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Autism Agenda



Linn Benton Lincoln ESD-Cascade Regional Autism Program

Making (and Keeping) Friends: A Model for Social Skills Instruction

By: Dr. Scott Bellini, Associate Director

“I am not asking for my child to be the life of the party, or a social butterfly. I just want her to be happy and have some friends of her own. She is a wonderful kid, and I hope someday others can see that.”

Social Skill Deficits in Autism Spectrum Disorders

Indeed, many parents of children with autism spectrum disorders (ASD) echo this sentiment concerning their child’s social functioning. They know that their child has many wonderful qualities to offer others, but the nature of their disability, or more precisely, their poor social skills, often preclude them from establishing meaningful social relationships. This frustration is amplified when parents know that their children want desperately to have friends, but fail miserably when trying to make friends. Often, their failure is a direct result of ineffectual programs and inadequate resources typically made available for social skills instruction. For most children, basic social skills (e.g., turn taking, initiating conversation) are acquired quickly and easily. For children with ASD, the process is much more difficult. Whereas, many children learn these basic skills simply by exposure to social situations, children with ASD often need to be taught skills explicitly, and as early as possible. The present article addresses social skill deficits in young children with ASD by providing a systematic five-step model for social skills instruction, with particular emphasis placed on an emerging intervention strategy, video self-modeling (VSM).



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MAKING (AND KEEPING) FRIENDS CONTINUED....

Lack of "Know-How" Versus Lack of Social Interest

Impairment in social functioning is a central feature of ASD. Typical social skill deficits include: initiating interactions, responding to the initiations of others, maintaining eye contact, sharing enjoyment, reading the non-verbal cues of others, and taking another person's perspective. The cause of these skill deficits varies, ranging from inherent neurological impairment to lack of opportunity to acquire skills (e.g., social withdrawal). Most important, these social skill deficits make it difficult for the individual to develop, and keep meaningful and fulfilling personal relationships. Although social skill deficits are a central feature of ASD, few young children receive adequate social skills programming (Hume, Bellini, & Pratt, 2005). This is a troubling reality, especially considering that the presence of social impairment may lead to the development of more detrimental outcomes, such as poor academic achievement, social failure and peer rejection, anxiety, depression, and other negative outcomes (Bellini, 2006; Tantam, 2000; Welsh, Park, Widaman, & O'Neil, 2001). And the lack of social skills programming is particularly troubling given that fact that many social skill difficulties can be ameliorated via effective social skills instruction.

The long held notion that children with autism spectrum disorders lack an interest in social interactions is often inaccurate. Many children with ASD do indeed desire social involvement, however, these children typically lack the necessary skills to interact effectively. One young man I worked with illustrates this point quite well. Prior to my visit, the school staff informed me of his inappropriate behaviors and his apparent "lack of interest" in interacting with other children. After spending the morning in a self-contained classroom, Zach was given the opportunity to eat lunch with the general school population (a time and place that produced many of the problem behaviors). As he was eating lunch, a group of children to his right began a discussion about frogs. As soon as the conversation began, he immediately took notice. So too did I. As he was listening to the other children, he began to remove his shoes, followed by his socks. I remember thinking, "Oh boy, here we go!" As soon as the second sock fell to the ground, Zach flopped his feet on the table, looked up at the group of children and proclaimed, "Look, webbed feet!" The other children (including myself) stared in amazement. In this case, Zach was demonstrating a desire to enter and be a part of a social situation, but he was obviously lacking the necessary skills to do so in an appropriate and effective manner.



This lack of "know-how" could also lead to feelings of social anxiety in some children. Many parents and teachers report that social situations typically evoke a great deal of anxiety from their children. Children with ASD often describe an anxiety that resembles what many of us feel when we are forced to speak in public (increased heart rate, sweaty palms, noticeable shaking, difficulties concentrating, etc.). Not only is the speaking stressful, but just the thought of it is enough to produce stomach-gnawing butterflies. Imagine living a life where every social interaction you experience was as anxiety provoking as having to make a speech in front of a large group! The typical coping mechanism for most of us is to reduce the stress and anxiety by avoiding the stressful situation. For children with ASD, it often results in the avoidance of social situations, and subsequently, the development of social skill deficits. When a child continually avoids social encounters, she denies herself the opportunity to acquire social interaction skills. In some children, these social skill deficits lead to negative peer interactions, peer rejection, isolation, anxiety, depression, substance abuse, and even suicidal ideation. For others, it creates a pattern of absorption in solitary activities and hobbies; a pattern that is often difficult to change.

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MAKING (AND KEEPING) FRIENDS CONTINUED....

A Five Step Model

1. Assess Social Functioning
2. Distinguish Between Skill Acquisition and Performance Deficits
3. Select Intervention Strategies
4. Implement Intervention
5. Evaluate and Monitor Progress



The following section will summarize my five-step model of social skills instruction (Bellini, 2006). Before implementing social skills instruction, it is important to begin with a thorough assessment of the individual's current level of social skills functioning. Once the assessment is complete, the next step is to discern between skill acquisition deficits and performance deficits. Based on this information, the selection of intervention strategies takes place. Once intervention strategies are implemented, it is then imperative to evaluate and modify the intervention as needed. Although I use the term "Steps," it is important to note that the model is not perfectly linear. That is, in real-life applications social skills instruction will not follow a lock-step approach from step one to step five. For instance, it is not uncommon for me to identify additional social skill deficits (step one) while I am in the middle of the implementation process (step four). In addition, I am continually assessing and modifying the intervention as additional information and data are accumulated.

