

Parent Education & Effective Communication

for Highly-Verbal Individuals with Autism / Asperger's Syndrome

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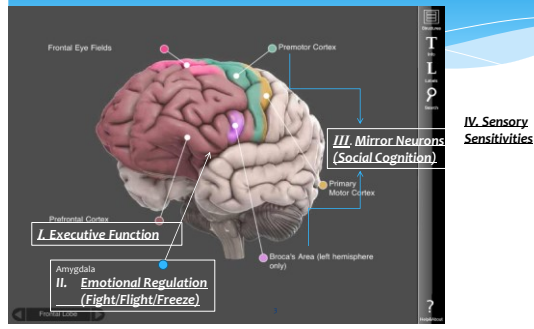
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Who am I?

- * N. Gail Seemann, Licensed Professional Counselor
- * 12+ years working with children, adolescents & adults
 - * Last 6 years increasing focus on ASDs.
- * Former Disability Services Coordinator at UAHuntsville
- * Parent of a daughter with Asperger's Syndrome
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The Brain



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I. Executive Function

- * Deciding what is important
- * Prioritizing order of importance
- * Doing what is important even when you don't want to
- * Following rules
- * Screening out things that are unimportant
- * Remembering consequences

I. Executive Function (cont)

- * Similar difficulties seen in those with ADHD
- * The older your child, the more significant the problem can seem.
- * Sometimes problems don't become debilitating until college / independent living

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I. Executive Function - COPING

Start EARLY with instilling school and self-care habits

- * Homework when do you do it, how to get it turned in
- * Books to be remembered
- * Planner contains all items of homework
- * Incorporate microwave, washing machine, clothes storage

When talking about making decisions, encourage understanding of problem solving process.

- * We do homework first. Why?

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I. Executive Function - COPING

- * Use visual reminders / diagrams with concrete language to provide methods.
Pinterest can provide some good education / organization concepts.
- * Use rewards that are significant for that child (special interests are a good motivator) to get habits into place.

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I. Executive Function - COPING

- * Try to put the coping aids (folders, diagrams, bins, etc.) as CLOSE AS POSSIBLE to the place it will be needed.
- * Devise the process, and show via hand-over-hand, or via diagram, how to follow it.
 - * Don't just tell
 - * Don't expect learning by watching your hands do it

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I. Executive Function - COPING

- * Introduce technology to aid executive function as early as possible:
 - * Use 12x12 Time Timer to improve sense of passage of time
 - * Use phone to create reminders
 - * Use phone to encourage reading of email

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I. Executive Function - COPING

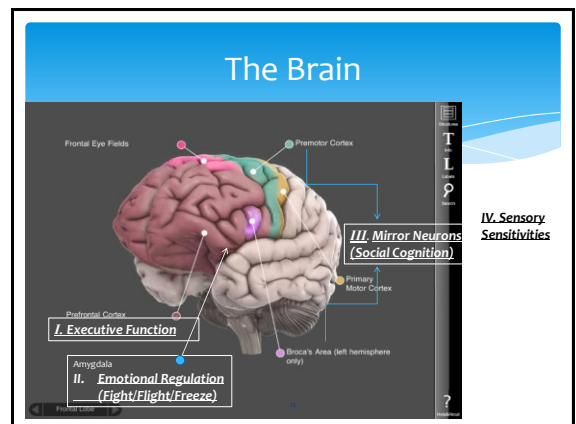
- * MOTIVATION –
 - * An Executive Function
 - * As appropriate allow/encourage special interest to lead to careers
 - * “Different ... Not Less” – edited by Temple Grandin
- * CONSIDER – Not amplifying the ‘he is so smart’ as a way of giving praise.

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I. Executive Function - COPING

- * Sometimes medication can help – sometimes it can make it worse
 - * Oversensitive Amygdala (see Emotional Regulation) can react badly to stimulant medications
 - * Dosages should be started smaller than for typically developing peer
 - * Best to be working with a child psychiatrist that is familiar with ASDs.

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II. Emotional Regulation

- * DEFINITION:
Emotional dysregulation refers to an **emotional** response that is poorly modulated, and does not fall within the conventionally accepted range of emotive response.
- * Hypersensitive Amygdala - means over-developed fight/flight/freeze response

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II. Emotional Regulation

- * We learn Emotional Regulation through social learning.
- * Self-talk
- * How to react to given circumstances

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II. Emotional Regulation - COPING

- * Sometimes medication can help – but sometimes can't be tolerated
- * Working to decrease over-stimulation using Sensory Integration techniques
- * Explicit instruction on WHY to regulate – on what other's see and think in response, and why this is important.

