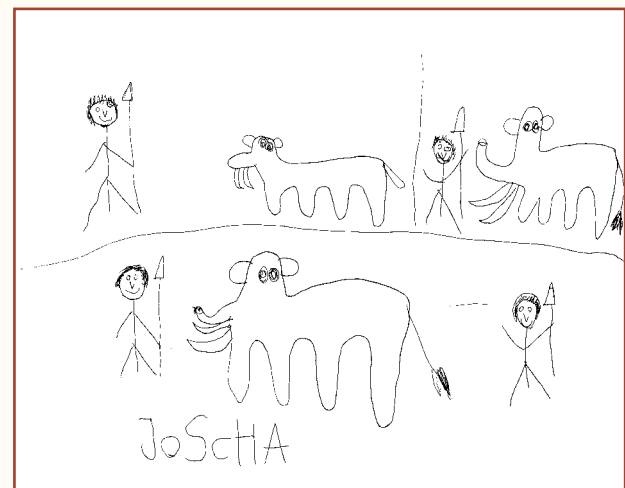
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Cover Artist: Joscha

Joscha inherited his drawing talent from his mother's family. He often expresses himself through his drawings. He likes to sketch, draw treasure maps and wonderful colored pictures on a variety of topics with animals being his preferred subject. His drawings tend to be quite detailed.

Besides drawing, Joscha is interested in small inventions, such as a nursing center for sheep and wellness centers for goats, along with various weapons, such as marten traps, spears for wild boars and pitfalls. He loves to garden, and enjoys trips to the zoo. Like other kids his age he enjoys watching TV and playing Nintendo DS. ♥



Implementing a Bi-weekly Social Skills Group for Older Children

By Nancy Pohlott & Le Etta Vanderpool

Group therapy focusing on social and play skills is often recommended for children on the autism spectrum in order to address social skills deficits. Interactions with peers build the foundation for many social skills such as topic maintenance, conversational turn-taking, taking another's perspective, appropriate play, and emotional and behavioral regulation. Studies reviewing procedures for speech and language therapy have reported the effectiveness of naturalistic as well as behavioral teaching strategies on language, changing inappropriate behaviors, and advocating social interactions (Goldstein, 2002).

At Newport Language and Speech Centers and Providence Speech and Hearing Center, we treat children of all ages for impairments in receptive/expressive language, fluency, articulation and voice. We also address pragmatic/social language skills, in particular with children on the autistic spectrum.

During the past six years, we have had an increasing need to provide pragmatic/social language intervention for older children (between the ages of nine and 15) who do not exhibit significant impairments in the areas of speech production or receptive/expressive language, but who are experiencing "loneliness, lack of association with same-aged peers and feelings of being left out." These children (and their parents) report that they have "trouble keeping friends" or are not typically being "included" in group activities. In order to meet the needs of older children (ages nine to 15) on the autism spectrum, we have implemented bi-weekly social skills groups. The thrust of the group is two-fold: 1) To empower the children to understand and use appropriate social skills; and 2) to train the parents to serve as "coaches" for their children outside of the therapy room.

As mentioned above, the children identified for this group do not (for the most part) present with significant articulation, fluency or voice issues. While they may be enrolled in SDC or Resource programs

at school, they are, nevertheless, able to communicate using grammatically correct sentences for a variety of speaking purposes. They may experience some problems retaining verbal and visually presented material, with interpreting more abstract vocabulary and "figures of speech" and with identifying the "main idea." For the most part, however they are able to follow verbal directions and understand the level of information being presented throughout the course of the group. Concerns about retention, interpreting abstract vocabulary and identifying the main idea have typically been addressed 1-2 times per month via demonstration and practice in the use of strategies ("chunking,"



mnemonics, "contests" to see who can remember the most facts about a paragraph or how many can select the "main idea" from a field of four). During the remaining sessions, focus has been placed on developing functional, practical

skills for use in social situations.

The structure of the 50-minute social language focus group is generally as follows:

First 15 minutes: Initiating and Maintaining a Conversation. Children are provided with topics and are asked to ask a peer "three questions followed by a comment." Following the comment, the person answering the questions reverses the task and asks three questions of the peer, followed by a comment. The other children in the group are asked to "judge" the conversation based upon the following criteria: A) Did both people remain on topic? B) Did the person answering the questions take too long to respond? C) Did the person answering the questions provide "too many details"?

