

How Do I Help Napoleon Dynamite Improve His Social Skills?

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History of Asperger's Syndrome

- Hans Asperger
- Leo Kanner
- Lorna Wing
- Tony Attwood
- 1993 & 1994

Educational Concerns

Most diagnostic rating scales do not provide educators with an adequate description of the characteristics that often are seen in the academic setting.

Stressors that often produce AS symptoms not typically present in the diagnostician's office:

- Spontaneous interactions with peers
- Non-predictable routines & environments
- Inconsistent structure
- Presence of sensory stressors
- New & novel situations

Typical school stressors:

- Substitute teacher
- Interruptions to regular schedule
 - Assembly
 - Testing
- Given an assignment with no idea how to complete it
- Group activities with minimal monitoring
- Recently teased and/or bullied
- Recent emphasis on good grades

Social Skills Ranked High by Educators

Kowalski, 2008

- Demonstrate self-control
- Use appropriate touch
- Respond to teacher requests
- Recognize another's feelings
- Recognize "personal space"
- Express one's own emotional state
- Recognize another person's viewpoint
- Obtain teacher's attention appropriately

Strengths benefiting general education placement

- Normal to gifted IQ
- High degree of motivation to associate with peers
- Excellent rote memory skills

Misdiagnosis

Common Misdiagnoses

- ADHD
- Autism
- Communication disorder
- Learning disorder
- Emotional handicap
- Obsessive-compulsive disorder
- Bipolar disorder

Theory of Mind (ToM)

Theory of Mind

- Uta Frith
- Definition
- The Sally-Anne Test [Baron-Cohen, S, Leslie, A.M., and Frith, U. (1985).
- “The Borg”
- Perspective taking
 - Topic domination
 - Empathic difficulty

Level 1 ToM: “I know that not everyone thinks the same way that I do.”

Level 1 manifestations:

- Ignoring listener’s perspective
- Inappropriate provision of information
- Confusing “old” and “new” information
- Overuse of non-specific information (e.g. “it” or “thing”)
- “Everyone thinks like me”
- Inability to engage another outside area of interest
- Inability to recognize locations/situations have multiple expectations

Level 2 ToM: “I know that what I do (or don’t do), impacts your decision to want to be my friend (or not be my friend).

Level 2 manifestations:

- Poor hygiene
- “I don’t care if you don’t want this, I’m going to complete it”
- Hyper-emphasis on penmanship negatively impacts content
- Overwhelming ideation (I can’t go to school – my shire’s dirty!)

- Lack of joint attention
- Inability to recognize facial expressions

- Children with AS referred to desire and made few references to thought and belief (Ziatas Durkin, and Pratt, 2003)
- AS children have significant difficulty attributing mental states in context and need more prompts to solve questions (Kaland, 2002)
- Creates increased paranoia (Blackshaw, 2001)

Deficits Related to ToM

Myles, B. and Southwick, J. (1999)

- Difficulty explaining own behaviors
- Difficulty understanding emotions
- Difficulty predicting the behavior and emotional states of others
- Problems understanding the perspectives of others
- Problems inferring the intentions of others
- Lack of understanding that behavior impacts how others think and/or feel
- Problems with joint attention and other social conventions
- Problems differentiating fiction from fact

Requirements for ToM

- For children to be able to recognize and act upon assumptions acquired from observations, it is critical that they understand the nature and causes of emotions [Silliman, E., Diehl, S., Bahr, R., Hnath-Chisolm, T., Zenko, V., and Friedman, S. (2003).

The Triad of Social Issues

- Interaction
- Communication
- Emotional Regulation

Appropriate Social Skills are Dependent Upon:

- Motivation to fit in
- Accurately perceive situations
- Decode information from others
- Perform the necessary social skills
- Recognize social feedback
- Act upon the social feedback

Social-Interactive Domain Issues

- **Social-Interactive Issues**
 - Don't confuse tact with rudeness
 - Poor proxemics (personal)
 - Poor social rules
 - Egocentric (Level 1 ToM)
 - ✓ May not understand the NEED for friendship outside of hyper-focused interest area
 - Jokes difficult to comprehend
 - Naïve
 - ✓ False-friends
 - ✓ Sexual targets
 - ✓ "Set up"
 - Play skills often poor
 - Frequently have obsessive interests
 - May dislike physical contact
- **Treatment Techniques for Social-Interactive Deficits**
 - Use social autopsies
 - Teach perspective taking
 - Teach how to share
 - Teach how to negotiate

- Use comic strip conversations
 - Use topic boxes to:
 - ✓ Generate opinions about a topic
 - ✓ Determines student's current knowledge about a topic
 - ✓ Generalize new information to outside settings
 - Develop "Friend Facts"
 - Teach how to work in small groups
 - Gain respect through academic strengths
 - Protect from teasing
 - Do not allow child to become reclusive
 - Use drama to teach social interaction
 - Use routines
 - Teach how to transition
 - Use visual supports such as:
 - ✓ Calendars
 - ✓ Schedules
 - ✓ Checklists
 - Teach how to solve an argument
 - Develop social skills through imitation
 - Teach how to accept another's viewpoint
 - Use contingency statements
 - Teach flexibility of thought via figure-ground reversal illusions
 - Teach flexibility of thought via Stroop-like tasks
 - Teach flexibility of thought using set-shifting games
- **Social-Communicative Issues**
 - Difficulty with conversational rules
 - Unique prosody
 - Perseverative questioning
 - Pedantic speech frequently common:

- ✓ “The Little Professor”
- Poor abstract reasoning

- Poor nonverbal communication skills
 - ✓ 60-90% of message typically “nonverbal”
 - ✓ Therefore he misses more than half of the message’s intent - no wonder he’s confused!

