Unusual, strained, or scarce social interactions often constitute many of the visible and distinct indicators of Autism Spectrum Disorder (ASD). Formal diagnostic descriptions, professional resources, and firsthand accounts delineate innumerable examples of ASD-associated interpersonal behavior. Yet, if prompted to synthesize the general challenges faced by individuals on the spectrum throughout the years leading up to adulthood, responses from caregivers, service providers, and individuals with ASD would inevitably reflect stark variations. In the absence of a uniform trajectory to guide expectations and interventions, how might one gauge the social implications of ASD when it comes to daily functioning, educational attainment, career aspirations, and overall wellbeing?

Furthermore, is it even possible for individuals with ASD to acquire the foundation of social understanding that precedes meaningful interactions and relationships? Across levels of language development, cognitive ability, and age, the journey of social development within the context of ASD is riddled with pronounced peaks and valleys (Baron-Cohen, 1988; Bhatia, Rajender, Malhotra, Kanwal, & Chaudhary, 2010; Orsmond, Krauss, & Seltzer, 2004; White, Keonig, & Scahill, 2007). However, conceptualizing the interpersonally-based impact of ASD as stemming from differences rather than deficits serves to thwart obstructive myths, facilitates realization of individual strengths, and serves as a primer for applying evidence-based strategies to promote social learning.

An individual’s profile of assets and challenges must be assessed, constructed, and integrated within the frame of the dynamic social world so that skills may be cultivated in a way that consistently matches potential. For example, social motivation varies immensely across children, adolescents, and adults with ASD. The common perception that individuals on the spectrum are invariably devoid of empathy and experience minimal desire for social connectedness is misleading, if not outright inaccurate. Differentiation must be seen on page 20.

Autism Spectrum News to Honor Dr. Joseph Buxbaum and Alison Singer at Annual Leadership Awards Reception

☆☆ You Are Cordially Invited to Attend! See page 36 for Details ☆☆

By Alyson H. Sheehan, PhD and Monica Arevalo, MS, MHC
ASPIRE Center for Learning and Development

Autism Spectrum News is very pleased to announce the honorees of this year’s first annual event, Autism Spectrum News to Honor Dr. Joseph Buxbaum and Alison Singer at Annual Leadership Awards Reception. The positive impact that Alison Singer and Dr. Joseph Buxbaum have made in the areas of autism science, advocacy, education and philanthropy cannot be understated. We hope everyone will come out and support this event, which will help us raise the funds needed to expand the reach of Autism Spectrum News and continue to provide vital autism education to the community. I want to give a special thanks to EmblemHealth for donating the event space and also to our indispensable Event Committee Members who include Susan Cortilet-Jones, Judith Omidvaran, Theresa Pirraglia, Patricia Rowan, and Dianne Zager, all of whom are also dedicated members of the Autism Spectrum News Editorial Board.”

Dr. Buxbaum is the G. Harold and Leila Y. Mathers Professor of Psychiatry, Neuroscience, and genetic and genomic Sciences, the Head of The Laboratory of Molecular Neuropsychiatry, and the Vice Chair for Research in the Department of Psychiatry at Mount Sinai. Dr. Buxbaum is the Director of the Seaver Autism Center, and his research focuses on using techniques of molecular genetics and neurobiology to identify, and ultimately characterize, genes that contribute to autism susceptibility. His laboratory has identified common and rare genetic variants that underlie autism spectrum disorders and has developed model systems in which novel therapeutics can be tested. In addition, Dr. Buxbaum has taken a lead in several international consortia, most recently the Autism Sequencing Consortium aimed at sequencing 20,000 exomes, dedicated to advancing research in autism spectrum disorders. Dr. Buxbaum is the author of more than 200 publications, and he is co-editor-in-chief of the journal Molecular Autism (www.molecularautism.com).