D) Did the person answering the questions “tell the truth”? Children are assigned “points” or stars for responding appropriately (i.e., remaining “on topic,” making three to five clear points and responding honestly and in a timely fashion).
 Second 15 minutes: Problem Solving. The children or their parents are asked to propose a “situation” or “problem” that they have encountered over the past week. The problem is listed on a chart (see example below) and various “solutions” to the problem are then listed by the children with occasional assistance from therapist and parents in the left hand column. “Consequences” of choosing each solution are listed in the right hand column. At this point, the therapist frequently “acts out” each scenario with one of the children or an assistant, so as to illustrate the impact of both negative and positive choices. Subsequently, the children are asked to choose the best solution and then role-play the “best” solution with the

ples include Uno, Sorry, Crazy Eights, Charades, Hangman, etc.) in which they both could engage. When the friend selects an activity, the “host” then tells how to play the game, using the appropriate “script” (see example below). Once the “scripts” have been practiced a number of times, they are removed and the children re-enact the scenario without prompts. Occasionally a snack is introduced in order to more closely simulate what might happen in the home on an actual play date.

Sample “Script” for Game (“Charades”)

Host Says: “Hey guys, do you want to play Charades?”

Guests Say: “Okay. How do you play?”

Host Says: “Well, first we choose teams. Then each team takes turns picking a card from the pile. Each person chooses one of the “actions” on the card. You try to act it out without using any words. The people on your team try to guess what you are doing. If they guess before the time runs out their

PROBLEM

You go to a friend’s house and he tells you that it would be fun to knock over some pots on the ledge. He tells you that “it will be fun to see the dirt spill and no one will ever know what happened.”

Choices

1. You do what the friend says.
2. You tell the friend “no.”
3. You tell his parents.
4. You suggest something else.

“Let’s not do that. Let’s play a video game or board game instead.”

What Might Happen

1. His Mom and Dad are sad and upset. They have to clean up. They might call your parents if they think you were involved. You might feel bad too.
2. The friend calls you a “baby” and says that you are “not any fun to play with.”
3. The friend will be angry with you and might not play with you anymore. Friend gets in trouble.
4. Friend may get interested in a better activity.

No one gets in trouble. You have fun.

therapist or a peer.

Last 15 minutes: Hosting a Game. Each child is asked to role-play greeting friends at the door (to simulate the home environment). They then role play offering a variety of games or activities (exam-

team gets a point. The team with the most points wins the game.”

Guests Say: “That sounds like fun. Who goes first?”

Host Says: “The team with the kid whose birthday comes next. Today that person is ___”

Guests Say: “Okay, let’s play!”

There are three additional components that have proven very effective with this group. One is the **use of a “points chart.”** This is designed to reinforce any desired behaviors (and eliminate negative behaviors). A chart is placed on the wall along with “rules” for the attainment of “points.” Children receive points constantly throughout the session



(placed on the chart by the therapist or an assistant) for any desired behavior. Desired behaviors include: being a good listener while others are speaking, engaging in the reciprocal conversation, providing a solution during problem-solving, role-playing the solution, being a good sport during the game, encouraging others etc. When deemed help-

ful, the therapist provides a small treat at the end of the session for those who have attained a certain amount of “points.” If a point has to be “taken away” due to a negative behavior, the child is immediately afforded an opportunity to “earn it back” by demonstrating a positive behavior.

The second component is the **addition of parents to the group.** They are asked to sit in on the sessions on a rotating basis (so that we only have 1-2 parents in the group at a time). Parents are encouraged to facilitate and cue their children for appropriate conversational questions and answers, for “working through” the problem solving chart and for “hosting” their friends for a play date. During these instances, parents watch as each task is demonstrated and then are asked to “take the therapist’s place” as coach for their child (as he/she asks and responds to questions during conversation; comes up with solutions to problems or situations and “hosts” friends for games and refreshments).

The final component felt to be essential for success is the **weekly homework chart** (see chart). Each week, parents would describe how their strategies worked for them. Of course, some parents were better than others about giving detailed examples. Some would only make a check mark to indicate that they had engaged in the activity—however it indicated that they had at least been “mindful” of the strategy, even if the situation was not presented in detail. Overall adherence could be estimated at 60% or so initially with a gradual increase to 80% or so once the children had been coming for a

Homework Chart for Social Skills Group (Parents--please describe what happened in each instance)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Asked three questions/ commented							
Used problem-solving chart							
Hosted a game/activity							

month or so. The chart provides “slots” for the recording of carry-over activities in the home. Students and parents are asked to record any instances of initiating and responding to questions, instances of using the problem-solving chart to figure out a solution, and instances of inviting another child to participate in an activity. These homework charts are then returned to the therapist on a weekly basis. The therapist takes time at the beginning of the following session to read some of the positive parental comments and descriptions of situations. This public attention to the positive behaviors engaged in at home seems to serve as a form of additional encouragement and motivation for the child being described as well as the children who are listening.

We have been offering this social skills group for six years now in our clinics. In addition to positive feedback received from the parents and children, another by-product has been the interaction between the children outside of therapy. As reported to us by parents, the children have begun inviting one another to swim parties, birthday parties, etc. Through continued success of the program and parental input we will be able to modify our program as needed to meet the needs of our clients and their families so that topics are relevant and appropriate.

