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Autism Agenda



Linn Benton Lincoln ESD-Cascade Regional Autism Program

Social Communication and Language Characteristics Associated with High Functioning, Verbal Children and Adults with ASD

By: Beverly Vicker, M.S., CCC-SLP

Individuals with autism spectrum disorders (ASD) who are fluently verbal are not free of language and communication challenges. The purpose of this article is to assist others in recognizing and understanding the subtle and not so subtle problems that do occur. The presence or intensity of the following social communication and language characteristics of high-functioning individuals with autism spectrum disorders may vary by age and by individual. Some of these characteristics are found in others who do not have an autism spectrum disorder, for example, in individuals with language or learning disabilities. With increasing age and increasing communication competency, most of these characteristics lessen or disappear for those who do not have an autism spectrum disorder. It is the frequency and persistence of some of these characteristics from childhood into adulthood that exemplifies the syndrome of autism.

LANGUAGE CHARACTERISTICS

Although the ability to exchange meaningful messages is the heart of communication, it is important to look at the characteristics of the language used to convey the messages. Individuals with autism spectrum disorder may:

- Appear to have a good vocabulary and a sophisticated command of the language system based on their verbal utterances.
- In some instances sophisticated language may reflect repetition of bits of dialogue heard on television or in the conversation of others. This mitigated echolalia may or may not be used in appropriate contexts.
- For the majority of individuals, the depth of meaning for specific words used may be restricted and/or the breadth of vocabulary may not be as expansive as utterances may suggest. Of course, some individuals may have an excellent verbal repertoire.

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SOCIAL COMMUNICATION CONTINUED....

- Appear to have difficulty with figurative language such as idioms, metaphors, similes, and irony.
- Appear to have difficulty recognizing in contextual (conversational) or text (print) situations that certain vocabulary words may have alternative meanings.
- Appear to respond to suggestions, directions, or information in a very literal manner.
- Appear to have some difficulty grasping the main idea, drawing conclusions and making other inferences from conversation, text, TV programs, and movies.
- Appear to have difficulty understanding humor in television programs, movies, cartoons (animated and static), and everyday interactions.
- Appear to have difficulty with WH question forms such Who, What, Where, When, Why, How and others.
- Appear to understand basic sentence structure but may have more difficulty with more complex sentences that contain embedded and subordinate clauses.
- May primarily attend to key words rather than to the message conveyed by the grammar; may also have difficulty understanding the grammar and thus resort to the key word strategy.
- Will experience difficulties in reading comprehension if comprehension of oral language is poor.
- May not be connecting idea to idea from conversation or text, e.g. not connecting the content of one sentence to the next.

SOCIAL COMMUNICATION

Communication is a social act and unless one is conducting a monologue with one's self, it involves at least one other person. Communication within a social situation can be more challenging than just understanding the words of others. There are unwritten rules that govern interactions and these may change depending on the circumstances and whom one is talking to. The individual with an autism spectrum disorder may:

- Have difficulty seeing another person's perspective; tendency to interpret from own point of view. This impacts social interaction and the understanding of perspective in narratives whether in text, movies, or TV format.
- Have difficulty understanding that other people have unique thoughts, ideas, and personal motivation.
- Give no or minimal eye contact during an interaction; eye contact may be distracting or provide more sensory information than can be useful or processed by the person with ASD.
- Speak too loudly or too fast unless taught about the needs of his or her communication partner.
- Have difficulty staying on topic; may be distracted by associations cued by his or her own words or the dialogue of others.
- Deliver monologues, lectures, or lessons about a favorite topic rather than allow/participate in reciprocal involvement with a communication partner.
- Talk aloud to self in public situations and be unaware that others can hear the content of the self talk and will make judgments about them based on what was heard.
- Have difficulty attending to an auditory message if stressed, agitated, or highly stimulated.
- Make statements that are factually true but socially inappropriate because of lack of awareness of the impact of his or her statement on others.

Continued on page 3.

SOCIAL COMMUNICATION CONTINUED....

- Not know strategies to initiate, terminate, or facilitate a conversation.
- Have difficulty understanding the significance of another's role and the need to adjust topic, the vocabulary, grammar, and tone of conversation accordingly. May address an authority figure in the same fashion as a peer or as a TV/video character might do.
- Have difficulty knowing that he or she has the responsibility to give the communication partner sufficient information to understand the message. In addition, he or she may have difficulty surmising what information the partner already has and what new information is needed.
- Not monitor his or her own comprehension of incoming messages and therefore does not seek clarification, when needed.
- Seek to promote an inflated or positive self image by using pseudo-sophisticated language; sometimes this strategy is used to mask the degree of underlying comprehension problems that the person really experiences during daily living situations or within school activities.
- Lie with the intent of getting people to leave him or her alone rather than with an intent to deceive or manipulate. In general, is not effective at deception.
- Exhibit good recall of people's names, facts, and/or trivial information; often the depth of knowledge about a topic may be superficial.
- Utilize, on occasion, old behavior or communication patterns for more appropriate verbal social communication. This might include nonverbal means of communication such as aggression, passivity, pacing, self stimulation, self abusive behavior, or echolalia.
- Talk about unusual topics such as fans and The Weather Channel because he or she finds the topic fascinating; the display of knowledge may take place irrespective of the interest of the communication partner in the topic.
- Be nonselective about appropriateness of time, place, and person with whom to discuss certain topics.
- Be perseverative or bothersome on limited topics. May ask repetitive questions.
- Desire social interaction, but has difficulty knowing how to initiate and maintain a friendship.
- Experience difficulty recognizing the lies, deceptions and mischief of others.
- Miss nonverbal cues of others and nuances in social situations; may be taught to recognize some instances.
- Lack a repertoire or have difficulty selecting/applying appropriate social communication strategies in everyday situations.
- Recognizes and identifies basic emotions of others and self (mad, happy, sad) but has more difficulty with recognizing more subtle expressions of these feelings or emotions.
- Have difficulty recognizing, identifying and understanding various other states of emotion expressed by others and knowing what to say in that situation.
- Have difficulty making predictions about the consequences of a situation and understanding the motivation of others; will usually be very concrete and socially naive.
- Have difficulty multi-tasking, i.e., talking or listening while doing something else at the same time; may need to do one thing at a time.

Continued on page 4.

SOCIAL COMMUNICATION CONTINUED....