Assess Social Functioning

The first step in any social skill training program should consist of conducting a thorough evaluation of the child's current level of social functioning. The purpose of the assessment is to answer one very basic, yet complicated, question: What is precluding the child from establishing and maintaining social relationships? For most children, the answer takes the form of specific social skill deficits. For others, the answer takes the form of cruel and rejecting peers. And for yet other children, the answer is both.

The evaluation should detail both the strengths and weakness of the individual related to social functioning. The assessment should involve a combination of observation (both naturalistic and structured), interview (e.g., parents, teachers, playground supervisors, the child), and standardized measures (e.g., behavioral checklists, social skills measures). I have developed the Autism Social Skills Profile (ASSP) to assist in the identification of typical social skill deficits in children with ASD, and to measure the progress the child is making in the program. Kathleen Quill (2000) also provides an excellent social skills checklist for parents and professionals in her book, *Do-Watch-Listen-Say*. It is important for the child's team to ascertain current level of functioning and effectively intervene at the child's area of need. For instance, if the evaluation reveals that the child is unable to maintain simple one-on-one interactions with others, then the intervention should begin at this level and not at a more advanced group interaction level. Or, if the evaluation reveals that the child does not know how to play symbolically or even functionally with play items, then the intervention will probably begin by teaching play skills prior to teaching specific interaction skills. After a thorough assessment of social functioning is complete, the team should then determine whether the skill deficits identified are the result of skill acquisition deficits or performance deficits.

[Author's Note: A detailed description of social skills assessment is beyond the scope of this article. More information on this topic, including a copy of the ASSP, can be found in the author's book, *Building Social Relationships*.]

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MAKING (AND KEEPING) FRIENDS CONTINUED....

Distinguish Between Skill Acquisition and Performance Deficits

After a thorough assessment of the child's social functioning and after identifying the skills that we will teach, it is imperative to determine whether the skill deficits are the result of skill acquisition deficits or performance deficits (Elliott & Gresham, 1991). Simply put, the success of your social skills program hinges on your ability to distinguish between skill acquisition deficits and performance deficits!

A skill acquisition deficit refers to the absence of a particular skill or behavior. For example, a young child with ASD may not know how to effectively join-in activities with peers; therefore, he/she will often fail to participate. If we want this child to join-in activities with peers, we need to teach her the necessary skills to do so.

A performance deficit refers to a skill or behavior that is present, but not demonstrated or performed. To use the same example, a child may have the skill (or ability) to join-in an activity, but for some reason, fails to do so. In this case, if we want the child to participate we would not need to teach the child to do so (since she already has the skill). Instead, we would need to address the factor that is impeding performance of the skill, such as lack of motivation, anxiety, or sensory sensitivities.



A good rule of thumb in discerning between a skill acquisition deficit and a performance deficit is to ask the question, “Can the child perform the task with multiple persons and across multiple settings?” For instance, if the child only initiates interactions with mom at home and not with his peers at school, then you should address the initiation difficulty as a skill acquisition deficit. I hear the statement a lot from school personnel, “The child interacts fine with me, so it must be a performance deficit, right?” Not quite. In my experience, children with ASD tend to interact better and more easily with adults, because adults typically make it easy for them; the adults do most of the conversational “work” for the child. To use a baseball analogy, just because Tommy can hit Dad’s soft, underhand pitches at home, doesn’t mean he has mastered the skill well enough to hit pitches thrown by his peers on the playing field. Sometimes adult interactions with children with ASD are similar to throwing a child a soft, underhand pitch. Although they are positive and well intended, they do not adequately prepare the child for more difficult peer-to-peer interactions.

Too often, social skill deficits and inappropriate behaviors are incorrectly conceptualized as performance deficits. That is, we tend to assume that when a child does not perform a behavior, it is the result of refusal or lack of motivation. In other words, we assume that the child who does not initiate interactions with peers has the ability to initiate, but does not want to initiate (performance deficit). In many cases, this is a faulty assumption. In my experience, the vast majority of social skill deficits in young children with ASD can be attributed to skill acquisition deficits. That is, children with ASD are not performing socially because they lack the necessary skills to perform socially—not because they do not want to be social or refuse to be social. If we want young children to be successful socially, then we have to TEACH them the skills to be successful! Therefore, it is essential to focus on skill development when implementing social skills instruction.

The benefit of using a skill acquisition/performance deficit model is that it guides the selection of intervention strategies. Most intervention strategies are better suited for either skill acquisition or performance deficits. The intervention selected should match the type of deficit present. That is, you would not want to deliver an intervention designed for a performance deficit, if the child was mainly experiencing a skill acquisition deficit. For instance, in the example above, if Tommy has not mastered the skill of hitting (skill acquisition deficit), all the reinforcement in the world (including pizza!) will not help Tommy hit the ball during the game. If we want him to be a skilled hitter, we need to provide Tommy additional instruction on the mechanics of hitting a baseball. The same is true for social skills. If we want a child to be socially fluent, then we need to deliver effective social skills instruction. In contrast, if Tommy does have sufficient hitting skills, but lacks the motivation to “do his best,” then the reward of cheese and pepperoni may be all he needs to excel on the playing field.

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MAKING (AND KEEPING) FRIENDS CONTINUED....