For more information please contact:

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Social Skill Support Across the Day and a Lifetime

By Lou Ann Boyd

The increasing need for effective programs for students with Autism Spectrum Disorders (ASD) and decreased resources for schools, families and communities means that long term social skills support solutions are needed now more than ever. The National Standards Project 2010 stated that the social skills programs in schools at that time had proven to have little to no long term effect. A proposed primary factor for this failure was the lack of planned generalization. A challenge in planning for generalization is that since there are so many different ways to teach social skills, the programs are often highly individualized (requiring a unique training for each program) and funding to carry out a program for the purpose of maintenance and generalization has dwindled, if it ever existed. The focus of this article is to present a few basic ways that schools, families and communities can support students in practicing their social skills.

The field of Applied Behavior Analysis has spent decades researching interventions for social skill deficits in people with ASD and have been largely very effective, except in this core domain of planning for generalization. Why is this? It is not that the technology does not exist in the field, but rather a lack of coordination between service providers and caregivers.

To date, a common approach to teaching social skills is in pull-out group format, meaning the student receives their social skills instruction outside of their educational program. This can range from sending affected students to the speech room on campus to delivering the service outside of school hours, off the school campus, and with other students and professionals that are not part of students' daily educational program. The research informs us that the best chance for success is to teach a skill where it will be used, with the people it needs to be used with, and ideally in as close to a natural situation for its use as possible, yet teaching social skills intensively during the school day is not the most

common practice in Orange County today. With the increasing numbers of students identified as having ASD, intensive social skill instruction during the school day should become standard in our schools. It is time that the coordination of generalizing social skills between public and private service providers becomes a priority in service delivery. Perhaps publishing generalization strategies here for all in the community to use will be a step toward that service coordination.

To propose a social skills generalization protocol to a community requires a few details. The operational definitions for each term appear below. The vision of this plan is to answer the questions: Who will be included? What social skills are covered? When should this training occur? How long is the intervention? Who will teach this? And the answers are: All people with ASD; pivotal social skills; everyday; across the life span; and taught by everybody.

WHO

Looking ahead to the proposed changes to the criteria for a diagnosis of ASD, the DSM V presents three levels of symptom severity, simply labeled level 1, 2, and 3. A full description of these levels is available online. For the purpose of generalizing social skills, these levels will be given an additional label within a social skills context. These labels are: navigator (level 1), traveler (level 2), and follower (level 3). Basically, a navigator has been directly taught tools and is working toward independently accessing these tools in planned and spontaneous social interactions, a traveler is easy to re-direct to a social task but requires specific direction or a script, and a follower is heavily prompted to stay active in the social interaction. People who meet the criteria for ASD will, by definition, fall into one of these three categories.



WHAT

The domain of social skills is a large one. Social skills begin developing in the first year of life and continue to develop across a lifetime. They are culturally sensitive and gender-biased. They are complex to describe and measure yet easily noticed, even by small children, if not present. For the purpose of supporting generalization of the pivotal skills, the following compilation of social skills presented by Sally Ozonoff at TEACCH in 2002 is provided here:

Nonverbal Skills: understanding others' body language, tone of voice, facial expression, and eye contact.

Emotions: identifying emotions in self and others, understanding emotional vocabulary and intensity, and understanding negative aspects of emotions (self-critical).

Conversation Skills: initiating, maintaining, and terminating conversations appropriately.

Social Problem Solving: paying attention, staying on topic, managing anger, coping with change, dealing with being left out, resisting tattling, and handling teasing.

This abbreviated list can be a start to guide the direct instruction and supported generalization of skills.


HOW

A list of necessary components to provide the initial direct instruction of these skills appears in the article by L. Kransy, 2003 (see references). For generalization, we employ a basic ABA system in which a three-step prompt hierarchy will apply to each severity level. Each of these three sets of hierarchies pick up where the last left off so there is continuity across the levels. The wording specific to the targeted skill can be filled in by a student's team, while general scripts for each skill can be found in Boyd's Social Compass Curriculum, in the parent handout section.



If one is uncertain about the level at which a student is functioning socially, an easy and sensitive tool to measure social skills is the Autism Social Skills Profile (ASSP) by Scott Bellini. In his research on this tool (Bellini 2007), levels of functioning in this domain are presented that align with the proposed DSM V level 1 and level 3 precisely. When the student's level has been determined, the instructor can follow the prompt hierarchy accordingly. All levels are shown on the same flashcard for expanding learning when appropriate.

GENERALIZE

1. To provide the maximum number of opportunities to generalize a skill requires a plan. Think about what skills are most needed in each activity and what you personally can do to support this skill.
 2. Use visuals to prompt the student. Visuals are easy to use, easy to understand, affordable, portable and very effective.
- 
3. Be consistent and flexible. Understand the purpose of the behavior you are supporting. Can the format of your lesson be changed to better meet a new context?
 4. Share your strategies with everyone in the student's life, such as the teacher, principal, dentist, uncle, aunts, cousins, and so on.
 5. Use common language with other providers such as: cue (the direct instruction you provide to elicit the social behavior) prompt (the information you provide to help student get to the right answer), and feedback (information given to provide the natural social response for that skill level).

