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SpeechPathology.com  
Virtual Conference**

**Topics in Autism Spectrum Disorders  
and Asperger Syndrome**

***In cooperation with the University of  
Wisconsin-Eau Claire***



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**Choosing Treatments: Rocket  
Science or Witchcraft?  
Using the Social Thinking-Social  
Communication Profile to Make  
Decisions**

*Presented By:*

**Michelle Garcia Winner, M.A., CCC-SLP**

*Moderated By:*

**Amy Natho, M.S., CCC-SLP, CEU Administrator,  
SpeechPathology.com**

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- Must be logged in for full time requirement
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### Post-event email within 24 hours regarding the CEU exam ([ceus@speechpathology.com](mailto:ceus@speechpathology.com))

- Click on the "Start e-Learning Here!" button on the SP home page and login.

### •The test for the Live Event will be available after attendance records have been processed, approximately 3 hours after the event ends!

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- Two opportunities to pass the exam

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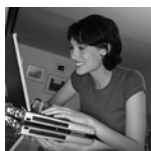
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- **Contact:** Amy Hansen at [ahansen@speechpathology.com](mailto:ahansen@speechpathology.com)



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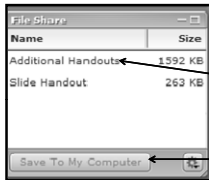
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## Choosing Treatments: Rocket Science or Witchcraft?

### Using the Social Thinking-Social Communication Profile to Make Decisions

Michelle Garcia Winner

San Jose, CA

[www.socialthinking.com](http://www.socialthinking.com)

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## What is Social Thinking® and related social skills?

- Ability to think about what others are thinking and feeling while also considering your own thoughts and feelings.
- This leads to a more specific social skills response.

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## “Think With Our Eyes”

- While we teach students to use eye contact, realize that what you really want your students to do is observe the social experience and make smart guesses.
- Hence, we teach they have to start by “thinking with their eyes.” In the research, this basic concept is referred to as joint attention.

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## Can a diagnosis such as Autism Spectrum Disorders directly imply the appropriate treatments needed?

No.

We have been working on a scale of social functioning to try and explain why we make different treatment choices for different students with similar labels.

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## Social Radar System

Being intuitively “tuned in” to the intentions and emotions of those around us is what is expected for those with fairly normal social learning profiles.

Part of what differentiates our student’s abilities is their ability to access and use social radar in their daily functioning.

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## Social Thinking -Social Communication Scale (formerly Perspective Taking Scale)

- **Severely Impaired Social Communicator (SISC)**
- **Emerging Social Communicator (ESC)**
- **Resistant Social Communicator (RSC)**
- **Weak Interactive Social Communicator (WISC)**

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## Different levels on the scale relate to our different social expectations

- All socially neurotypical folks are naturally good social diagnosticians.
- The more socially inept a person appears, the more emotionally forgiving we are, even in preschool!

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### Quick Summary of SISC

- Cognitively Impaired
- Expressive and Receptive Language development severely affected
- Very, very weak social radar system: Not naturally attentive to others (but they like people).
- Require close 1:1 behavioral blended with relationship based therapies.
- They are not good candidates for learning language-based treatment ideas offered through Social Thinking.
- They need a curriculum to target adaptive functioning for the most part.

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### Quick Summary of ESC

- Usually moderate to mild language problems: pronoun reversals
- Tend towards interpreting language literally
- Very limited emotional understanding and vocabulary.
- Weak Social Radar system: Aloof! Weak attention span in a group.
- Poor ability to read others' intentions.
- Very weak self-awareness of how they are perceived, or that they are perceived at all.
- Often poorly organized.

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### Continued ESC description

- Limited in intuitive understanding of how to initiate and sustain a social interaction
- Very slow to process that your thoughts are different from my thoughts and mental manipulation
- Very limited ability to process the motive of persons around them (e.g. Richard: will you marry me?)
- Poor awareness of Stranger Danger!
- Anxiety about how predictable the world is; generalized anxiety. Higher level ESCs have depression.

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## ESC: Reasonable Treatment Priorities

A Little of Everything, but NOT all of One Thing!

- Establishing predictable joint attention, individual and group (functional ABA)
- Clear visual structure of their experiences
- Teach core social skills prior to teaching social knowledge
- Social Stories (Carol Gray) were developed for this group!

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## ESC Treatment (cont.)