Once a thorough social skill assessment is completed and the team is able to attribute the social difficulties to either skill acquisition or performance deficits, social skills instruction is ready to begin. There are a variety of strategies that can be delivered to young children with ASD. The most important thing is that the strategies being delivered are appropriate to the unique needs of the child and that a logical rationale can be provided for using the intervention. The following strategies provide a sampling of techniques that can be implemented to teach successful social interaction skills to children and adolescents with ASD. Other than peer mediated interventions (PMI), the strategies listed below are designed to address skill acquisition deficits. However, some of the strategies (in particular, video self-modeling and social stories) work equally well in addressing performance deficits. In addition, it is imperative that the child be reinforced continually for his effort and participation in the program.

Selecting Intervention Strategies

Accommodation and Assimilation

When selecting intervention strategies, it is important to consider the notion of accommodation versus assimilation.

Accommodation, as it relates to social skills instruction, refers to the act of modifying the physical or social environment of the child to promote positive social interactions. Examples of this include: training peer mentors to interact with the child throughout the school day, autism awareness training for classmates, and signing your child up for various group activities, such as little league, or Boy or Girl Scouts. Whereas accommodation addresses changes in the environment, assimilation focuses on changes in the child.

Assimilation refers to instruction that facilitates skill development that allows the child to be more successful in social interactions. The key to a successful social skills training program is to address both accommodation and assimilation. Focusing on one and not the other sets the child up for failure. For instance, one family that I worked with did a wonderful job of structuring playgroups for their child, and keeping their child active in social activities. However, they were becoming increasingly frustrated with the fact that their son was not making friends and still having negative peer interactions. The problem was that they were putting the cart before the horse. They provided their child with ample opportunity to interact with others, but they weren't providing him the skills necessary to be successful in those interactions. Similarly, providing skill instruction (assimilation) without modifying the environment to be more accepting of the child with autism also sets the child up for failure. This happens the moment an eager child with autism tries out a newly learned skill on a group of non-accepting peers. The key is to teach skills and modify the environment. This ensures that the new skill is received by peers with both understanding and acceptance.



Social Skills Strategies

As stated previously, social skills often need to be taught explicitly to children and adolescents with ASD. Traditional social skills strategies (such as board games about friendships and appropriate classroom behavior) tend to be too subtle for many children with ASD. For instance, a school counselor was frustrated with the progress she was making with a student with autism. She stated that the program was showing positive results with "other kids in the group," but the student with autism didn't seem to "get it." Indeed, he was not "getting it!" The reason was quite apparent. The school counselor was attempting to teach the students about the concept of "friendship." This is acceptable for some children, but for children with ASD it tends to be a too subtle form of instruction. That is, instead of spending countless hours teaching the child about "friendship," the instruction should have focused on skills the child could use to make and keep friends. Experience tells me that the concept of friendship is much easier to understand once you have a friend or two!

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MAKING (AND KEEPING) FRIENDS CONTINUED....

There are number of important questions to consider when selecting social skill strategies. For instance, does the strategy target the skill deficits identified in the social assessment? Does the strategy enhance performance? Does the strategy promote skill acquisition? Is there research to support its use? If not, what is your plan to evaluate its effectiveness with your child? Is it developmentally appropriate for your child? The following is a list of social skill strategies that have demonstrated effectiveness in teaching social interaction skills to children with ASD.

The following section summarizes various social intervention strategies that have been designed to promote social interaction skills in young children with ASD, including peer-mediated instruction, thinking-feeling activities, social stories, role-playing, and video- modeling.

Peer Mediated Interventions

The use of peer mentors is one example of an effective strategy for young children with ASD. Peer mediated interventions (PMI) have been frequently used to promote positive social interactions among preschool aged peers (Strain & Odom, 1986; Odom, McConnell, & McEvoy 1992). Peer mediated instruction allows us to structure the physical and social environment in a manner to promote successful social interactions. In this approach, peers are systematically trained to make social initiations or respond



promptly and appropriately to the initiations of children with ASD during the course of their school day. Peer mentors should be classmates of the child with ASD, have age-appropriate social and play skills, have a record of regular attendance, and have a positive (or at least neutral) history of interactions with the child with ASD. Peer mentors should also be made aware of the behaviors associated with autism in a manner that is respectful and developmentally appropriate for the age group. The use of peer mentors allows the teacher and other adults to act as facilitators, rather than participate as active playmates. That is, instead of being a third wheel in child-child interaction, the teacher prompts the peer buddies to initiate and respond appropriately to the child with ASD and then get out of the way!. The use of peer mentors also facilitates generalization of skills by ensuring that newly acquired skills are performed and practiced with peers in the natural environment.

For more information on peer-mediated interventions, see *Vanderbilt/Minnesota social interaction project play time/social time: Organizing your classroom to build interaction skills*. (Odom & McConnell, 1993).

Thoughts and Feelings Activities

Recognizing and understanding the feelings and thoughts of self and others is often an area of weakness for children with ASD and is essential to successful social interactions. For instance, we continually modify our behavior based on the non-verbal feedback we receive from other people. We may elaborate on a story if the other person is smiling, looking on intently, or showing other signs of genuine interest. On the other hand, if the other person repeatedly looks at her watch, sighs, or looks otherwise disinterested, we may perhaps cut the story short (I said perhaps!). Children with ASD often have difficulty recognizing and understanding these non-verbal cues. Because of this, they are less able to modify their behavior to meet the emotional and cognitive needs of other people.

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MAKING (AND KEEPING) FRIENDS CONTINUED....

The most basic thought and feeling activity involves showing the child pictures of people exhibiting various emotions. Pictures can range from showing basic emotions such as happy, sad, angry, or scared, to more complicated emotions such as embarrassed, ashamed, nervous, or incredulous. Begin by asking the child to point to an emotion (i.e., “point to happy”), then ask the child to identify what the character is feeling (i.e., “how is he feeling).