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Figures:

Figure 1: Icons for severity levels of ASD for social skills training and generalization

Navigator (Level 1)

Traveler (Level 2)

Follower (Level 3)



Figure 2: Flashcard for Outings , Prompt Hierarchy




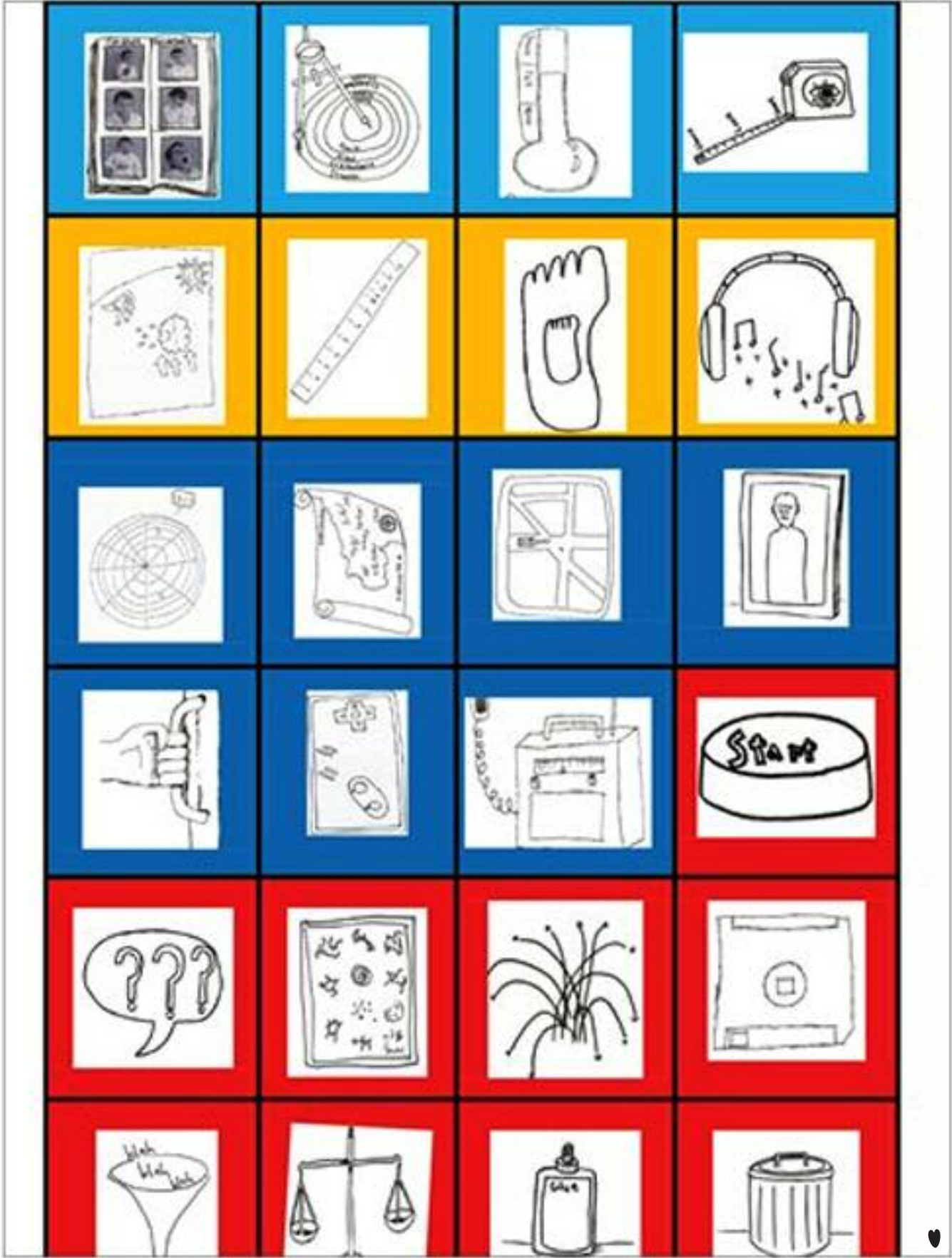
 <p>Follower</p> <p>Step 1: Point to visual support and provide verbal cue of their expected response Say “_____”.</p> <p>Step 2: Prompt until best approximate response is given</p> <p>Examples “My turn” “Excuse me” “Can I play”</p> <p>Reinforce behavior if it occurs on first cue.</p>	 <p>Σ Traveler</p> <p>Step 1: Point to the visual support and pause for correct response</p> <p>Step 2: If no response then say expected response: Say “_____”.</p> <p>Reinforce behavior if it occurs at Step 1</p>	 <p>Navigator</p> <p>Step 1: Pause for correct response,</p> <p>Step 2: If no response, then ask “what should you do?”</p> <p>Step 3: If no response then show visual support</p> <p>Reinforce behavior if it occurs at Step 1</p>
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Figure 3. Poster of social compass curriculum



Living with Autism on a Budget

By Dang Uy Koe



Author Elizabeth Udquin (Mommy Beth) knows what it takes to raise and educate a child with autism on a very limited budget. In fact, Mommy Beth has a double challenge – both of her children have autism. Mommy Beth not only rises to the challenge, she also serves other families as president of Autism Society Philippines’ UP CAMP Manila Chapter.