OTHER CHARACTERISTICS OF AUTISM SPECTRUM DISORDER THAT MAY BE PRESENT

Characteristics other than language difficulties may also be evident during interaction opportunities and impact the communicative exchange in an indirect way. Sometimes actions or comments during an interaction may provide clues regarding the need for additional support in other life areas of the person with ASD. Sometimes knowing about other characteristics promotes more patience and understanding in the communication partner. The individual with an autism spectrum disorder may:

- Appear very egocentric in terms of concern for others, their feelings, their needs, and their ideas.
- Prefer that experiences or events be interpreted in black and white or very concrete terms; this expectation is at odds with the complexity of most situations.
- Have difficulty getting the gestalt or big picture of a situation rather than just the details.
- Engage in repetitive activities and/or rituals.
- Can obsessively persist in mulling over past, present, or future events or ideas.
- Be resistive in varying degrees to changes in routine or environment.
- Have splinter skills (e.g., unusual abilities in music, math).
- Exhibit clinical anxiety, varying degrees of depression, or other mood disorders.
- Express thoughts about suicide; may not have a clear understanding of the finality of death.
- Exhibit clinical obsessive-compulsive disorder.
- Exhibit seizures.
- Act like a perfectionist- does not like to make mistakes.
- May have sensory issues; be under responsive or sensory seeking; can get overwhelmed by sensory overload.
- Experience encounters with law enforcement and the judicial system as a consequence of social challenges and emotional regulation.
- Be physically as well as socially awkward.
- Have difficulty with fine motor skills, especially handwriting.
- Not perform well when under pressure or stress.
- Have difficulty utilizing relaxations strategies to reduce stress.
- Have difficulty with executive function skills- planning, organization, flexibility, monitoring, etc.
- Have difficulty with reading comprehension but be able to decode and fluently read aloud.
- May have excellent memory for detail but not working memory, i.e., keeping ideas in mind while manipulating them and problem solving.
- Need some degree of supervision, support, and/or advocacy to be employable or to live independently in the community.
- Be very naive and vulnerable to social/sexual abuse.
- Become more socially isolated as his/her negative experiences in social situations increases.

<https://www.iidc.indiana.edu/irca/articles/social-communication-and-language-characteristics.html>

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PEER-BASED INTERVENTION AND AUTISM SPECTRUM DISORDERS

Peer-Based Intervention and Autism Spectrum Disorders

TIPS AND RESOURCES FOR TEACHERS



Peer-based interventions are evidence-based practices that teach strategies to typically developing peers for facilitating social interactions with children on the autism spectrum. Peer-based interventions can be used to target communication skills, interpersonal skills, and play skills. The effects of these types of interventions often are beneficial for both the student with autism spectrum disorder (ASD) and the peer(s). For example, students with ASD often demonstrate improvements in social interaction skills including increased initiation and responding to peers. Peers often demonstrate increased levels of tolerance, awareness, and acceptance of differences. There are 4 primary steps to implementing a successful peer-based intervention.

Step 1: Select Peers

Peers selected to be part of the intervention should possess key characteristics.

- Peers should be of a similar age and, if possible, share similar interests to the student with ASD.
- Peers should be motivated to participate. Peers who volunteer will be more invested in the process and more responsive to the strategies than those who are unmotivated.
- Peers should possess strong social and communication skills. For example, an outgoing individual who is capable of participating in successful social interactions with a variety of people would be a better intervention partner than a peer who is shy and prefers to keep to him/herself.
- Peers should be dependable. Dependability is important for both the peer and the student with ASD.

A student who is frequently absent will miss critical teaching and practice time. Furthermore, the student with ASD will be more comfortable with a student frequently seen around the school than a student who has sporadic attendance.

It is recommended to train more than one peer to avoid burnout and support generalization, but keep the number manageable for the student with ASD.

Step 2: Train and Support Peers

Begin by teaching the peers to recognize and appreciate similarities and differences. Teach the peers to use good disability etiquette (resources on back). Be sure they understand autism generally and address any myths or misconceptions they have about students with ASD. Next, share information about the student with ASD; likes, dislikes, strengths, and challenges and discuss the goals of the intervention. What do you want the student with ASD to gain from this intervention? What will the peer(s) gain?

Once the peers seem to have an understanding of ASD and the student with ASD, teach specific strategies for initiating and maintaining interactions with that student. Useful strategies to teach peers may include some or all of the following:

- How to gain the attention of the student with ASD.
- How to use developmentally appropriate language.
- How to enhance motivation by offering choices
- How to model appropriate and complex play/ conversation skills.
- How to encourage conversation and turn-taking.
- How to reinforce appropriate social behaviors
- How to use visual supports.

These strategies can be taught through definition, discussion, modeling and role-play with the peers in a small group setting.

Step 3: Facilitate Structured Social Activities

During the initial stages of implementation, have the peer(s) and student with ASD participate in a short, structured social setting. Choose an activity that can be enjoyed by both the peer(s) and the student with ASD. Simple board games or motor activities can be good options. Be prepared to provide frequent prompts and

Please see reverse.



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PEER-BASED INTERVENTION AND AUTISM SPECTRUM DISORDERS CONTINUED...

Peer-Based Intervention and Autism Spectrum Disorders

TIPS AND RESOURCES FOR TEACHERS

to praise to both the peer(s) and student with ASD in the initial training phases. As the peer(s) gain confidence and the student with ASD becomes increasingly comfortable with the peer(s), interaction opportunities can be generalized to more natural school settings like lunch and recess. Over time, opportunities may even be expanded into classroom group work or school-based extracurricular activities. Throughout the implementation phase, consider regularly meeting with the peer(s) to provide additional support. Be sure to continually provide reinforcement to both the peers and student with ASD. Praise the student with ASD for the appropriate use of social skills; praise the peer(s) for specific use of peer interaction strategies, patience, persistence, and maturity.

Step 4: Fade Structure and Support

Early on, the adult sets up materials, assigns roles and partners, scripts actions and dialogues, and even actively participates in the peer-to-peer interaction. However, have a plan to fade that support so that both the peer(s) and the student with ASD have the opportunity to independently interact socially. As peers become increasingly comfortable implementing the strategies and as students seem comfortable being together, the adult's role should transition. The adult may offer suggestions, pose leading questions, and comment on the event, but should refrain from active participation in the peer interactions. Eventually, support should be faded to the point that the adult is merely a secure base. As a secure base, the adult should be available for questions and support as needed but generally avoid intervening in social interactions between the peer(s) and student with ASD. However, even when support has faded, it is still important to provide periodic reinforcement (e.g., social praise) to both the student with ASD and the peer(s).

Who We Are and Who We Serve

The **Vanderbilt Kennedy Center (VKC)** works with and for people with disabilities and their family members, educators and service providers, researchers, students, and policy makers. Faculty and staff engage in interdisciplinary research, training, service, and information dissemination and work in collaboration with local, state and national networks and partners. (615) 322-8240, toll-free (866) 936-8852, vkc.vumc.org

Treatment and Research Institute for Autism Spectrum Disorders (TRIAD)

TRIAD is a VKC program dedicated to improving assessment and treatment services for children with autism spectrum disorders and their families while advancing knowledge and training. See TRIAD.vumc.org or call (615) 322-7565.

Vanderbilt Autism Resource Line

Free information and referral service for parents, teachers, and community professionals. Information is available about autism-specialized diagnostic evaluation services, school consultation, parent workshops, and professional training at Vanderbilt for children, adolescents, and adults with ASD. Contact autismclinic@vumc.org, or (615) 322-7565, or toll-free (877) 273-8862.