Alison Singer is Co-Founder and President of the Autism Science Foundation, a
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### Autism Spectrum News

#### 2014/2015 Theme and Deadline Calendar

**Winter 2015 Issue:**
“The Importance of Scientific Research”
**Deadline:** December 12, 2014

**Spring 2015 Issue:**
“Addressing the Challenging Behaviors Associated with Autism”
**Deadline:** March 5, 2015

**Summer 2015 Issue:**
“The Changing Landscape of Autism Education”
**Deadline:** June 5, 2015

**Fall 2015 Issue:**
“The Criminal Justice System and First Responders”
**Deadline:** September 5, 2015

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Remaking Recess: A School-Based Social Engagement Intervention for Children with Autism

By Jill Locke, PhD, Mark Kretzmann, PhD, Tristram Smith, PhD, David Mandell, ScD, and Connie Kasari, PhD

The Centers for Disease Control and Prevention estimates that 1 in 68 children in the United States have an autism spectrum disorder (ASD). With the rising cost of educational services for these children and fiscal challenges that school districts face, it is imperative to identify cost-effective autism-related interventions that are easily implemented and sustained in schools. Social impairment represents the most challenging core deficit of ASD and greatly affects children’s school experiences; however, few evidence-based social engagement interventions have been implemented and sustained in school settings. The Autism Intervention Research Network in Behavioral Health (AIR-B) is a multi-site research network that focuses on the deployment of effective and sustainable evidence-based interventions to improve outcomes for children with ASD in community settings. Currently three network partners (i.e., University of California, Los Angeles, University of Pennsylvania, and the University of Rochester) are working in large, urban, under-resourced public school districts to implement a promising social engagement intervention called Remaking Recess.

Remaking Recess was developed to address the significant difficulties that children with ASD encounter on school playgrounds. Children with ASD consistently are less engaged with peers on the playground and are more often on the periphery of the classroom social networks than are their typically developing classmates (Chamberlain, Kasari, & Rotheram-Fuller, 2007; Rotheram-Fuller, Kasari, Chamberlain, & Locke, 2010; Kasari, Locke, Gulsrud, & Rotheram-Fuller, 2011; Kasari, et al., 2012; Locke, Kasari, Rotheram-Fuller, Kretzmann, & Jacobs, 2013).

In two previous studies, Remaking Recess was found to be efficacious in improving children’s peer engagement and social inclusion at school when delivered by study personnel (Kasari, Rotheram-Fuller, Locke, & Gulsrud, 2012; Kretzmann, Shih, & Kasari, 2014). In this study, we are evaluating whether we can obtain similar outcomes when Remaking Recess is delivered by school personnel for children with ASD included in K-5th grade classrooms.

Remaking Recess was designed to transfer skills from the research team to school personnel using consultation and in vivo coaching to change the playground and cafeteria contexts to be more supportive and inclusive of children with ASD (Kretzmann et al., 2014; Locke et al., 2014). The consultation sessions included modules on how to:

- scan and circulate the cafeteria/playground for children who may need additional support
- identify children’s engagement states with peers
- follow children’s leads, strengths, and interests
- provide developmentally and age appropriate activities and games to scaffold children’s engagement with peers

see Recess on page 29
IT TAKES BRAINS TO SOLVE AUTISM

The Matthews never saw themselves as a “super” family, yet when they bonded together to support their autistic son Casey, they were indeed super. And now the Matthews and families like them around the world are being looked upon as super heroes. Why?

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Visit TakesBrains.org to learn more and see how your entire family can help build a better tomorrow.
The ability to develop and maintain interpersonal relationships is a cornerstone of successful child development and among the greatest challenges for children with autism spectrum disorders (ASD; Church, Alisanski, and Amanullah, 2000). Effective interpersonal relationship skills are important for social and familial functioning, academic performance, and workplace success. Children who experience significant difficulty in their interpersonal relationships are at risk for a variety of negative outcomes. In particular, these children are more likely to experience social isolation or rejection, academic underachievement, and mental health problems (Tantam, 2000; Welsh, Park, Widaman, and O’Neil, 2001). Additionally, the lack of social relationships constitutes a major risk factor for poor general health outcomes (House, Landis, and Umberson, 1988).

Improving children’s social skills is one of the most powerful predictors of a positive outcome for children with ASD (Painter, 2006). Children with adaptive social skills will be better equipped to successfully navigate the complex and dynamic world in which we live. Social skills training is an intervention aimed at fostering social skills by teaching specific skills (e.g., initiating conversation) or social problem solving (i.e. a framework to help make more independent and appropriate decisions in novel social situations) through the use of behavioral and social learning techniques (Coomer, Griffith & Filer, 1999).