Cholo, my first born, was diagnosed with autism when he was two years old. I did not have any idea about autism then, except for the phrase used here meaning “living in his own world.” While other families would get second opinions, seeing a second doctor was for us out of the question because of cost.

I was still in the process of grieving about our first born son’s condition, when Tristan, our second son, started manifesting signs and symptoms of autism. After confirming my fears about Tristan, our doctor told me “you already know what to do; just do the same thing you did for your first born.” Some comfort.

I went through severe depression, not just once, but twice. I decided to join Autism Society Philippines’ (ASP) activities, starting with family support group meetings. I found out that we are not the only family with two children with autism. I continued to attend and enjoy these meetings, which served as a free psychological therapy session for me.

And in due time, I was healed emotionally. It really helped to meet other parents who were going through the same experiences that I was.

Helping Myself

Taking care of two children with autism can be so draining, emotionally and physically, especially since both Cholo and Tristan are hyperactive. I realized I must do something about my problem instead of just complaining about it, so I got a part time job to earn extra money. **After a year, I had enough money to create a “mini clinic” at home.** I bought a trampoline, a slide, and a vestibular ball; I also improvised a ball pool using Cholo’s old playpen and bought some tabletop activities (e.g., jigsaw puzzles, shape sorters, coin bank, etc.). I replicated at home whatever I had seen in different therapy centers. This “mini clinic” keeps my two boys busy playing, which allows me time to rest – I just lie down across the door to ensure the two boys stay inside their “mini clinic.” When I see them starting to get tired, I give them the tabletop activities taught by the professionals - occupational therapists, speech pathologists, and SPED teachers. I also learned so much from my fellow parents during ASP’s family support group meetings and from attending ASP’s monthly seminars.

Helping My Children

When Cholo and Tristan learned to play computer games, they would spend two to three hours playing in their grandmother’s computer shop. I decided to come up with a more worthwhile activity that would also bring us extra income. I changed their daily routines: **After eating breakfast, we pushed a cart containing biscuits to sell to our neighbors and relatives.**

Buyers who did not know us became interested seeing how strangely hyperactive my two boys are - they would tirelessly run back and forth as we peddled our goods. I would tell them that my boys are special children and we would have a conversation about autism. I thought that in a



way, I was contributing to our autism awareness campaign! Now these buyers look forward to talking to my children.

After the rolling store came a stationary mini-store. We decided to embark on this “business” the day we observed Cholo imitating a store clerk. He arranged different containers on our windowpane (e.g., glasses, bowls, saucers and cups) and placed biscuits and crackers in them. He role-played selling the items to us and we pretended to buy from him. We gave him a peso per item, and had him practice giving change. My husband and I knew we could help him enhance this new interest by providing him with a mini-store. The following day, Cholo and I went to the public market near our house and he selected a few items to purchase and sell in his store. We arranged the items just like in the stores. Cholo called out to buyers, while Tristan helped him collect payments. Passersby were amazed by the two young businessmen and bought items from the mini-store! The brothers earned 31 pesos that day, and Cholo named his first store, “Jose Store.”

Helping Others

When we founded the ASP Chapter in UP CAMP Manila, we badly needed funding, especially since most of our members are economically challenged and some could not even spare the minimal membership fees. I suggested we raise funds through the garbage recycling business I received from my mother-in-law. The business involves segregating garbage, then packing it and selling it. Our Chapter’s secretary, Jeanette Rodriguez, suggested that we collaborate with UP CAMP (University of the Philippines, College of Allied Medical Profession). Kristopher Mendoza, Head of the Center for Training Services (CTS), agreed and supported the project.

After one year, we made enough money to subsidize the membership renewals of 10 members. For this subsidy, these members are committed to support the project by bringing things that can be sold (e.g., compact discs, newspapers, plastic bottles, plastic cups, utensils, etc.).

Through selling garbage, I was able to mingle with a lot of people, especially impoverished children. For these children, their businesses are their means of survival. For us in our Chapter, we are doing this to help subsidize the membership fees of those who want to join the Chapter, especially those who are poor. The project is still going strong.

Speaking English

In our country, English is the language used in therapy centers and special schools. Unfortunately, it is mainly the wealthy who speak English and can afford these interventions. My children receive English instruction from their wonderful therapists and Special Education teachers (our family thanks UP CAMP for accommodating us). Of course, I also speak English with them. But, in areas like Tondo, English-speakers are ridiculed. I have learned to ignore these remarks. If speaking in English will help meet the objective of maximizing my children’s potential, then I will continue speaking English with my boys.