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II. Emotional Regulation - COPING

- * Cognitive Behavioral Therapy can help – but with focus on using concrete ways of reinforcing ideas that are suited to that individual
- * Art
- * Music?
- * Explicit phrases seen repetitively

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II. Emotional Regulation - COPING

- * AS APPROPRIATE Slowly de-sensitize to things that are emotionally difficult or of obsessive focus
- * FOR EXAMPLE if change in schedule is tough, work on very small changes
 - Prepare child for the possibility of change repetitively over time by talking about it after the fact, and well after a melt-down
 - Explain why changes happen in concrete terms
 - Help them know what to say to themselves (have them repeat something), and what they can do to soothe themselves (hug a stuffy, use a weighted blanket, look at a happy picture of a pet) while they are doing so
 - Tell them (we're leaving at 4:50, not 4:45 today)
 - Explain why
 - Remind them of their coping techniques

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The Brain

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III. Social Cognition

- * **Social Cognition:** Our ability to gather information about and understand the rules and concepts that govern our social interactions—the ways in which we understand social rules of etiquette, proximity, gestures, inferences, etc. At its essence, social cognition includes the processes we use to understand the world around us.

* Read more: <http://www.alltopdog.com/glossary/definition.php?term=Social+Cognition&size=26x165>

- * **Mirror Neurons** – at the center of Social Cognition.
 - * activated while action is being taken,
 - * AND when an action is **observed**.

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III. Social Cognition - cont

- * **EXAMPLE:** Baby smiling back at mother, mother smiling wider, baby smiling bigger.
- * **DIFFERENT** mirror neurons activate when the intent of the action is different
 - * Monkey picks up a piece of food to put it in a jar,
 - * vs.
 - * monkey picking up a piece of food to eat it.

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III. Social Cognition - cont

- * In humans, mirror neurons are in
 - * pre-motor cortex
 - * Broca's Area – associated with language development
- * Thus, facial muscles, tone of voice, language generalization, gestures, etc. – are all not learned, and not replicated.
 - * **REMEMBER** this is a **SPECTRUM**

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III. Social Cognition - COPING

- * Tim Kowalski, a speech and language pathologist specializing in Asperger's Syndrome, gives an understandable and comprehensive breakdown of social skills.
- * Social Skills are taught to help with Social Cognition, but they do not replace mirror neuron activation

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Social Cognition - COPING

- * The basic parts of speech:
 - * Phonology,
 - * Semantics (vocabulary),
 - * Syntax (grammar)
 - * Pragmatics (use and function of language)

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AND YET...

- * Standardized instruments usually do not capture the pragmatic deficits of those with Aspergers / HFA.
- * Speech Pathologists do not receive effective training to assess and treat difficulties with pragmatics
 - * (although some are developing this skill both in public schools and private practice)

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Emotions: Recognizing emotional states in self & others Expressing emotional state Using self-control

- * If you run into me in the hall, did you do it on purpose?
- * How do you feel about running in to me?
- * How do I feel about you running in to me?
- * What should I do with that feeling?
- * What should I say (if anything) to the person who ran into me?

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Social Cognition - COPING

- * Tony Atwood's 'Cognitive Affective Training'
- * Repetitively use scales to assess current internal state.
- * IN THE MOMENT, or via memory,
 - * Lead child to consider how their bodies muscles feel
 - * Belly
 - * Neck
- * And connect this feeling to a word or an image for an emotional state
- * Then connect this to skill to regulate emotion (self-calming – using whatever techniques are helpful)

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Relationship dynamics Joining a group / being left out of a group -Difference between requests and demands – Disagreeing - Apologizing Fitting in - Caring and sharing

- * If I want to play video games with Alex, how do I ask?
- * What if Alex says no?
- * What if Alex says yes?
 - * How do I feel?
 - * What do I do?
- * If we're playing video games, how do I blend in with everyone else?
- * What if the group asks me to play video games but I don't want to?
- * What if I'm the best video game player there?
- * What if I'm the worst?

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Communication's 'Hidden' components: Body language; Vocal tone; Perspective taking

Conversation: Initiating, Maintaining, Terminating Responsibilities of speaker vs. listener

- * How did that girl say 'sure'?
 - * Did she mean 'Cool!' (head up, eyes sparkling, tone is high)
 - * Or did she mean 'whatever – go away'. (turns away and rolls eyes as saying it, to re-engage with her friend next to her)
 - * Or did she mean 'yeah, right, and pigs fly' (tone is disbelieving)
- * Let's say I see that girl again, how do I start talking to her? What should I say if she talks back? What stuff should I NOT talk about? How loud should I talk? Where should I look? When should I stop talking? How can I figure out when she is done talking?

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Social Cognition - COPING

- * Begin with foundation of Cognitive Behavioral Therapy (CBT)
- * For students with average or higher cognitive abilities – ABA as a primary treatment modality is not as effective.

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General social skills programs miss the mark

Tim Kowalski points out that research has shown:

- * "... outcomes for social skills training are largely ineffective due to minimal generalization into functional daily use. Practice does NOT make perfect. The group leader must be aware of the inherent difficulties in generalization or functional gains will remain elusive." (italics are mine)

Bellini, S., Peters, J., Benner, L. and Hopf, H. (2007). A meta-analysis of school-based social skills interventions for children with autism spectrum disorders. *Remedial and Special Education*, 28: 153-162.