Tennessee Disability Pathfinder

Provides free information, referral sources, and help with navigating services via phone, email, and website. Assistance is available to individuals of all ages, all types of disabilities, and all languages spoken. Its website includes a directory of more than 3,000 agencies searchable by Tennessee county, topic of interest, and other filters. Pathfinder is a project of the VKC and is partially funded by Tennessee Council on Developmental Disabilities and other state agencies. (615) 322-8529, toll-free (800) 640-4636, TNPathfinder.org

Other Resources

- **National Standards Project (2009)**
Evidence-based practice and autism in the schools: A guide to providing appropriate interventions to students with autism spectrum disorders. Randolph, MA: National Autism Center.
- **Kids Helping Kids: Teaching Typical Children to Enhance the Play and Social Skills of Their Friends With Autism and Other PDD's: A Training Manual**
Download a free copy of Kids Helping Kids in the "Information for Teachers" section at <https://neurosciences.ucsd.edu/centers-programs/autism/about-autism/resources.html>.
- **Disability Etiquette Information**
<https://www.tndisability.org/materials>
www.disabilityisnatural.com

SOCIAL COMMUNICATION AND CHILDREN ON THE AUTISM SPECTRUM

Social Communication and Children on the Autism Spectrum

by [Charlotte Morris-Clarke](#)

The following article on Social Communication and Children on the Autism Spectrum has been written by the Speech and Language Therapist based at The Retreat, York.

The article offers a brief overview of social communication and provides some general strategies that may support the development of social communication skills, for children on the autism spectrum.

Communication

Communicating and socializing with others can often be challenging for children on the autism spectrum.

There can also be a huge variability in the way autistic children communicate and interact with others.



While some children on the autism spectrum may have no spoken language and find initiating interactions very challenging, others may have strong verbal language skills.

Successful social communication is a complex process, supported by the foundations of language skills, social-cognitive skills (including understanding the perspective and knowledge of the listener) and executive function (the mental ability to plan, act and solve problems).

It is commonly accepted that difficulties, or differences with social communication and interaction, are a common feature for people on the autism spectrum and forms part of the diagnostic criteria outlined in the DSM-V (Diagnostic and Statistical Manual of Mental Disorders).

What is Social Communication?

Social communication also termed *pragmatics*, describes the way we use language in social contexts and interactions with others. It involves the ability to share our thoughts and feelings with others and respond when others share their thoughts and feelings with us.



Social communication relies on an individual's ability to use and understand a range of verbal (speaking and listening) and non-verbal communication skills (eye contact; body language; gestures; facial expressions; posture; use of space; tone of voice).

Features of social communication include:

- The ability to use language and non-verbal skills in different situations. For example, when greeting, requesting, or commenting.
- Adjusting language and how we use it for different listeners. Also known as *prosody*. Prosody can be described as the rhythm of speech and can include changes in pitch, volume, or the speed of spoken language. Prosody has an important function in communicating additional information to accompany words being spoken. For example, a question may be indicated by the speaker if they use a rising tone of voice. Or an emotion may be conveyed by increasing the volume or changing the pitch of the voice. Children on the autism spectrum may speak with a voice that is monotone, or with a very high or low volume or pitch. They may also find it difficult to acknowledge or respond to prosody when it is used by others.

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SOCIAL COMMUNICATION AND CHILDREN ON THE AUTISM SPECTRUM CONTINUED

- Understanding when to use formal and conversational language. For example, using different language when talking with a friend or a teacher.
- Following the social rules of conversation. For example, turn-taking, staying on topic, asking relevant questions, storytelling, responding to verbal and non-verbal cues in conversation, or rephrasing language that is misunderstood.
- Understanding and using non-literal language, such as jokes, idioms, and metaphors.

Supporting the development of social communication skills

Communication by its nature, is a two-way process. We can support children with social communication difficulties by not only teaching them how to learn social communication skills, but by adapting our own communication to acknowledge and respect their differences. For example, through allowing a child on the autism spectrum additional time to respond in a conversation, providing clear instructions and giving praise.



Tips to try at home

- Turn-taking Games: choose activities that are developmentally appropriate for your child. Turn-taking games can be simple such as using building blocks or rolling a ball, or more complex, like board games. Turn-taking activities supports the development of understanding turn-taking in conversations and the concept of 'waiting for a turn'. Using topics of interest, or activities and games that are motivating for your child, can be a useful way to encourage them to engage in social interactions.
- Describing Tasks: for this activity, you could choose a book, or a piece of work your child has from school and use this to ask open-ended questions. For example: "What is the character doing?" or "What do you think they are feeling?"
- Talking about emotions: for younger children, an activity could include recognizing emotions, using emotion picture cards. This activity could be extended for older children, through asking them to identify and talk about a time when they have felt that emotion.
- Modelling: model to your child social communication and conversation skills. For example, using gestures, beginning, and ending conversations, personal space and body language.
- Role Play: role play scenarios with your child can help them to practice how they can respond in different social situations. For example, going shopping, or asking for help.
- Social Stories TM : developed by Carol Gray in 1991, Social Stories TM provide a structured description of a social situation or event, explaining clearly what is going to happen. Information on how to create Social Stories TM can be found at: <https://www.autism.org.uk/about/strategies/social-stories-comic-strips.aspx>
- Use a Comic Strip Conversation TM : also developed by Carol Gray in 1994, Comic Strip Conversations TM present conversations visually, using simple drawings. Comic strip conversations support children on the autism spectrum to draw and discuss a social situation they find challenging. For example, asking someone to play with them. Drawing the conversation allows a child to explore different things people may say, or think in a conversation. Guidance on producing a comic strip conversation can be found at: <https://www.autism.org.uk/about/strategies/social-stories-comic-strips.aspx>
- Guessing Game: for younger children you could choose to draw an animal, or for an older child you might choose an image of a famous person. Model taking turns and asking open-ended questions, to try and guess the picture or drawing.
- Prompt Cards: older children may find conversation prompt cards useful, which they can quickly access to support and structure interactions in different settings. Having a set of scripted responses written on cards may reduce anxiety and support a child when they are struggling to think of a response in a social situation.

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SOCIAL COMMUNICATION AND CHILDREN ON THE AUTISM SPECTRUM CONTINUED

It is important to encourage and support your child to practice the social communication skills they are learning with different people and in different environments.

Discussions with your child's school, can also support the generalization of the social communication skills they are practicing. Teaching staff can support and develop with your child any strategies they are using, such as prompt cards or social stories.

Structured Approaches

Speech and Language Therapists are specialists in social communication and can offer assessment and interventions. Goals for intervention should be planned jointly with children and tailored to their individual needs.

There are a range of structured intervention programs and approaches, that have been developed to support the teaching of social communication and interaction skills to children on the autism spectrum. A Speech and Language Therapist may recommend a combination of approaches, to find the best support to meet the individual needs of the child.

Approaches such as the Talk about programs, developed by Alex Kelly and the Social Thinking program, created by Michelle Garcia Winner, provide advice and guidance for parents and professionals. There are group interventions designed for parents, such as the Hanen – More Than Words program and group interventions to support children and young people on the autism spectrum. For example, Lego Therapy and Social Eyes – developed by the National Autistic Society.

Research into the effectiveness of social communication interventions is growing. Available evidence suggests that social communication intervention programs can be beneficial for children on the autism spectrum. However, a common limitation discussed, is the ability of children to generalize social communication skills they are learning in the therapy setting, to different environments and with different people.

Accessing support at the ideal frequency and time can be challenging for families and may vary across different locations and trusts. Families can contact their local NHS speech and language therapy services, or private therapy practices, for advice and guidance.