Many of the young children I work with seem to pick up the ability to identify emotions quite easily. When they do, it is time to move on to more advanced instructional strategies, such as teaching them to understand the meaning or “why” behind emotions. This requires the child to make inferences based on the context and cues provided in the picture. That is, based on the information in the picture, ask “why is the child sad?” The pictures should portray characters participating in various social situations and exhibiting various facial expressions or other nonverbal expressions of emotion. You may cut pictures out of magazines, or download and print them from the Internet. You may also use illustrations from children’s books, which are typically rich in emotional content and contextual cues.

Once mastery is achieved on the pictures, move to television programs or video footage of social situations. Many of the programs that air on Sprout or Noggin, are excellent resources for this procedure because they portray characters in social situations, and display clear emotional expressions. You can use the same procedure as for the pictures, only this time the child is making inferences based on dynamic social cues. Simply ask the child to identify what the characters in the video are feeling and why they are feeling that way. When the scenario moves too quickly for the child, press pause, and ask the question with a still frame. (Make sure your machine has a clear picture when on pause.)

Patricia Howlin’s book *Teaching Children with Autism to Mind-Read* offers helpful information and resources in this area of instruction. In addition, there are a number of software programs on the market that address both emotions and perspective taking abilities (see *Mind-Reading: An Interactive Guide to Emotions* by Simon Baron-Cohen).

**5 EASY
STEPS TO
MAKE
NEW
FRIENDS**



Social Stories

A Social Story is a frequently used strategy to teach social skills to children with disabilities. A Social Story is a non-coercive approach that presents social concepts and rules to children in the form of a brief story. This strategy could be used to teach a number of social and behavioral concepts, such as making transitions, playing a game, and going on a field trip. Carol Gray (1995; 2000) outlines a number of components that are essential to a successful Social Story, including: the story should be written in response to the child’s personal need; the story should be something the child wants to read on her own (depending upon ability level); the story should be commensurate with ability and comprehension level; and the story should use less directive terms such “can,” or “could,” instead of “will” or “must.” This last component is especially important for children who tend to be oppositional or defiant (i.e., the child who doesn’t decide what to do until you tell him to do something...then he does the opposite!). The Social Story can be paired with pictures and placed on a computer to take advantage of the child’s propensity towards visual instruction and interest in computers. I have found that children with ASD learn best when Social Stories are used in conjunction with Role-Playing and used as a social primer. That is, after reading a Social Story, the child then practices the skill introduced in the story. For instance, immediately after reading a story about joining-in an activity with peers, the child would practice the skill. Then, after reading the story and practicing the skill, the child would be exposed to a social situation where she would have an opportunity to perform the skill. For more comprehensive guidance on creating a Social Story, see Gray, 1995.

This Article Continues with Role Playing/Behavioral Rehearsal, Video Modeling/Video Self Modeling, Implement the Intervention, Assess and Modify the intervention, Case Example and References.

<https://www.iidc.indiana.edu/irca/articles/making-and-keeping-friends.html>

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UNDERSTANDING AUTISM MASKING

UNDERSTANDING AUTISM MASKING AND ITS CONSEQUENCES

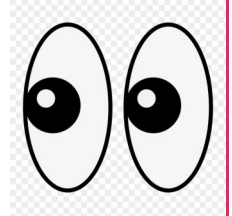
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By Ralph Moller

WHAT DOES AUTISM MASKING LOOK LIKE?

[Autism masking](#) is a process in which individuals with autism modify their behavior to appear more socially acceptable or "normal". This can take many different forms, including:

- Avoiding eye contact
- Mimicking the behavior of others
- Suppressing stimming behaviors (repetitive movements such as hand flapping or rocking)
- Using rehearsed scripts or phrases to communicate
- Masking sensory sensitivities by tolerating uncomfortable environments or situations
- Concealing special interests or hobbies that may be seen as unusual or too focused



While masking can be a useful coping mechanism for some individuals with autism, it can also be exhausting and lead to feelings of isolation. It is important to recognize that just because someone appears to be "normal" in social situations doesn't mean that they are not experiencing significant challenges related to their autism.

Why Do People With Autism Mask?

There are many [reasons why people with autism might mask](#) their symptoms. For example:

- **Avoid negative attention or bullying from others:** They may have experienced teasing or harassment in the past and have learned to mask their behavior as a way of protecting themselves.
 - **Way to fit in with their peers or to make friends:** They may feel that if they behave in a certain way, they will be more accepted by others and have an easier time forming relationships.
 - **Feeling pressure to conform to social norms:** They may feel that certain behaviors or ways of interacting with others are expected, and they may try to mimic those behaviors in order to avoid standing out.
 - **Afraid of being excluded from social events or activities:** They may feel that if others know about their autism, they will be less likely to invite them to participate in social events or outings.
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UNDERSTANDING AUTISM MASKING CONTINUED....

Negative consequences of masking

- **Effort and exhaustion:** Masking requires a lot of effort and can be exhausting, both physically and emotionally. Individuals with autism may spend a significant amount of mental energy trying to appear "normal" in social situations, which can leave them feeling drained and fatigued.
- **Isolation and loneliness:** Masking can lead to feelings of isolation and loneliness. When individuals with autism feel like they can't be their true selves around others, they may struggle to form genuine connections and relationships. This can lead to feelings of loneliness or depression over time.
- **Delay in diagnosis or misdiagnosis:** Additionally, masking can lead to a delay in diagnosis or misdiagnosis. When individuals with autism mask their symptoms, it can be difficult for clinicians to accurately diagnose the disorder. This can delay important interventions and support that can help individuals with autism thrive.