Our Lives Now

Four years after his diagnosis, Cholo can now ask questions, understand stories and relate them. Tristan likes to imitate Cholo. They are quick to report one another's misbehavior. Just like any boys, they fight about food, drinks, and toys. And I love being the referee during these fights!

Cholo and Tristan can both follow instructions now, like sweeping the floor, throwing away the garbage, mopping the floor, putting away toys and buying things in the store. Best of all, Cholo is already a big help to me in doing household chores like washing dishes and putting away clean plates. He can wash small clothes and can bring the hamper out for hanging clothes. Both boys can now perform the daily activities of independent living, like eating, bathing, brushing their teeth and putting on clothes.

In school, both boys are learning pre-academics. They enjoy doing activities with other members of the family as well. And yes, some of our neighbors are now getting used to talking with them... in English.

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Chair Emeritus, Autism Society Philippines

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Adriana (Loes) Schuler 1947 - 2011

As I was walking on the beach in northern California watching the waves break against the rock, I was reminded of the last time I was on a beach like this. It was with my dear friend and colleague, Adrian (Loes) Schuler who died March 6th, 2011 after a short, brave battle with breast cancer. Loes loved the sea and especially the wild Sonoma coast. Even when she was gravely ill she still liked to walk on the shore and look at the sea.

Loes and I first met in the early 1970s when we were both graduate students in the Speech and Hearing Department at University of California, Santa Barbara. Loes had come to California from

her native Holland with her then husband. As we were the only two Europeans in the department we gravitated towards one another. But as always, the initial overture was from Loes. She was always a friendly outgoing person who loved life and people.

As students together at UCSB we had the great good fortune to work together at Fenita House in Goleta, the early beginnings of the Santa Barbara Autism Project started by Dr. R. Koegel. Loes went on to complete her Ph.D. in Neurolinguistics and Communication Disorders with an emphasis on the cognitive and social development of persons with Autism Spectrum Disorder.

While working on her Ph.D. Loes also became a member the national Autism Dissemination Project funded by the U.S. Department of Education and was co-author of the manual developed by that project. This was the beginning of her interest in applying the literature on social language and cognitive development as means of understanding, assessment, and intervention in autism. Together with Warren Fay (1980) she coauthored a book, *Emerging Language in Autistic Children*, in which research in child development was used to help understand the language and social communication in ASD, a work which still has relevance today. Throughout her life she was interested in the application of the literature on typically developing language as a means of understanding the communication of persons with ASD. She also became interested in the play skills of children with autism and how supporting their play could help them develop interpersonal relationships and other skills. She was a co-director with Pamela Wolfberg of a federally funded project, which led to the development of the Integrated Playgroups model. For many of us who had been educated in an era that stressed a deficits model this focus on using play as a means of expanding the social and communication skills of a child with ASD was revolutionary.

In her final years she was leading a group that was conducting a retroactive study of successful outcome cases. The question was what, if anything, was the common thread in these cases. I still remember the excitement with which Loes informed me that the common thread was not the treatment modality or philosophy but the family. At the time of her death she was writing the final chapter for this study detailing the important role that family plays in successful outcome. Sadly, it appears that this work will not be completed but it is to be hoped that future researchers will follow her lead.

Loes travelled nationally and internationally pro-

viding trainings and seminars to educators, families and other interested people. She promoted an eclectic approach that relied heavily on developmentally appropriate interventions including play. She supported the families and children with ASD in a respectful and considerate manner, listening to their concerns. She was a tenured professor at San Francisco State University from 1978 until her retirement in 2003. She also taught at University of Mons, Belgium and University of Rostock, Germany.



Loes was a person with great intellect and curiosity. But she was also a woman who enjoyed life to the fullest. Her passion for music ranged from Bach in the morning to jazz at night. She was an accomplished harpsichordist and cellist. Music also provided comfort and joy to Loes throughout her life. She also raised two daughters, Ellen and Emily, who supported and cared for her in her final months.

Life with Loes was never dull. Her friends never knew what new adventure would befall them when travelling with her. She will always be remembered not only for her intellect but also for her warm and generous personality. She was willing to share with everyone. She touched many lives and will continue to influence the lives of many who will never have the opportunity to know her.

Although a year has passed, I still miss her. Loes is gone but her work lives on in those she has helped and the students she has influenced.