Summary

Social communication is a complex process, involving verbal and non-verbal communication skills and an understanding of the rules of social interaction. Social communication is recognized as challenging for all children on the autism spectrum. Strategies and interventions, to support the development of social communication skills can be effective. Collaborative working between families, therapists, and teaching staff, can support a child to generalize skills being learnt across environments.

<https://livingautism.com/social-communication-autism/>



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SOCIAL COMMUNICATION (PRAGMATICS)

Social Communication (Pragmatics)

What is social communication (pragmatics)?

Social communication or pragmatics refers to the way in which children use language within social situations.

It has three components including:

1. The ability to *use language* for different purposes (e.g. to greet, inform people about things, demand, command, request).
2. The ability to *adapt language* to meet the needs of the listener or situation (e.g. talking differently to a baby versus an adult, talking louder when there is lots of noise, being aware of the listener's knowledge and giving more information or less when needed).
3. *Following the often "unspoken" rules* of conversation and storytelling (e.g. taking turns in conversations, looking at the speaker, standing at an appropriate distance from the speaker, using facial expressions and gestures). The rules of conversation are often different across cultures, within cultures and within different families. It is therefore important for a person to quickly understand the rules of the person with whom they are communicating.

Children with a diagnosis of an Autism Spectrum Disorder (ASD, including Asperger's Syndrome) and Pervasive Developmental Disorder (Not Otherwise Specified) have difficulties with social communication (pragmatic skills).

Why is social communication (pragmatics) important?

Social communication (pragmatics) is important in order to be able to build social relationships with other people. It is also important academically, as many curriculum based activities rely on working in groups and communication between peers.

What are the building blocks necessary to develop social communication (pragmatics)?

- **Receptive (understanding) language:** Comprehension of language.
- **Expressive (using) language:** The use of language through speech, sign or alternative forms of communication to communicate wants, needs, thoughts and ideas.
- **Pre-language skills:** The ways in which we communicate without using words and include things such as gestures, facial expressions, imitation, joint attention and eye-contact.
- **Executive functioning:** Higher order reasoning and thinking skills.
- **Self regulation:** The ability to *obtain, maintain* and *change* one's emotion, behavior, attention and activity level appropriate for a task or situation in a socially acceptable manner.

Continued on page 11.



SOCIAL COMMUNICATION (PRAGMATICS) CONTINUED...

AGE SOCIAL COMMUNICATION SKILL

0-18 months:

- Brings objects to an adult to show them.
- Tries to gain attention by using sounds, gestures, grabbing them by the hand.
- Waves to say hello or goodbye or says the word “bye”.
- Requests things using gestures, sounds or words (e.g. reaches for the biscuits in the cupboard).
- Protests by shaking head, vocalising or pushing an object away.
- Comments on an object or action by getting the adult’s attention, pointing, vocalizing or saying a word (e.g. pointing to the dog and saying “woof woof” with the intention of showing the dog to the adult).
- Looks at the speaker or responds with facial expression, vocalization or word/s when someone speaks.

18 months – 2 years:

- Uses words or short phrases for various language functions (e.g. greeting: “hello”, “bye bye”; protesting: “no”, “mine”; making a statement: “ball blue”; giving a direction: saying “ball” while pointing for you to get the ball).
- Uses phrases like “What’s that?” to get attention.
- Names things in front of other people.
- Engages in verbal turn taking.



2 – 3.5 years:

- Can take on the role of another person within play.
- Engages in a greater number of turns within interactions with others.
- Begins to recognize the needs of other people and will speak differently to a baby versus an adult.
- Acknowledges their communication partner’s messages by saying things like “yeah”, “ok”, “mm”.
- Begins using language for fantasies and make believe.
- Requests permission to do things (e.g. “Mummy, can I please go outside?”).
- Begins to correct others.
- Is able to engage in simple story telling and is beginning to make guesses at what might happen in a story (inferencing).

4-5 years:

- Can use terms correctly, such and ‘this’, ‘that’, ‘here’, and ‘there’.
- Uses language to discuss emotions and feelings more regularly.
- Uses indirect requests (e.g. “I’m hungry” to request food).
- Telling stories is developing and the child can describe a sequence of events (e.g. “The man is on the horse and he is going to jump over the fence and then he is going to go home”).

5-6 years:

- The ability to tell stories develops and the child is now able to tell a story with a central character and a logical sequence of events, but still may have difficulties with the ending (e.g. “Once upon a time there was a little boy called Joe who has a sister and a brother and likes to go fishing. One day”).
- Beginning to make threats and can give insults.
- May praise others (“Well done, you did it”).
- Beginning to be able to make promises (e.g. “I promise I will do it tomorrow”).

Continued on page 12.

SOCIAL COMMUNICATION (PRAGMATICS) CONTINUED...

How can you tell if my child has problems with social communication (pragmatic skills)?

If a child has difficulties with social communication they might:

- Have difficulty remaining on topic in conversation.
- Not try to gain the attention of adults because they do not know how to or does so inappropriately.
- Tend to stand too close to the speaker and is unaware of personal space.
- Tell stories in a disorganised way.
- Have difficulty looking at the speaker or may look too intensely at the speaker.
- Dominate conversations and does not listen.
- Does not ask for clarification when they haven't understood.
- Be unable to interpret the tone of voice in others (e.g. does not recognise an angry versus a happy voice).
- Use language in a limited way (e.g. only gives directions or makes statements but doesn't greet or ask questions).
- Have difficulty understanding another person's point of view.
- Have difficulty making friends.

* It is not unusual for children to have pragmatic or social communication difficulties in a few situations. However, if they occur often or seem inappropriate for their age there may be reason for concern.

What other problems can occur when a child has social communication (pragmatics) difficulties?

When a child has social communication difficulties, they might also have difficulties with:

- **Behavior:** The child's action, usually in relation to their environment (e.g. a child may engage in behavior, such as refusing to go to social events including birthday parties or engage in inappropriate behavior, such as tugging on a peer's hair or yelling at someone to get their attention).
- **Sensory processing:** Accurate registration, interpretation and response to sensory stimulation in the environment and one's own body.
- **Completing academic work** (e.g. the child may misinterpret verbal or written instructions for tasks and/or struggle with imaginative writing).
- **Planning and sequencing:** The sequential multi-step task or activity performance to achieve a well-defined result.
- **Working memory:** The ability to temporarily retain and manipulate information involved in language comprehension, reasoning, and learning new information; and to update this information as change occurs.
- **Receptive (understanding) language:** Comprehension of language.
- **Expressive (using) language:** The use of language through speech, sign or alternative forms of communication to communicate wants, needs, thoughts and ideas.
- **Articulation:** Clarity of speech sounds and spoken language.
- **Fluency:** The smoothness or flow with which sounds, syllables, words and phrases are produced when talking.
- **Play skills:** Voluntary engagement in self motivated activities that are normally associated with pleasure and enjoyment where the activities may be, but are not necessarily, goal oriented.



Continued on page 13.

SOCIAL COMMUNICATION (PRAGMATICS) CONTINUED...

What can be done to improve social communication (pragmatics)?