HOW TO IDENTIFY IF SOMEONE IS MASKING THEIR AUTISM SYMPTOMS

Identifying whether someone is masking their autism symptoms can be challenging, as individuals with autism may have different ways of coping and hiding their symptoms. However, there are some signs that may indicate that someone is [masking their autism](#), including:

- **Inconsistent behavior:** If someone's behavior seems inconsistent or different in different social situations, they may be masking their autism symptoms.
- **Avoidance of certain topics or behaviors:** Individuals with autism may avoid certain topics or behaviors that could reveal their true selves.
- **Appearing overly rehearsed:** If someone appears to be using rehearsed scripts or phrases in social situations, this could be a sign of masking.
- **Lack of eye contact:** While avoiding eye contact can also be a symptom of autism, it can also be a way for individuals to hide their true emotions and reactions.

It's important to remember that not everyone who avoids eye contact or appears rehearsed is necessarily masking their symptoms. However, if you suspect that someone you know may be masking their autism symptoms, it's important to approach the situation with empathy and understanding. By providing support and acceptance for who they are, you can help them feel more comfortable being themselves around others.

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UNDERSTANDING AUTISM MASKING CONTINUED...

THE IMPACT OF MASKING ON MENTAL HEALTH AND WELL-BEING

Masking can have a significant impact on the mental health and well-being of individuals with autism. As mentioned earlier, masking requires a lot of effort and can be exhausting, which can lead to feelings of burnout and fatigue. This exhaustion from masking can also make it difficult for individuals with autism to engage in other activities that they enjoy or find meaningful.

Additionally, masking can lead to increased anxiety and stress. Individuals with autism may feel pressure to constantly monitor their behavior and make sure that they're appearing "normal" in social situations. This constant monitoring can lead to feelings of self-doubt and insecurity, as well as anxiety about being "found out." They may also feel like they're living a double life. This feeling of inauthenticity can lead to low self-esteem and depression.

STRATEGIES FOR COPING WITH SOCIAL SITUATIONS WITHOUT MASKING

While masking can be a useful coping mechanism for some individuals with autism, it's not always the best solution. For those who find masking to be exhausting or isolating, there are alternative strategies that can help them navigate social situations without hiding their true selves. Here are some strategies that may be helpful:

1. Practice self-advocacy

One of the most important things individuals with autism can do is learn how to advocate for themselves in social situations. This means being clear and upfront about their needs and preferences, even if they differ from those of others around them. For example, if someone with autism has sensory sensitivities to loud noises or bright lights, they could politely ask to move to a quieter area or dimmer lighting.



2. Find supportive social networks

Having a supportive group of friends or family members who understand and accept someone with autism can make all the difference when it comes to navigating social situations. These individuals can provide emotional support and encouragement, as well as help create safe and comfortable environments where someone with autism feels accepted and understood.

3. Develop communication skills

Communication skills are key when it comes to navigating social situations without masking behaviors. Individuals with autism can benefit from developing communication skills such as active listening, asking questions, and expressing emotions in healthy ways.

4. Practice stress-reducing techniques

Social situations can be stressful for anyone, but especially so for those with autism who may struggle with sensory overload or anxiety related to social interactions. Practicing stress-reducing techniques such as deep breathing exercises, mindfulness meditation, or yoga can help alleviate stress and improve overall well-being.

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UNDERSTANDING AUTISM MASKING CONTINUED...

5. Embrace individuality

Finally, it's important for individuals with autism to embrace their individuality rather than feeling like they need to conform to societal expectations in order to fit in. By embracing their unique interests, strengths, and quirks, individuals with autism can feel more confident and comfortable in social situations. Instead of masking their true selves, they can celebrate them.

By using these strategies, individuals with autism can navigate social situations in a way that feels authentic and true to themselves. While it may take time and practice to develop these skills, the benefits of being able to engage in social interactions without masking are well worth the effort.

HOW CAN WE SUPPORT INDIVIDUALS WITH AUTISM WHO MASK?

It's crucial to support individuals with autism in being their authentic selves and accepting them for who they are, rather than expecting them to conform to societal expectations.

One of the most important things we can do to support individuals with autism who mask is to create inclusive environments that celebrate neurodiversity. By promoting acceptance and understanding of autism, we can help to reduce the pressure that individuals with autism feel to mask their symptoms. Additionally, we can work to educate both clinicians and the general public about the signs of autism, so that individuals who are masking can receive a timely and accurate diagnosis.

If you or someone you love is masking their symptoms, it's important to know that there is help available. There are many resources and support networks that can provide assistance and guidance for individuals with autism and their families.

This is an edited version of an article by Ralph Moller, published August 2023.

For the full article: <https://>

www.abtaba.com/blog/autism-masking



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SOCIAL COMMUNICATION AND LANGUAGE

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.
- 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.

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SOCIAL COMMUNICATION AND LANGUAGE CONTINUED...

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.
- 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.



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SOCIAL COMMUNICATION AND LANGUAGE CONTINUED...

- 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.

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.

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SOCIAL COMMUNICATION AND LANGUAGE CONTINUED...

- 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.

For insights into the language and social communication problems of children and adults with autism spectrum disorder, consider reading some of their biographies, autobiographies or novels. Selective possibilities include:

Baron, J., & Barron, S. (1992). *There's a boy in here*. New York, NY: Simon and Schuster.

Grandin, T. (1995). *Thinking in pictures and other reports from my life with autism*. New York, NY: Doubleday.