For further information, please contact:

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 Director, *Integrated Therapy Services Inc.*
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- OR-**
- 2) Have NO family history of any developmental disorders

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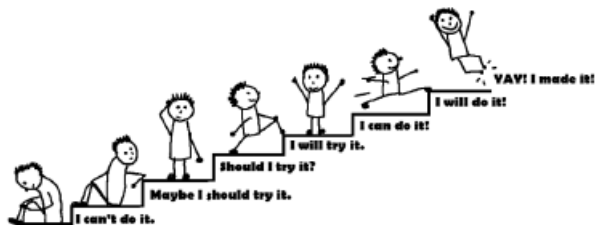
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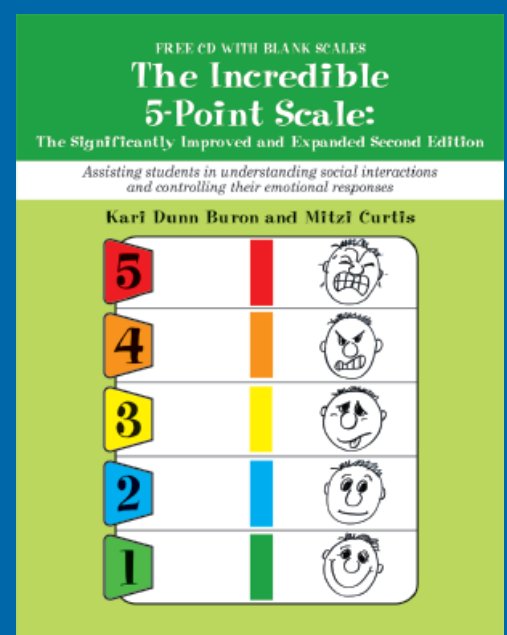
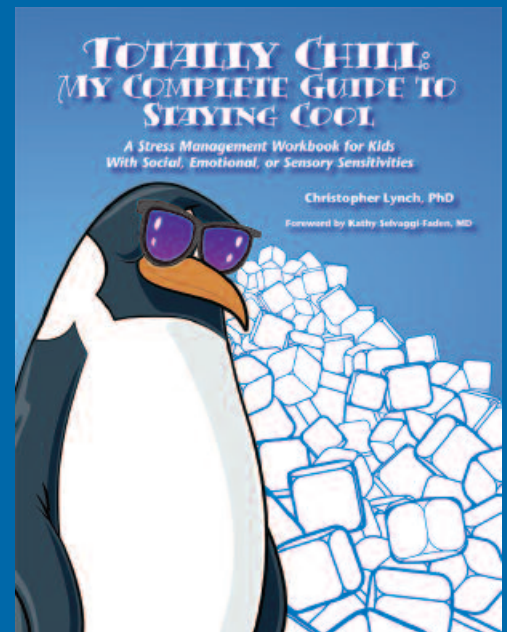
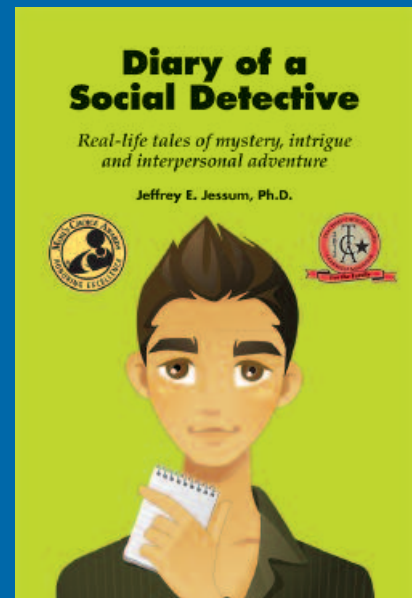
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Currently the SEARCH Center is investigating the early school experiences of children with autism spectrum disorders. Under the title Smooth Sailing, the study is aimed at understanding the transition to school for children with ASD. The transition to formal schooling is a crucial milestone for all children. Dr. Blacher and her team of researchers are interested in finding out what factors help children with ASD have a positive experience in early school. In particular, relationships with teachers in children's development of language and literacy skills are being examined over time. Ultimately the study will lead to the development of an intervention program to facilitate these positive experiences in early schooling. The hope and aim of the study will be at directing a training program for parents and practitioners geared towards social and academic areas for improvement to ensure success during the transition to school.

The study is presently and actively recruiting children ages four to seven years old (entering Pre-K,

Kindergarten, or 1st grade) who have been diagnosed with an autism spectrum disorder. Parents of children with Asperger's or PDD-NOS are encouraged to participate. Families will be asked to visit the center at the University of California, Riverside for a total of three visits over an 18-month period. The first visit will take place in the Summer or Fall of 2012. Parents who participate in the study will receive a full summary of their child's cognitive functioning and performance on the Autism Diagnostic Observation Schedule (ADOS). In addition, parents will be required to fill out a few questionnaires about their child's social and behavioral development. After each visit, parents will receive reimbursement for their time and participation (\$50). At the end of participation in the study, parents will receive a full developmental summary and consultation with current research staff on best practices and appropriate educational strategies.

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Since September 2001, For OC Kids, has played a unique and major role in providing comprehensive, medical and support services for Orange County families with children who have Autism, ADHD and other developmental disorders. We have been able to do this with ongoing support from the Children and Families Commission of Orange County.