- Create clear environmental structure: Project TEACCH
- Relational development-relational play
- Introduce language based ToM concepts (think with eyes, body, brain, Superflex, think/know, smart guess, reading plans)
- Inferencing, sequencing, predicting, pronouns..!

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## Continued ESC treatments

- Teach Social Thinking Concepts once language is established:
  - Theory of Mind and Emotions
    - I have a thought
    - You have a thought
    - We try to manipulate each other's thoughts
    - We have feelings about our thoughts.
- Plan lessons will take a lifetime, with subtle progressions across that time!

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### Academics for ESCs

- Many will have difficulty with Reading Comprehension of Literature and Written Expression.
- Most have difficulty with organizing homework and doing it independently.
- Benefit from [www.storygrammarmarker.com](http://www.storygrammarmarker.com) to learn about critical thinking.

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### Resistant Social Communicator

- Argues and insists they are right
- May be able to explain that others have thoughts and opinions, but then insists people listen only to their view of the world.
- Often have solid to strong IQ but rigid thinker and may be overly literal when compared to their other academic functioning.
- They don't work well in groups; they ARE the group!

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### Continue Resistant SC

- They can have a good sense of humor; but they over-use/abuse it: the unwelcome class clown.
- They often have one or two friends that stick by them and they think they have many more friends than they actually do.
- May lie, but can't tell when they are being lied to.
- Peers can see they don't understand the subtleties and may try to lure them into doing things that are not ok.
- Rigid thinkers/rule bound but try to cover for it by looking cool.

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## Continued Resistant SC

- Perceived as oppositional; they question authority and seem to lack common sense about group dynamics. In fact they have limited cognitive understanding of group dynamics.
- As they get older they are more prone to getting in trouble with the law.
- Physically they are aware of their “image”, but at a more superficial level.
- They may have significant anxiety and depression as they don’t understand why people are so hard on them.

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## Quick look at RSC

- Social Radar: Aware people are having thoughts about them but convinced that most others’ thoughts are wrong!
- Need to be seen in an individual session or in a very small group. (often kicked out of the classroom)
- Need to focus on learning about group dynamics, perspective of others and how people are reading their intentions.
- Often need basics of perspective taking reviewed and emotional processing to understand why they should use a “filter”
- Require core lessons in social thinking, even if they act like they know it all & tell you it is stupid!
- Need to develop relationship first with teacher.

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## Continued Treatment RSC

- They WILL take advantage of ABA and insist on negotiating everything!
- Cognitive Behavioral Therapy
- Depression and anxiety management are also key.
- Important that treatment begins with how they expect everyone else to behave around them!

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## Quick look at WISC

- Solid technical language skills
- Social Radar: pretty solid. They understand people have thoughts and emotions about them.
- Feel overwhelmed by others' thoughts, as they don't know what they are doing wrong to create the negative thinking sometimes applied to them.
- Will often pass our tests related to social language, as they are highly aware of general rules.

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## Continued WISC

- Understand the basics but may miss out on the more nuanced social cues.
- Social communication problems can be caused in large part by executive function challenges.
- Tend to have tremendous social anxiety and depression .
- Many have organizational problems
- Generally they have the "invisible disability"

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## Treatment of WISC

- Cognitive Behavioral Therapy combined with Social Thinking Strategies.
- Treatment of social anxiety by initially helping them to increase social competencies.
- They need a lot of practice and support..it is not good enough to talk about it!
- Depression management by honestly assessing the stressors may be in the workload and not just the social arena.

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- Blogs, free articles, research
- Conferences
- Products
- Assessment & Therapy
- Mentor / Internship Training
- Newsletters
- [www.facebook.com/socialthinking](http://www.facebook.com/socialthinking)




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### Conference Schedule

**Monday:** 12:00pm EST Temple Grandin, Ph.D.; Linda Schreiber, M.S., CCC-SLP; Kristine Retherford, Ph.D., CCC-SLP

**Tuesday:** 12:00pm EST Carol Westby, Ph.D., CCC-SLP  
3:00pm EST Michelle Garcia Winner, M.A., CCC-SLP

**Wednesday:** 12:00pm EST Sylvia Diehl, Ph.D., CCC-SLP  
3:00pm EST Rhea Paul, Ph.D., CCC-SLP

**Thursday:** 12:00pm EST Emily Rubin, M.S., CCC-SLP  
3:00pm EST Elisabeth Wiig, Ph.D., CCC-SLP

**Friday:** 12:00pm EST Round Table with Sylvia Diehl, Emily Rubin, Carol Westby, and Elisabeth Wiig

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