Haddon, M. (2003). *The curious incident of the dog in the night-time*. New York, NY: Doubleday.

Wiley, L. H. (1999). *Pretending to be normal: Living with Asperger's syndrome*. London: Jessica Kingsley Publishers.

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



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HOW AUTISM MAY AFFECT...

How Autism May Affect Social Skills

Autistic folks may navigate the world and social interactions in a different way. That doesn't mean they don't have social skills. Autism spectrum disorder (ASD) varies in how it may affect an individual. But the way folks communicate, hold, and build relationships are common pieces of social interaction that are often affected.

[According to a study from 2010 Trusted Source](#), about 60% to 65% of our communication is estimated to happen through nonverbal behaviors — the way people tend to communicate without words.

Because social communication and interaction can be an area that proves difficult for many neurodivergent folks, autistic people often find it difficult to keep up with back-and-forth conversations, engage in group settings, and build relationships.

Neurotypical and neurodivergent

In the medical world, “neurotypical” refers to someone with “typical” developmental, cognitive, or intellectual abilities.

On the other hand, “neurodivergent” generally refers to “atypical” developmental, intellectual, and cognitive abilities or behaviors. It may refer to autistic people, but could also be used for other conditions, like attention deficit hyperactivity disorder (ADHD) or learning disorders.

Still, there isn't a “right” or “wrong” way to think, behave, or learn. People experience and interact with their surroundings in different ways. So, being “neurodivergent” doesn't mean there's something “wrong” with you.

Differences in social interactions

Sonny Jane, consultant and lived experience educator, speaks to previous understandings about [autism](#) and its effect on social skills. According to Jane, it was once thought that autistic folks lacked social skills, but they point to research showing that the social skills are just different.

“It's not that being autistic affects our social skills. It's that being autistic means we have a different way of socializing that needs to be understood and accommodated. Often, things we see as social skills are [neurotypical](#) expectations or rules like making eye contact or making small talk,” they say.



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HOW AUTISM MAY AFFECT CONTINUED...

Social ‘norms’ and cues

A social norm generally refers to something that society or culture renders “normal.” Everyone is expected to automatically understand and adhere to these unwritten rules, and diverging from the “norm” may be considered “abnormal.”

Social norms are culturally bound — people from different cultures may have unique sets of norms. In some cases, what’s considered a social norm in one country may go against social norms in a different country.

An example of a social norm in the United States is that avoiding eye contact is often interpreted as evasive, nervous, odd, or “shifty.” As autistic folks often avoid eye contact, neurotypical people may interpret their behavior as going against the “norm.”

Other examples of social interactions or skills that neurotypical folks tend to find commonplace include:

- back-and-forth conversation and “small talk”
- the concept of sarcasm
- the concept of socially accepted “manners”
- communication that uses both verbal and nonverbal cues



Communication

Because autistic folks engage with the world around them in a way that’s different from nonautistic folks, conversation across divergences can prove challenging.

According to the [National Institute of Mental Health \(NIH\) Trusted Source](#), differences in communication may include:

- not looking directly at others
- responding to someone calling their name or other verbal attempts to get their attention slowly or not at all
- finding it difficult to keep up with ongoing conversation or engaging in “small talk”
- not realizing that others are disinterested in a subject they’re talking about

An example of a recurring glitch in communication that mirrors a problemed social skill is the idea of indirect communication.

This is akin to the idea of subtext or reading between the lines — all ways of saying or implying something without actually saying it but expecting the other party to be on the same page.

This communication is commonplace for neurotypical folks, effectively making it an expected social skill. However, autistic folks tend to be more direct and may experience more ease in social communication when that is reciprocated.

Jane says this lack of direct conversation can lead to assumptions about what the autistic person really meant and can also result in ruffled feathers due to frank responses being unexpected.

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HOW AUTISM MAY AFFECT CONTINUED...

Relationships

Jane speaks to the [double empathy problem](#), which suggests that people with different world experiences may find it difficult to empathize with one other. The theory explains the common complication in relationship building between autistic and nonautistic folks.

It's important to keep in mind that relationship barriers exist on both sides due to a lack of understanding.

Another misconception is that only autistic folks experience barriers in social interactions, which is a perspective that's both othering and inaccurate.

Empathy is a two-way process that depends on social expectations and our way of thinking, doing, and processing. It's about understanding the experience of another person.

These parts can be difficult to do with folks who have different ways of understanding the world, so it can be challenging for people on either end to communicate and understand each other.

[HOW CAN I BE SENSITIVE TO DIFFERENT SOCIAL SKILLS?](#)

"Neurotypical folks can recognize that someone may communicate differently to their peers and support them and their peers in understanding each other's communication style," Jane says.

This includes not forcing your understanding of social norms onto another person, including eye contact, [stimming](#), and aiming to lead with understanding after receiving blunt responses.

Professional support

There are varying perspectives on best handling social skills or relationship-building challenges.

[NIH Trusted Source](#) suggests treatments that aid in building behavioral, psychological, relationship-based skills, including programs with the goal of:

- teaching life-skills
- reducing "challenging" behaviors
- learning social, communication, and language skills
- fostering and building upon strengths

Jane pushes back against forcing clinical intervention or [therapies](#) as a response to different social skills, saying that this — while unintended and often indirect — can lead to the punishment of autistic folks.

They share that when it comes to supporting an autistic person, productive foci (without the presence of clinical intervention) could be:

- self-advocacy
- self-regulation
- perspective-taking
- [boundaries](#)
- problem-solving skills



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HOW AUTISM MAY AFFECT CONTINUED...