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So CBT + Key Concepts

- * Recognize that faces in motion don't make sense
 - * Student may have no difficulty with static face
- * Difficulties with central coherence – recognizing what details are important vs. those that are not.
- * Theory of mind / taking perspective must be taught.

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Key Concepts (cont)

- * Ability to understand another's perspective is needed to assess intent.
- * Anxiety drives many inappropriate behaviors.
 - * Individual often does not sense own emotional state.
- * Need to use concrete language - be specific.
 - * When specifying 'it', 'this' or 'that' don't assume you are understood.

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Key Concepts (cont)

- * "Hidden Curriculum" (Brenda Smith-Myles, PhD)
- * Intervention is needed 'in the moment' & repetitively.
- * Remember how sensory sensitivities can affect perception.
- * Teach metacognition – eg: teach student to use self-talk 'Stop & Think – Which choice are you making' – Will it lead to a good or bad result? Use hands to illustrate.

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AND then we need to add...

- * Integration with 'Neuro-Typical' peers
 - * Liane Holliday's 'Pretending to Be Normal'
 - * Susan J. Morenos 'A college education for individuals with autism' – article on aspergersyndrome.org
 - * Pamela Wolfberg's 'Integrated Play Group' model
- * In all of these the typical peer naturally, or by design, coaches the individual on the spectrum. THIS is the most promising medium for skills to generalize.

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Integrated Play Group Research

- * Pamela Wolfberg, PhD – Autism Institute on Peer Socialization and Play (www.autisminstitute.com)
 - * Integrated Play Groups
 - * 1:2 or 2:3 of novice: expert players
 - * Novices can have symptoms anywhere from mild to severe.
 - * Research demonstrated improved social-communication skills
- * Anecdotal evidence points to peer influence improving social abilities into adulthood.

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Consider...

- * Integrating 'game-play' groups just for individuals on the spectrum as part of your Social Skills program
 - * Playing cards at UAHuntsville

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Useful Tools

- * Tony Attwood, PhD - Cognitive Affective Therapy (CAT) program
- * Tim Kowalski, CCC – “Social-Pragmatic Success”
- * Brenda Smith Myles, PhD – “The Hidden Curriculum”
- * Carol Gray – Social Stories

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Some Useful Cognitive Techniques

- * Acting Lessons
- * Role-plays
- * Visual cues – social etiquette posters, cards
- * Videotape the student
- * Imaginary Camera
- * Disney tween shows for analysis of body language / social communication.
- * Social Autopsies – (Lavoie, 2005) – immediate, identify behaviors that were helpful, and those that were not. NOT a punishment.

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Resources

- * Kowalski, Timothy. Social-Pragmatic Success for Asperger Syndrome and Other Related Disorders. 2010. Professional Communication Services Inc.
- * SLP – Social Pragmatic focus
 - * Jennifer Wilson, Speech & Language Center, Huntsville
- * Social Skills groups
 - * Angela Collier
 - * AASCG

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IV: Sensory Sensitivity

- * Current research has demonstrated sensory sensitivity in mice with Autism, including heat and touch.
- * Some research has indicated that genetic code telling neurons where to end in the brain may not work correctly for those with Autism.
- * Possible that combinations of executive function problems along with these extra neurons in certain sensory areas lead to sensitivities?

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IV: Sensory Sensitivity (cont)

- * Current reviews of research have suggested that Sensory Integration studies have not sufficiently scientific to demonstrate a positive impact from Sensory Integration treatments.
- * However, practice suggests that using these treatments in the moment help reduce emotional reactivity, and improve ability to acclimate to new situations.

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IV: Sensory Sensitivity - COPING

- * Use individually chosen techniques like weighted blankets, jumping on trampoline, bouncing on yoga ball, spinning to help soothe when your child is over-stimulated.
 - * Discuss with an Occupational Therapist
- * Help your child develop awareness of how these techniques can help him/her

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IV: Sensory Sensitivity - COPING

- * Help your child recognize the situations for which he/she might need to prepare for overstimulation, and consider using sensory integration techniques before hand to reduce overall arousal level.
- * Regulate the amount of time spent in a helpful activity to reduce over-use and hyper-focus.

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CONCLUSION

- * In each of these areas (Executive Function, Emotional Regulation, Social Cognition, Sensory Sensitivity) – recognize your child’s difficulties as not willful.
- * But stretch your child to use his linear cognitive abilities, and desire for habits, to help him/her compensate.

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CONCLUSION

- * The challenge for us all is balancing
 - * understanding typical childhood behaviors, with an understanding of how your child’s environment is confusing and overwhelming –
 - * and providing just the right amount of nurturance vs. challenge.
- * Not easy, but very rewarding!

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