- **Working collaboratively** with preschool or school staff to set up joint communication goals and develop strategies to help support the child within the classroom setting.
- **Play dates:** Setting up play dates with peers from school, preschool, child care and extra curricula groups to expose the child to appropriate ways to interact with their peers.
- **Social skill groups:** These are groups that run with the express purpose of teaching social interaction skills.

What activities can help improve social communication (pragmatics)?

- **Role play:** Engage in role play activities with adults and other children to simulate social situations (e.g. going shopping, going to the park, visiting grandparents).
- **Turn-taking games:** Engage in turn taking games, such as board games to teach the child that it is 'okay to lose'.
- **Facial expressions:** Look at facial expressions and discuss the feelings associated with the facial expressions.
- **Miming:** Practice through miming making faces that show different feelings.
- **Describing activities:** Look at pictures together to encourage descriptive language about a topic or thing, with the adult prompting to keep the child on topic.
- **Puppets:** Take part in role play or puppet shows after watching a modeled situation.
- **Comic strips:** Use appropriate comic strips that illustrate social situations (do's or don'ts) and talk explicitly about what is happening.
- **Social skills groups:** Work with the school to set up small structured groups where social skills can be practiced (e.g. turn taking, waiting, responding, staying on topic, questioning).
- **Social stories:** Develop social stories that depict how to behave and respond in certain social situations.
- **Greetings:** Encourage your child to say 'hello' and 'goodbye' in social interactions.

Why should I seek therapy if I notice difficulties with social communication (pragmatics)?

Therapeutic intervention to help a child with social communication skills is important to help the child:

- Learn how to engage appropriately with others during play, conversation and in interactions.
- Learn how to make friends at school and when accessing out of school activities (e.g. playing a sport, attending a group such as Scouts).
- Maintain friendships with peers.
- Learn how to respond appropriately during interactions with familiar people (e.g. parents, siblings, teachers, family friends) and unfamiliar individuals (e.g. adults and children they may need to engage with during excursions or when visiting places such as the park or swimming pool).
- Develop an understanding and awareness about social norms and to master specific social skills (e.g. taking turns in a conversation, using appropriate eye contact, verbal reasoning, understanding figurative language).
- Some children who have pragmatic skill difficulties require explicit teaching about how to interact and communicate with others as these skills do not come naturally to them.



Continued on page 14.

SOCIAL COMMUNICATION (PRAGMATICS) CONTINUED...

If left untreated what can difficulties with social communication (pragmatics) lead to?

When children have difficulties with social communication, they might also have difficulties with:

- Making new friends.
- Maintaining friendships with peers.
- Engaging appropriately with unfamiliar individuals (e.g. shop owner) and with professionals you need to see for appointments (e.g. doctor, dentist).
- Being perceived as 'rude' by others.
- Interacting with colleagues in the work environment.

What type of therapy is recommended for social communication (pragmatics) difficulties?

If your child has difficulties with social communication, it is recommended they consult a Speech Therapist.

If there are multiple areas of concern (i.e. beyond just social communication) both Occupational Therapy and Speech Therapy may well be recommended to address the functional areas of concern. This is the benefit of choosing Kid Sense which provides both Occupational Therapy and Speech Therapy.

Other useful resources:

[Play and Social Skills Development Checklist](#)

[Play and Social Development Charts](#)

[Receptive Language \(understanding words and language\)](#)

[Autism Spectrum Disorder \(ASD\)](#)

[Aspergers Syndrome](#)

[Pervasive Developmental Disorder – Not Otherwise Specified \(PDD- NOS\)](#)

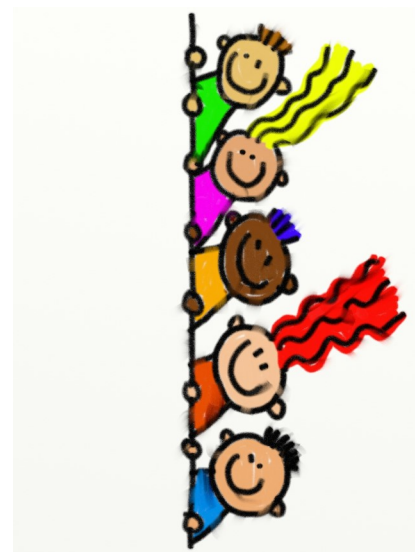
[Developmental Delay](#)

[Learning Difficulties](#)

[Language Delay](#)

[Language Disorder](#)

<https://childdevelopment.com.au/areas-of-concern/play-and-social-skills/social-communication-pragmatics/>



ADOLESCENT AUTISTIC FRIENDSHIPS

Adolescent Autistic Friendships

by Prof Tony Attwood

Foreword by Dr Michelle Garnett

Friendship is arguably one of the most important supports we have in life. Having just one good friend in adolescence can be the difference between positive well-being and suffering depression. An autistic teenager has the capacity for deep and enduring friendships, however forming, and keeping these friendships can seem impossible at times. We are proud to present a five-part series on friendship in autism during the teen years, a new and original series of articles written by Prof Tony Attwood. In the first part of the series Tony describes the differences between neurotypical and autistic friendship. In part two, the nuances of female autistic friendships are presented, in the next article, friendship styles that work in autism are described. Strategies are presented in the last two articles, firstly strategies for parents and then resources and programmes for teachers and therapists. We hope you find the series enlightening, and helpful for understanding and assisting the autistic adolescents you know and love to find and maintain friends.



Neurotypical friendships

Typical children go through four stages of friendship from pre-school to adolescence, with the fourth stage becoming apparent from around the age of 13. During the previous stage of friendship (9 to 13 years) there is usually a small core of close, same gender friends, but in stage four the number of friends, gender, and quality of friendship changes. There can be different friends for different needs, such as emotional comfort, humour and entertainment, or practical advice for schoolwork. A friend is defined in stage four as someone who 'accepts me for who I am' or 'we think the same way about things.' A friend provides a sense of personal identity, self-esteem, connectedness, and resonance with one's own personality. There are less concrete and more abstract definitions of friendship, with what may be described as autonomous inter-dependence. The friendships are less possessive and exclusive, and conflict is resolved with self-reflection, compromise, and negotiation.

During the teenage years, friendships are often based on shared interests such as academic achievements, mutual participation in sports and recreational activities and passion for causes such as climate change. There is a greater depth and breadth of self-disclosure, empathy and sharing feelings and secrets. The teenager increasingly spends more time with friends than parents, and allegiance can be to friends and their value systems rather than to family. Peer group acceptance may be perceived as more important than the approval of parents.

When conflicts occur, friends will now use more effective repair mechanisms. Arguments can be less 'heated', with reduced confrontation and more disengagement, admission of mistakes and recognition that it is not simply a matter of winner and loser. A satisfactory resolution of interpersonal conflict between friends can strengthen the relationship. The friend is forgiven, and the conflict is put in perspective. These qualities of interpersonal skills that are played out in typical adolescent friendships are the foundation of interpersonal skills for adult relationships.

Continued on page 16.

ADOLESCENT AUTISTIC FRIENDSHIPS CONTINUED...