There are understood limitations even for those who are proponents of clinical interventions or social skill-based therapies.

This includes both the level of intervention intensity needed to attempt to shift a person’s understanding of communication and the fact that this could just result in masking — performing neurotypical behaviors to remain safe or fit in — versus understanding.

Instead, Jane says that social understanding should be the focus.

“We should promote and teach social understanding over social skills as it allows autistic individuals to make an intentional choice when it comes to socializing rather than forcing compliance or masking,” they say.

LET’S RECAP

Because ASD is a neurodevelopmental disorder that may affect communication and responses to sensory input, autistic folks have a different way of navigating the world, including social interactions.

Rather than assuming that neurodivergent folks are without social skills, it’s important to remember that the challenges that can arise through attempted communication and relationship building can occur from either party — regardless of neurodivergence (or lack thereof.)

How to best handle difficulties with social skills as an autistic person seems to be up for debate. Still, professionals agree that the best options are safe environments where self-advocacy is front and center.

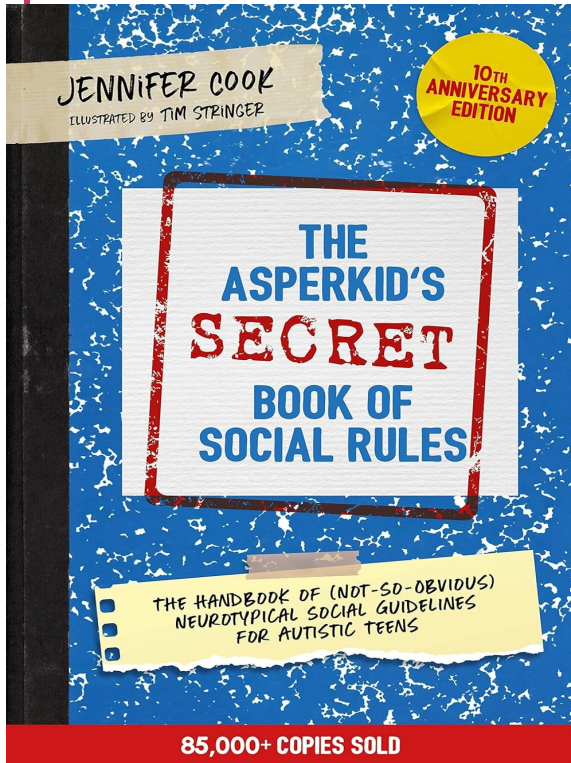
Consider reaching out to a couple of medical professionals for varied viewpoints on how to proceed if you or your child are interested in receiving support.

<https://psychcentral.com/autism/autism-social-skills#recap>



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BOOK REVIEWS



The Asperkid's (Secret) Book of Social Rules, 10th Anniversary Edition: The Handbook of (Not-So-Obvious) Neurotypical Social Guidelines for Autistic Teens

by Jennifer Cook

Being a teen or tween is tough for anyone. And if you're on the autism spectrum, life can feel like a game you're playing without knowing the rules. Jennifer Cook knows - she's been there! Her internationally bestselling handbook unlocks those unwritten, often confusing, not-so-obvious social guidelines, while also bolstering confidence.

Finally, teens can play the game of life *with instructions*. *The 10th Anniversary Edition of The (Secret) Book of Social Rules reveals the essential secrets behind the baffling social codes surrounding making and keeping friends, dating, and catastrophic conversation pitfalls, with all-new content on social media and talking about neurodiversity. Full of brand-new funny illustrations, take-it-from-me explanations, and comic strip examples, this Book of the Year award winner is real, positive, and speaks from the heart.*

The Asperkid's Game Plan: Extraordinary Minds, Purposeful Play... Ordinary Stuff

by Jennifer Cook O'Toole

Written by an author on the autism spectrum, *The Asperkid's Game Plan* looks from the inside at the learning style of autistic children and explains how to introduce structured play that engages children and explicitly addresses ASD differences while reinforcing ASD strengths.

Showing how just about anything can be turned into an opportunity for learning and growth, the book is full of go-to ideas for making simple play equipment in the home or classroom and using it to develop core skills that autistic kids struggle with, from fine motor and social skills, to planning and organization. Whether it's origami math, fried marbles, or a bug's eye view scavenger hunt, every game, project, and idea in the book is explained with clear directions and learning objectives and illustrated with color photographs.



EXTRAORDINARY MINDS,
PURPOSEFUL PLAY... ORDINARY STUFF

THE ASPERKID'S GAME PLAN

JENNIFER COOK O'TOOLE



NEURODIVERSITY

The Autism Spectrum

Child & Adolescent Psychological Evaluations, LLC

Matt Lowry, LPP

MattLowryLPP.com

Proprioception

Sensing Body Position, Dancing,
Walking on Tiptoes or Sides of Feet
Rocking, Swaying, Spinning, Movement
Sitting in Chairs in Odd Positions

Interoception

Internal Sense, Hunger, Thirst,
Feeling Full, Going to the Bathroom,
Sleep, Menstruation
Awareness of Emotions, Alexithymia
Hyper- /Hyposensitivity to Pain

Exteroception

Sensing the Outside World,
Hypersensitive, Hyposensitive
Lights are too bright,
noises are too loud,
clothes are itchy

Stims

Energy Regulation,
Repetitive Movements,
Sensory Seeking
Fidgeting with Hands
Making Sounds, Singing

SPINs

SPeial INTERests,
Intense Research,
Information Hunger,
Collections
Love of Libraries, Museums,
Animals, and Gardens