- **Treatment Techniques for Social-Communicative Deficits**
 - Do not force teach eye contact
 - Teach mutual focus
 - Use barrier games
 - Be sure attention is directed at intended topic
 - Teach active listening
 - Teach conversational skills:
 - ✓ How to initiate a conversation
 - ✓ How to use turn taking
 - ✓ How to expand the conversation
 - Teach conversational repair strategies
 - Teach topic change (code shifting)
 - Teach topic concepts
 - ✓ Family = personal
 - ✓ Peers = movies
 - ✓ Adults = topic detail
 - Limit time spend on personal fixation:
 - ✓ No one can ask 2 consecutive questions
 - ✓ Everyone asks a question
 - ✓ 2 minutes and that’s it!
 - ✓ Use hand signals
 - ✓ “Thank you for that information but we must give others a turn”
 - Use hand signals
 - Use stop signs
 - Use traffic signals

- Help him “come to the point”
 - ✓ “translate” so class understands

Grice’s Maxims

- **Quantity:** saying just enough; not too much, not too little
- **Quality:** the truthfulness of the information
- **Relation:** the relevancy of the information
- **Manner:** the clarity of the information
 - Teach how to recognize and respond to nonverbal signals (It’s that 60% stuff!)
 - Certain messages are almost never spoken (You bore me.)
 - Teach concept of “Time and Place”
 - ✓ Our expectations differ according to location (teacher will accept “funniness” on playground but not in class)
 - ✓ Our expectations differ according to situation (different system needed to respond to “happy “ and “mad”)
 - Teach abstract language
 - Teach homophones (multiple meaning words)
 - Teach jokes
 - ✓ Why is it funny?
 - ✓ How did we come to that decision?
 - Teach idioms (intent and origin)
 - ✓ “Don’t throw the baby out with the bath water.”
 - ✓ “Raining cats and dogs.”
 - ✓ “The Rule of Thumb.”
 - Teach implied meanings
 - ✓ “You stink!”
 - ✓ “Get out of here!”
 - ✓ “You’re crazy.”
 - Teach context clues

- Simplify the language when giving directions
- Teach how to respond to criticism
- Teach how to model others
- Teach recognition of facial features

Social-Emotional Domain

- **Social-Emotional Issues**
 - Easily stressed
 - Poor self-esteem
 - Frequently overwhelmed by change
 - Anxiety is common (PTSD?)
 - Often ritualistic
 - Sensory overload difficulties
 - Frequently depressed/suicidal

- **Factors Limiting the Ability to Recognize Emotional States**
 - Excessive concrete reasoning
 - Over use of literal interpretation
 - Limited analytic skills
 - Limited flexibility
 - Limited perspective taking
 - Focusing on one aspect and not the whole

- **Treatment for Social-Emotional Deficits**
 - Recognize and refer for depression
 - Increase self-esteem
 - Encourage eye-contact
 - Use nonverbal techniques for feedback
 - Teach how to recognize emotions in self and in others

- Teach how to appropriately express emotions verbally and non-verbally
- Always use a positive and non-emotional tone of voice
- Teach what to say when problems occur
- Model others to study reactions
- Use safe havens and safe people to:
 - ✓ Organize upcoming events
 - ✓ Place to go for a break to release stress
 - ✓ Place to go to avoid a potential meltdown
- Frequent meltdowns are a signal that too much stress is present! Reduce it!
 - ✓ Be aware that even though he looks calm he will be extremely stressed – don't expect too much too soon!
 - ✓ Teach “abdominal surgery” to caregivers
- Consider a tutor
- Teach how to relax
- Use introductions to reduce anxiety
- Use positive reinforcement
- Teach empathy (Level 1)
- Teach how to predict another person's viewpoint (Level 1)

Teach the relationship between negative feelings and anxiety-producing situations and events. [Klin, A. and Volkmar, F. R. (1997).

“People expect cognition and social functioning to be equally developed. When kids with Asperger's Syndrome experience difficulty they wrongly assume it is deliberate misconduct.” (A. Klin and F. Volkmar, 1997)

Many children with AS remember events from 5 years past as if they happened 5 minutes ago. Teach them to focus on what's relevant right now and not dwell on the past.

Useful Books

- Atwood, T. (1998). *Asperger's Syndrome: A Guide for Parents and Professionals*. London: Jessica Kingsley Publishers.
- Jackson, L. (2002). *Freaks, Geeks and Asperger's Syndrome*. Philadelphia: Jessica Kingsley Publishers, Ltd.
- Kowalski, T.P. (2002). *The Source for Asperger's Syndrome*. East Moline, IL: LinguiSystems Inc.
- Myles, B. and Southwick, J. (1999). *Asperger Syndrome and Difficult Moments*. Shawnee Mission, KA: Autism Asperger Publishing Co.