Autistic friendships

In typical adolescents, the acquisition of friendship skills is based on an innate and evolving ability to make and keep friends that develops throughout childhood in association with progressive changes in social reasoning and abilities modified through positive friendship experiences. Unfortunately, autistic children and adolescents are not as able to rely on intuitive abilities in social settings and must rely more on their general cognitive abilities to process social information and often have had peer interactions which are likely to have been confusing if not aversive. Due to relying on cognitive rather than intuitive abilities autistic adolescents often have difficulty in friendship situations that have not been rehearsed or prepared for. They also have difficulty reading covert social rules and conventions and being able to follow them and are criticized by peers for being a 'social retard' and not understanding how someone of intellectual ability could make so many social errors. Autistic adolescents have probably not had many opportunities for a friendship mentor, peer, or adult, to provide guidance and constructive and positive feedback.

Thus, autistic adolescents work twice as hard intellectually at school than their peers, as they are learning both the academic and the social curriculum. As explained by an autistic teenager, 'It takes all my brain power to be a friend.' At the end of the school day, the autistic teenager has usually had enough social experiences and desperately needs to relax in solitude and intellectually process the days social experiences. As far as the autistic teenager is concerned, friendships end at the school gate. They can resist parents' suggestions to contact friends or engage in extra-curricular activities, local sports, and artistic activities such as drama. Parents may need to accept that their teenage son or daughter does not have the energy or motivation to socialize any more. If parents arrange social experiences, it is important that the experiences are brief, structured, supervised, successful, and voluntary.

When autistic adolescents are included in the activities and conversations of their peers at school, there can be a recognition of not being popular. This is illustrated by two comments from autistic adults describing their teenage years: 'I wasn't rejected but did not feel completely included', and 'I was supported and tolerated but not liked.' A common lament is feeling that others do not want to be around them and that they are perceived as a nuisance. Autistic adolescents often blame themselves or being autistic for their peer rejection and become anxious to avoid inadvertently violating their peer social hierarchy and expectations. A lack of genuine social acceptance by peers will obviously adversely affect the development of self-esteem, self-identity, and perception of autism.

Autistic adolescents can be increasingly aware of being socially naïve and making a social mistake. The worry about social incompetence and conspicuous errors can lead to the development of a social phobia and increased social withdrawal. An autistic teenager said that 'I live in a constant state of performance anxiety over day-to-day social encounters.' Aversive social experiences with peers can lead to misperceiving or not recognizing friendly intentions when they do occur and assuming that everyone is against them. This may be a contributory factor to becoming a recluse at home and not wanting to leave the safe sanctuary of their bedroom.

The social performance anxiety can be especially acute at the end of the day, and before falling asleep, when the autistic teenager reviews the social experiences of school. He or she may now be very aware of what other people may think and this can be a significant cause of anxiety - 'I probably made a fool of myself', or depression - 'I always make mistakes and always will.' There can be a conscious retreat into solitude, as an autistic adolescent said "I'd rather just be alone but I can't handle the loneliness.

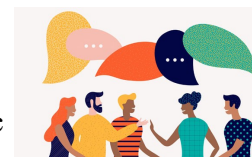


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ADOLESCENT AUTISTIC FRIENDSHIPS CONTINUED...

The autistic teenager typically has fewer friends, meeting with friends less often at school and for a shorter duration in comparison to peers. They can express feelings of deep loneliness and melancholy. Being isolated and not having friends also makes the adolescent vulnerable to being teased and bullied. The ‘predators’ at high school target someone who is alone, vulnerable and less likely to be protected by peers. Having more friends can mean having fewer enemies, being protected, and having someone to repair or refute derogatory comments and restore a sense of trust.

Peer acceptance and friendships can also benefit the autistic teenager in terms of providing a second opinion regarding the motives and intentions of others, preventing a sense of paranoia. Friends can provide an effective emotional monitoring and repair mechanism, especially for emotions such as anxiety, anger, and depression. If a typical teenager is sad, close friends will cheer them up, or if angry, calm them down and prevent them from getting into trouble. Friends can also offer guidance on what is appropriate social behavior, help develop a positive self-image and greater self-confidence.



Typical adolescents can easily identify their friendship ‘family’ and achieve a sense of connection and belonging to a friendship group with shared interests and values. Autistic adolescents often yearn for a sense of connection, but usually experience rejection from popular friendship groups. However, they may be accepted by a marginalized teenagers that engage in activities and interests that would cause some concern for parents, such as groups of peers exploring alcohol and drug use, sexuality and eating disorders. The friendship family ‘adopt’ the autistic teenager who acquires a new intense interest and accumulates knowledge from the Internet that is valued by the group.

When a friendship does occur, one of the difficulties for autistic adolescents is knowing how to maintain the friendship such as knowing how often to make contact using social media, appropriate topics of reciprocal conversations on mutual interest, what might be suitable empathic comments and gestures, as well as how to be generous or tolerant about disagreements. Autistic teenagers can tend to be ‘black or white’ in their concept of friendship, such that when a friend makes a transgression of a friendship expectation or ‘rule’ the autistic teenager may coldly end the friendship rather than seek reconciliation. Sometimes when the neurotypical friend ends the relationship, the autistic adolescent can experience considerable emotional distress, especially when not knowing why the friendship ended, and having a sense of being betrayed.

A characteristic of autism is alexithymia, that is a difficulty communicating inner thoughts and feelings in a conversation. This reciprocal disclosure is one of the core components of adolescent friendships, especially for girls, but extremely difficult for autistic teenagers who are perceived as ‘shallow’ and combines with another difficulty associated with autism, knowing how to empathically respond to a friend’s disclosure that they may be misperceived by peers as emotionally ‘cold’. An autistic teenager may feel the pain of their friend to such a degree that they are unable to respond in that moment, they feel overwhelmed.

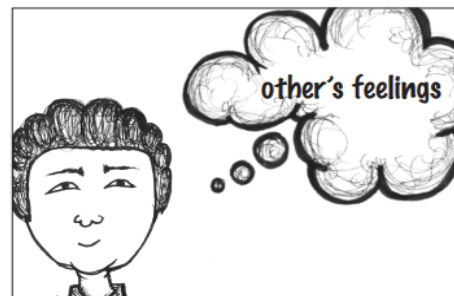
Autistic teenagers have many qualities to offer friendship that are not unique to autism but tend to co-occur with autism. These qualities include loyalty, honesty, acceptance of difference and diversity, having a sense of humor, kindness, and deep compassion. Unfortunately, the autistic adolescent can be quite unaware of their own personality strengths and how important each of these can be in a friendship. One powerful way we can help our autistic adolescents is to find ways to increase their self-awareness about their strengths for friendship, and to use these strengths to overcome their challenges. The autistic teen does not need to be liked by everyone but does need at least one good friend.

<https://attwoodandgarnettevents.com/adolescent-autistic-friendships-by-prof-tony-attwood/>

Four Steps of Communication to Become a Social Thinker

1. Thinking about people and what they think and feel.

- What are they interested in?
- What do they feel about what you're saying?
- What are you doing to show you're interested in them when they're talking?



2. Being aware of your physical presence as well as the physical presence of others.

- Your body position shows who you want to talk to or not talk to.
- Your body movements show what you plan to do next. Your body sends messages, even messages you didn't mean to send.
- Your body language and facial expression communicate to people how you feel about things or people around you.



3. Using your eyes to think about others and what they're thinking about.

- The direction of your eyes and other people's eyes lets people see what everyone might be thinking about.
- We use our eyes to help figure out how people feel, what people are thinking about, and if they're interested in us.