Executive Functioning

Hyperfocus, Demand Avoidance,
Hygiene, Process Complexity,
Autistic Inertia, Difficulty Changing Tasks
Expectation Sensitivity

Emotional Intensity

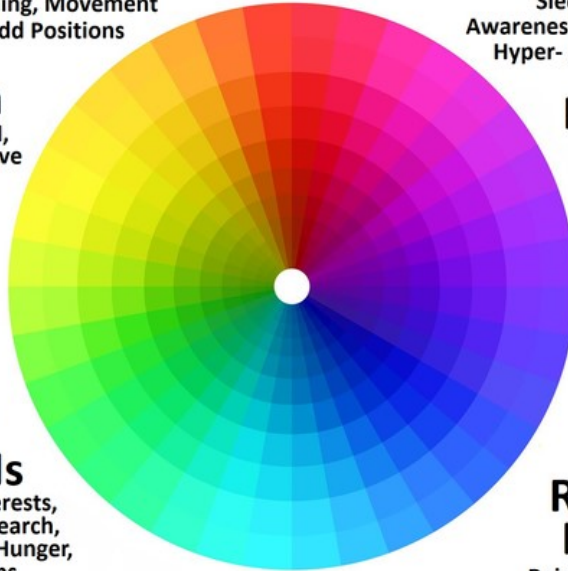
Meltdowns, Shutdowns, Overload,
Situational Mutism, Hyporeactivity
Justice Sensitivity

Communication Differences

Echolalia, Palilalia, Echopraxia,
Scripting, Eye Contact, Infodumps,
Body Language,
Tangential Conversation

Relationship Differences

Rejection Sensitivity, Masking,
Bonding through Special Interests



<https://playfultherapy.net/resources-blog/2022/5/20/neurodiversity-101-how-to-be-neurodiversity-affirming>

'After-school restraint collapse' is real. And it might have you feeling like a screaming monster jumped off the school bus.

—But look closer.

It's just a little person who's been juggling endless expectations in a complex environment all day. And they just reached their safe place.

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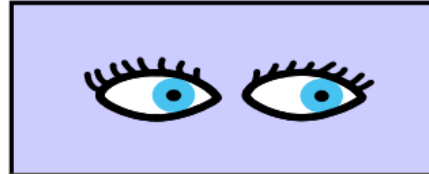
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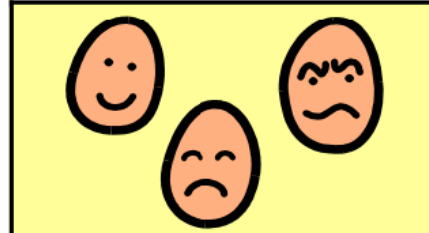
VISUALS

Eye Power

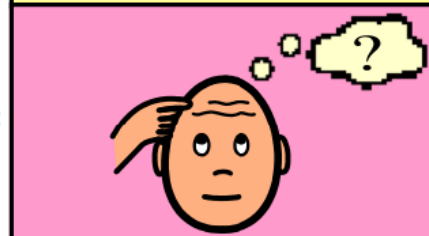
1. Identify what the person is looking at



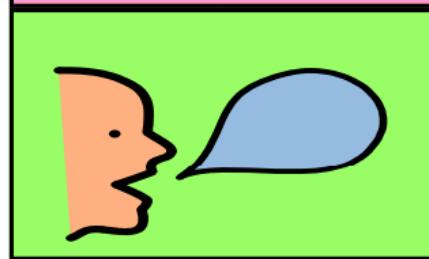
2. State how the person is feeling



3. State what the person may be thinking about

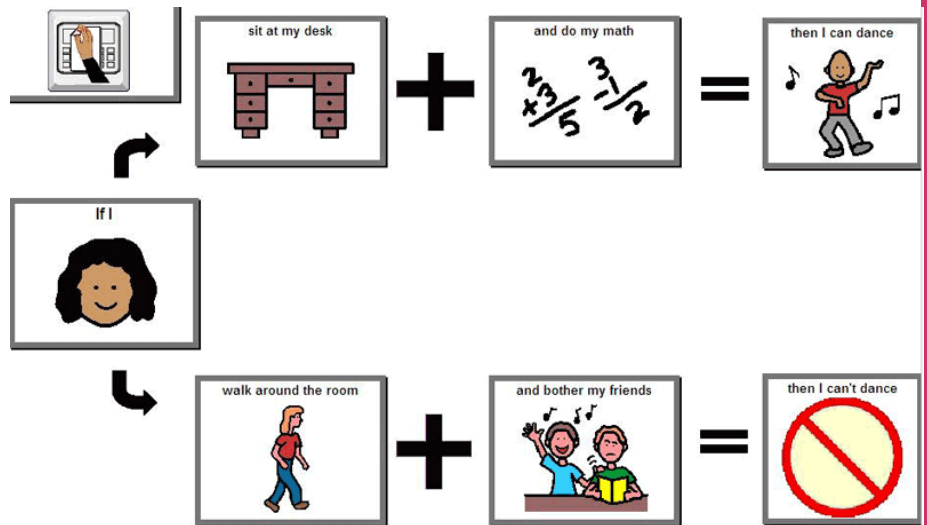


4. State what the person might say or ask



From Michele Garcia Winner's Social Thinking Program by Amy Jordan/BoardmakerShar

Do you have a child who has a hard time making choices? Here is a good resource for social scripts and contingency maps.



<https://www.myaspergerschild.com/2015/05/social-scripts-social-skills.html>

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