Effective social skills training is predicated on accurately understanding and identifying the specific areas of need. Gresham and Elliott (1989) distinguished between skill deficits and performance deficits. A skill deficit occurs when a child lacks sufficient knowledge to execute a particular skill, while a performance deficit is when a child possesses knowledge of how to utilize a skill, but fails to perform the skills in a given situation (Gresham and Elliott, 1989). This distinction has important implications for how social skills interventions are conducted.
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I was one of the unpopular kids. I was never invited to birthday parties or sleepovers. I had no friends, and no one wanted to hang out with me. I was a social leper and I hated every second of it. High school was supposed to revolutionize my life.

“Students are more mature in high school.”

“There will be new kids; you’ll have a chance to start fresh.”

“No one cares if you were popular before because you’ll make new friends.”

These were just some of the things almost every teacher, counselor, and television show told me. These words gave me hope, a dream that I’d finally see the inside of another peer’s house so we could talk about the boys we liked. No more would classmates give me candy they’d stuck gum-tack in, “helpful” suggest I use de-tangler for my hair, or “sympathetic” imply I’d finally see the inside of another peer’s house so we could talk about the boys we liked.

For the first time in my life I thought I was a “Somebody.”

Finally, I thought to myself, “The perfect chance to get away from this stupidity and be part of a group where I fit in.”

Confident that I had just been handed my first chance to start fresh, I walked up to the group of girls and sat down in an empty seat just as I had seen Allison do moments before. I had done it! This was great! I was so proud of myself for having the courage to break out of my shell and do what I wanted. Best of all, it’d been so easy.

“Emily, isn’t your group over there?” said one of the girls, gesturing vaguely toward my previous group. The message was clear: High school wasn’t a fresh start; it was the same old “shunning” I’d dealt with before.

I didn’t get it. What had Allison done that I hadn’t?

Ten years later, I get it. I’ve come a long way from the social leper I felt I had no choice to be. Thanks to the National Institute for People with Disabilities of New Jersey’s Asperger’s Skill Building Network (NIPD/NJ is YAI network member) I’ve learned the skills needed to relate to others, and, as a result, I finally feel like I belong.

For instance, before attending the group, I didn’t care about or understand why I needed to make a good impression on others. At the time I thought: “Why bother fitting in when I know they’re just going to tease me about what I like? That, or they’ll just ignore me. Talking to others is not worth the inevitable rejection.”

And I saw nothing wrong with this thinking. It never occurred to me that not taking an interest in others meant they had no reason to take an interest in me.

If I wanted friends, I learned, I had to put myself out there and tell people my interests while looking them in the eye. I had to listen to their problems and opinions rather than immediately decide that they were wrong and I was right.

I learned that I needed to make eye contact with whomever I was speaking to so they would know I was listening and interested rather than bored or lost in my own little world. Then, I was able to figure out whether I was supposed to respond with a smile versus a frown. Making eye contact can be difficult and uncomfortable to do, but I learned tricks to make it easier. For instance I learned that you don’t have to look into a person’s eyes, you can look at their nose or forehead so as not to feel off put by having to look someone in the eye. I realized that I needed to face people with a smile when I spoke with them because
Sage Online prepares students to affect behavioral change in the fields of applied behavior analysis and autism spectrum disorders.

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1. Prepare students to work with persons with autism
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3. Increase the number of qualified professionals who have behavioral skills

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As young adults with autism transition from high school to college, work or independent living, they need to have good social skills in order to make friends, engage colleagues and succeed on many levels. When a young adult has a disability, planning ahead is particularly helpful in making a transition.

JCCA’s Compass Program offers a wide range of services for young adults on the Autism Spectrum and other neurologically-based learning disabilities. It is part of Jewish Child Care Association, a comprehensive child and family services organization that helps 16,000 people of all backgrounds every year.

One of our core programs teaches “soft skills”: “The cluster of personality traits, social graces, communication, language, personal habits, friendliness and optimism that characterize relationships with other people” (http://en.wikipedia.org/wiki/Soft_skills#cite_note-1). These skills are particularly important for young people with Autistic Spectrum Disorders (ASD) as they learn to work and interact with others.

ASD impacts a person’s ability to “read” body language and facial expressions. It is characterized by social impairments, communication difficulties and restrictive types of behavior. These young adults miss important cues in social situations that are evident to others. Social skills are crucial for success, whether in a learning environment like college, a job opportunity or when trying to make new friends.