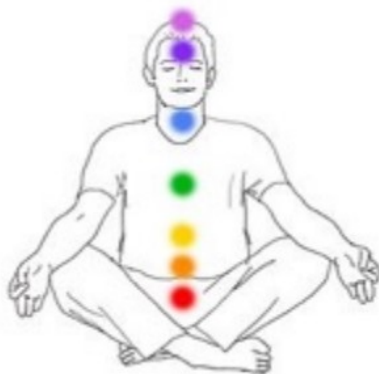
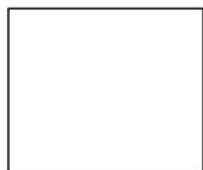


4. Using your language to relate to others.

- Talking about things that are interesting to others.
- Asking questions to find out about people and making comments to show interest in others.
- Adding your own thoughts to connect your experiences to other people's experiences.
- Adjusting your language to what the group or another person is talking about.



SOCIAL COMMUNICATION CHECKLIST



BODY IN CONVERSATION

- Calm body (5 deep breaths, hand pulls)
- Face group members
- Sit upright
- Whole body listening (thinking with eyes, ears listening, mouth closed, hands and feet are still)



BRAIN ON TOPIC

- Listen the 1st time
- On topic comments
- Think about the speakers ideas



Expected behaviors

- Think with eyes - Eye contact
- Wait for pause to add comment
- Hands in lap
- Hands to yourself

2023 SUMMER CAMPS

2023 Summer Camps for Kids with Autism and Other Disabilities



The following camps target kids with special needs. Go to their websites or contact organizations directly for more detailed information, including Covid safety measures. You can also contact your local Parks and Recreation Department or OSU's KidSpirit programs <https://kidspirit.oregonstate.edu/summer> for information about camps available to the general population.

Camp & Location	Description	Website/Contact Info	Ages/Population	Session Dates/Times	Registration Deadline
Camp Odakoda Falls City, OR	Overnight	http://www.asdoregon.org/	Ages 10 – 18 High-functioning ASD or similar disorder	July 25 - 29	OPEN Financial Assistance
Camp Attitude Foster, OR	Overnight	http://www.campattitude.com/	All ages/entire family. A "unique Christian camping experience."	Various week-long sessions See website	CLOSED Wait list
B'Nai B'Rith Camp Lincoln City, OR	Overnight/Day Camp	https://bbcamp.org/lincplncity/	Grades 2-10 Based in Jewish values, but all faiths and abilities welcome	Various sessions See website	OPEN Financial assistance
Autism Rocks Friends & Family Camp Florence, OR	Overnight (provides other events year-round)	https://kindtree.org/calendar/camp/	All ages/entire family People with autism, parents, caregivers	August 24 - 27	OPEN Financial assistance
Easter Seals Lyons, OR Neostu, OR	Overnight	http://www.easterseals.com/oregon/our-programs/camping-recreation/	Ages 10 and up All types of disabilities	July 9 - 13 (ages 10-26) June 15-19 (ages 21+)	OPEN Limited scholarships
Camp Yakety-Yak Lake Oswego, OR	Day camp	https://www.campyaketyyak.org/	HF ASD or similar Special Needs (ages 5-11) Buddies Intensive Needs (ages 5-10) Explorers (ages 12-15) Apprenticeship Program (ages 16-21) Neurotypical siblings and friends can register	Various sessions See website	OPEN Discounts and partial scholarships
Mt. Hood Kiwanis Mt. Hood, OR	Overnight	https://mhkc.org/	Ages 12 and up All types of disabilities	Various sessions in various locations See website	OPEN Financial assistance
Blue Compass Camps Seattle, WA	Overnight	https://www.bluecompasscamps.com/	Ages 10 – 21 Asperger's and high-functioning autism	Various sessions in Washington See website	OPEN

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2023 SUMMER CAMPS CONTINUED....

2023 Summer Activities and Programs for Kids with Autism and Other Disabilities



The following programs provide services all year round to children with specialized needs, but are well-suited for summer fun and learning. See websites for more information and Covid safety measures.

Program & Location	Description	Website/Contact Info	Ages/Population
Hand in Hand Farm Lebanon, OR	Faith-based organization providing caring mentors and farm-based activities	http://www.handinhandfarm.org/	All ages and needs
Bright Horizons Therapeutic Riding Center Siletz, OR	Therapeutic mounted horseback riding adapted to fit the needs of the rider	http://www.brighthorizonsriding.org/therapeutic-horseback-riding.htm	All ages and needs
Horses of Hope Turner, OR	Equine Assisted Services that help riders develop strength and balance, flexibility, confidence, problem solving, and empowerment	https://horsesofhopeoregon.org/programs/	All ages and needs
OSU IMPACT (Individualized Movement and Physical Activity for Children Today) Corvallis, OR	Various physical activity opportunities (swimming, dancing, climbing, etc.)	http://health.oregonstate.edu/impact	2 – 21 years
The ARC Benton County	Various recreational activities and classes (art/crafts, Karaoke, Legos, movie night, etc.).	https://www.arcbenton.org/enrichment	Teens and adults with intellectual and developmental disabilities
Special Olympics Oregon Summer Games	Check website for current events and sports	Linn County: https://soor.org/program/linn/ Benton County: https://soor.org/program/benton/ Lincoln County: https://soor.org/program/lincoln-county/	Ages 8 through adult

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AUTISM RESOURCE EVENT KNOWLEDGE BUILDS HOPE

Linn Benton Lincoln Education Service District, Cascade Regional Autism Staff, and Philomath Special Education Advisory Committee present our



Eighth Annual Autism Resource Event “Knowledge Builds Hope”

April 18, 2023
5:30-7:30PM

Philomath Elementary School Gym
239 S. 16th Street
Philomath, Oregon 97370

We invite you to an evening where you can meet a variety of community resources that support individuals with autism in one place. They are excited to share their resources with you and answer any questions you have. We hope to see you there!

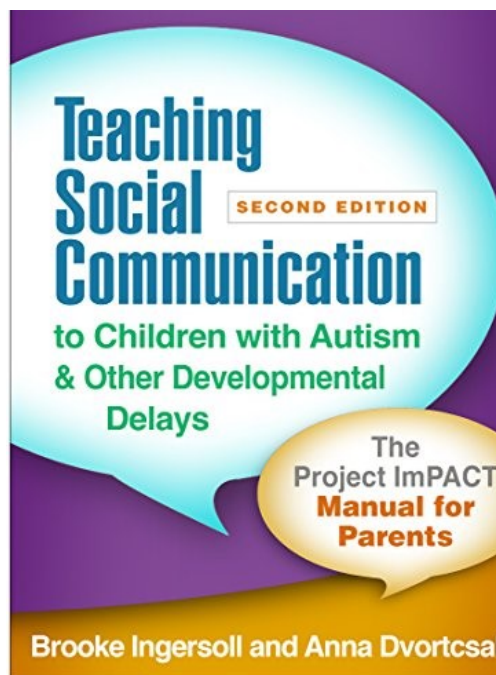
Here is a sample of who we have invited and hope will be available to meet and visit with you:

- | | | |
|---------------------------------|----------------------------------|--------------------|
| * Hand in Hand Farm | * Resource Connections of Oregon | * Support Groups |
| * Sensible Rehab | * Autism Society of Oregon | * Social Groups |
| * Supported Employment Services | * Linn County Special Olympics | * Physical Therapy |

If you have any questions, please contact: Michelle Neilson @ michelle.neilson@lblestd.k12.or.us

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BOOK REVIEWS



Teaching Social Communication to Children with Autism and other Developmental Delays

by Brooke Ingersoll and Anna Dvortcsak

For young children with autism spectrum disorder (ASD) and others who have challenges in interacting and communicating, early intervention is key--and parents can play a vital role. Developed through work with hundreds of families, this book presents engaging, evidence-based techniques for enriching your child's social communication skills (up to age 6). The strategies can be easily integrated into daily routines, such as meals, bath time, bedtime, and playtime. Designed for use as part of a therapist-guided program, the manual has a convenient large-size format and includes 20 reproducible forms. You also get access to a companion website, where you can download and print the forms for repeated use and view video clips of parents using the techniques. Professionals who want to implement Project ImPACT should purchase the authors' two-book set, which includes this manual plus a coach's guide.

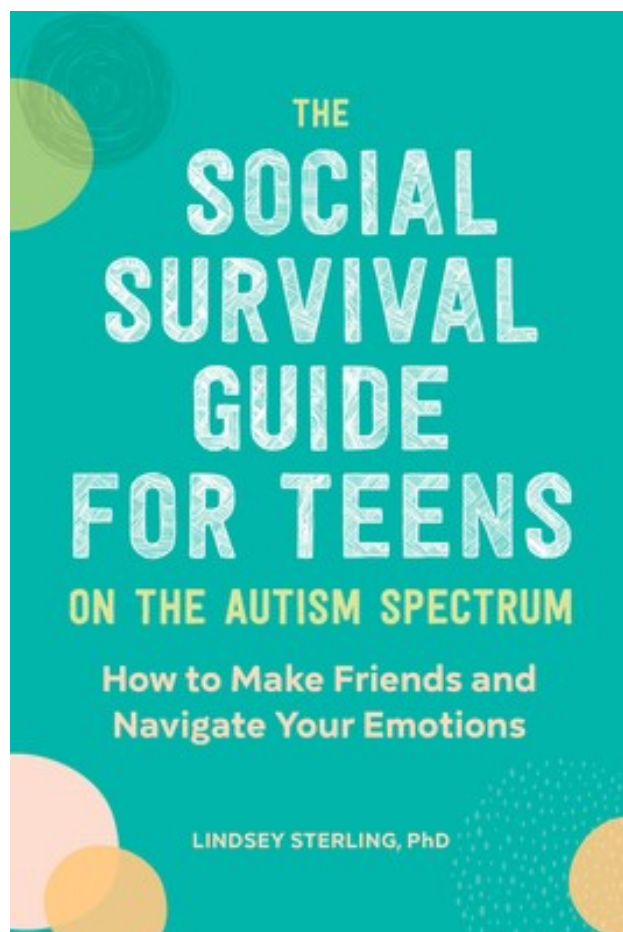
The Social Survival Guide for Teens: How to Make Friends and Navigate your Emotions

by Lindsey Sterling

Social situations can feel mysterious or tricky to navigate—and if you are on the autism spectrum, they can feel overwhelming. This book teaches you socialization secrets and helps you understand your feelings. Autism books for kids don't always address teenagers' needs, but the practical tips and step-by-step guides in this handbook are perfect for ages 12-16.

Build new social interaction skills with:

- Friend fundamentals—Understand what makes a good friend, and learn about informal conversation, nonverbal communication, online etiquette, and more.
- Social essentials—Discover strategies for joining a group activity, staying flexible, saying no when you need to, and other essential topics.
- Insight into you—You are your friend, too! Learn to recognize and express emotions, boost your mood with positive self-talk, and more.



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Linn Benton Lincoln ESD
Cascade Regional Inclusive
Services Autism Program

905 4th Ave SE
Albany, Or. 97321
Tel: 541-812-2600
Fax: 541-926-6047
E-mail: webmaster@lblead.k12.or.us

Autism Consultants:

Amanda Stenberg-
amanda.stenberg@lblead.k12.or.us

Jill Sellers-
jill.sellers@lblead.k12.or.us

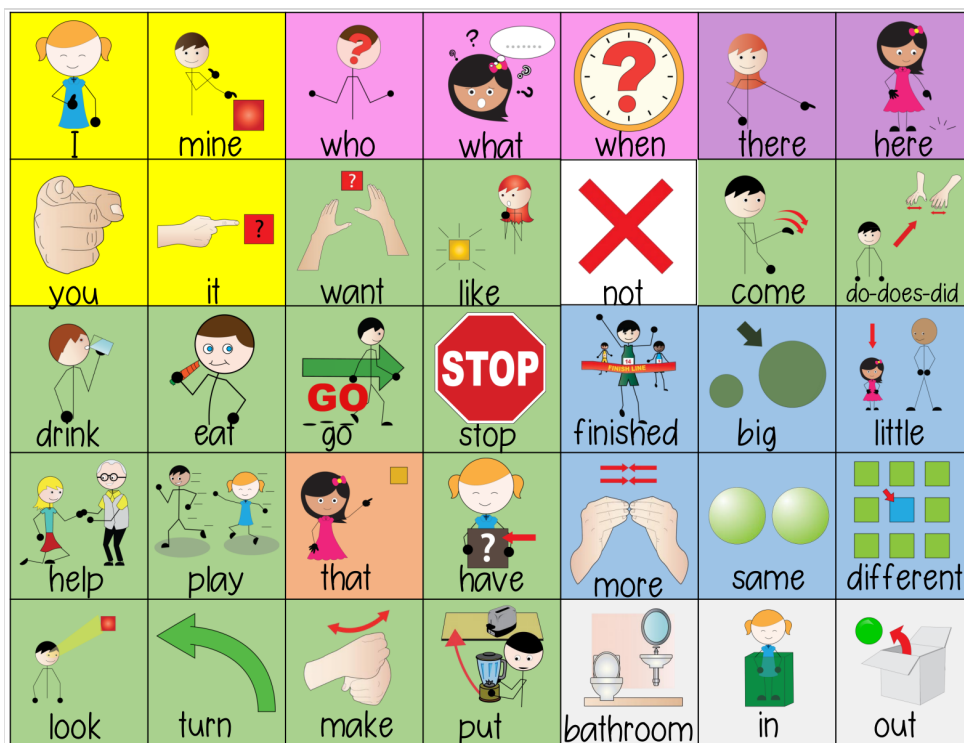
Kayla Hunt-
kayla.hunt@lblead.k12.or.us

Michelle Neilson-
michelle.neilson@lblead.k12.or.us

Ryan Stanley-
ryan.stanley@lblead.k12.or.us

Scott Bradley-
scott.bradley@lblead.k12.or.us

VISUALS



Please go to <https://www.noodlenook.net/printable-visuals-for-autism/>

To download a variety of visuals to support Social Communication. Both of the visuals shared on this page are a sample of the free downloads available.