For OC Kids entered its 10th year with the strategic vision of expanding our program by creating a Center of Excellence that will include comprehensive, multidisciplinary services to all Orange County children with Autism, ADHD and other developmental disorders from birth through 21 years.

By the end of our tenth year, we will have provided over 6,000 new patient comprehensive evaluations and more than 20,000 follow-up visits. Our strategic vision included providing evidence-based and cutting-edge services with six expansion priorities:

1. Expand services to assist patients up to 22 years of age.
2. Build a multi-disciplinary team that will include experts from key disciplines.
3. Provide a deeper level of family support, education, and advocacy.
4. Provide comprehensive treatment services for children and families.
5. Develop an innovative research team and collaborative opportunities with colleagues.
6. Provide education for professionals now and into the future.

We look forward to the ongoing philanthropic support of our community in achieving this vision!

For more information on our programs, visit us at www.forockids.org

Behavior Management Workshops for Parents Schedule for August – October (as of 08/01/12)

The following is a list of the Behavior Management Workshops for Parents offered through Regional Center OC scheduled for 2012. Workshops are typically limited to 35-40 families. Flyers for each workshop are typically distributed 6 weeks prior to the start date. Please contact your Service Coordinator for additional information to register for the class. ***RCOC does not provide childcare. Please do not bring your children.**

Month	Dates	Area	Time	Topic	Language	Presenter
August	#8 Thursdays, 8/9, 16, 23, 30, 9/6	Central Santa Ana	6:30pm-9:30pm	Basic w/Toilet training as the last session.	English	Tiffany Bauer and Dr. April Worsdell, Dr. Len Levin (Coyne & Asso.)
	#9 Tuesdays 8/14, 21, 28, 9/4 & 9/11	North	6:30pm-9:30pm	Basic w/Toilet training as the last session.	Spanish	Ana Lorenz, Ph.D. (Lorenz & Asso.)
September	#10 Tuesdays, 9/11, 18, 25, 10/2, 9 & 16	Central Santa Ana	6:30pm-9:30pm	Social Skills training (6 Session- Focus on ages 12 - 18 years).	English	Erin Davis, M.A. Parent Training Consultant (Melissa Sweitzer, Ph.D., Inc.)
	#11 Thursdays, 9/20, 27, 10/4, 11, & 18	West	6:30pm-9:30pm	Basic w/Toilet training as the last session.	Viet- namese	Mr. Thang C. Do, M.A., BCBA, Julia C. Nguyen- Kim, B.A., (Footprints)
October	#12 Thursdays 10/11, 18, 25, 11/1 & 11/8	North	6:30pm-9:30pm	Basic w/Toilet training as the last session.	English	Joyce Tu, Ed.D., BCBA

No workshops in November or December due to the holidays.

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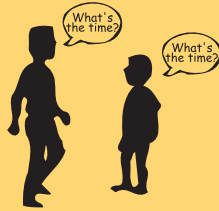


SOME EXAMPLES OF AUTISTIC BEHAVIOR

ALGUNOS EJEMPLOS DEL COMPORTAMIENTO DE PERSONAS CON AUTISMO



Avoids eye contact
Evita el contacto visual



Copies words like a parrot ("echolalic")
Repite las palabras como un loro
("en forma de echo")



Shows preoccupation with only one topic
Demuestra preocupación/interés en solo un tema/asunto



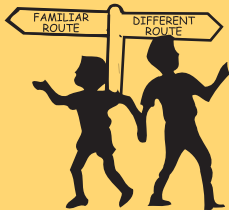
Lacks creative "pretend" play
Carece el juego creativo



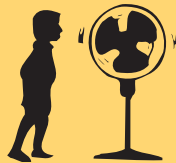
Shows indifference
Demuestra indiferencia



Displays special abilities in music, art, memory, or manual dexterity
Demuestra capacidades especiales en musica, arte, memoria or destreza manual



Does not like variety: it's not the spice of life
No demuestra interés en variedad



Shows fascination with spinning objects
Demuestra fascinación con objetos que giran



Shows fear of, or fascination with certain sounds
Demuestra miedo de/ó fascinación con ciertos sonidos



Laughs or giggles inappropriately
Risa/reír inadecuadamente



Shows one-sided interaction
Demuestra interacción que es unilateral



Does not play with other children
No juega con otros niños

Some Examples of Autistic Behavior Algunos ejemplos del comportamiento de personas con autismo

- Difficulty with social interactions.
Tienen dificultad para socializar con otras personas.
- Problems with speech.
Tienen problemas con su lenguaje.
- Disturbed perception.
Tienen una percepción anormal de los sucesos que acontecen a su alrededor.
- Abnormal play.
Su forma de jugar es anormal.
- Resistance to change in routine or environment.
Se resisten a cambios en sus actividad rutinarias ó a su medio ambiente.