Our program allows for growth by developing a sense of comfort within the youth’s peer group. The goals are:

**Peer-Based Learning Model**
- Learning to develop a sense of empathy and acceptance of the perspective of others
- Conversation skills
- Development of the soft skills that are not quickly identifiable, but are mirrored and emulated by incidental learning

**Learning to Self-Regulate**
- Taking cues from the environment and situation
- Learning to initiate
- Moderating time

**Understanding of Timing, Respect and Concrete Life Skills**
- Using menus and incorporating health concerns
- Budgeting skills and problem-solving skills
- Accepting the environment as non-controllable

Our approach is based on the understanding that we learn best in a natural environment. Incidental learning is a positive intervention to help focus appropriate structured supports for naturally occurring social behavior. We have, for example, weekly dinner groups (Compass Eats) that meet in Long Island, Queens and Westchester and have grown from a small group to 20 or more members at numerous locations. Participants meet to discuss and decide on dinner locations; while dining,

---

**JCCA Compass Project participants attending a Mets game**

---

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Green Goods and Services: A New Niche in the Economy for Individuals on the Autism Spectrum

By Ernst O. VanBergeijk, PhD, MSW
Associate Dean and Executive Director
New York Institute of Technology
Vocational Independence Program

What is the Green Goods and Services (GGS) Industry? If you guessed it has something to do with recycling you are partially correct. Green Goods and Services is a broad category of our economy defined by the U.S. Department of Labor Bureau of Labor Statistics (BLS). “The BLS definition of green goods and services includes jobs in businesses that produce goods and provide services that benefit the environment or conserve natural resources. These goods and services are sold to customers, and include research and development, installation, and maintenance services” (U.S. Bureau of Labor Statistics, 2013a). Green Goods and Services include one or more of the five following categories:

1. Energy from renewable sources
2. Energy Efficiency
3. Pollution reduction and removal, greenhouse gas reduction, and recycling and reuse
4. Natural resource conservation

The Green Goods and Services (GGS) industry accounts for 2.6% of total employment in the United States which translated into 3.4 million jobs in 2011 (U.S. Bureau of Labor Statistics, 2013b). The handling of e-waste is a fast growing sector of GGS that could employ thousands of individuals on the autism spectrum. E-waste refers to electronics such as cell phones, computers, and televisions that Americans throw away. This incredibly wasteful practice is harmful to our environment. By volume e-waste only represents 2% of our landfill, but because of the materials used in the construction of their components (including batteries), e-waste accounts for 70% of the overall toxic waste in our country (Do Something.org, 2014). Much of this waste is not waste at all. It does not need to be relegated to a landfill. People discard 80-85% of their electronics (Do Something.org, 2014). Some of these devices can be refurbished and resold or donated in their entirety. Other devices can be disassembled and their components can be refurbished or re-sold. Electronics use a great deal of precious metals including gold, silver, copper, and palladium all of which can be harvested and reused.

Every community in the United States will need to deal with the issue of e-waste. This provides individuals on the autism spectrum an opportunity to find meaningful employment at a living wage. Each stage of the e-waste process will provide employment opportunities that will capitalize upon their strengths, interests and aptitudes. The first stage of the e-waste process involves assessing an asset that is discarded or donated. Individuals at this point in the process will need to have a healthy set of computer skills. They will need to be able to use software to catalog and track the asset. They will also need to be able to determine whether or not the asset can be refurbished and resold. They will also need to be able to determine which parts of the computer or electronic device could be refurbished and re-sold, if the device in its entirety cannot be put back into service. These individuals (often referred to as auditors), then determine the next step of the process: disassembly or de-manufacturing. The de-manufacturing process requires an individual who has good manual dexterity and attention to detail. The de-manufacturers turn over the parts to the materials handlers who sort the pieces and send them to various other entities that may meltdown the plastics and precious metals for their recycling.

Ernst O. VanBergeijk, PhD, MSW
College Students Empower Middle/High School Students on the Autism Spectrum with a Foundation for Self-Expression and Social Skills

By James Lawler, DPS
Pace University
and Christina Muccioli
AHRC New York City

At the AHRC New York City Middle/High School in Brooklyn, New York, students on the autism spectrum are benefiting from a community engagement program called Catching a Dream at Pace University, as part of the outreach goals of the university.

The program consists of engaging the high school students on exciting projects with students of the university, in which they explore dreams, hopes, interests and life opportunities. Each fall and spring semester they are helped by largely liberal arts undergraduate students without disabilities on the projects. The middle/high school students are mentored by and one-on-one partnered with the undergraduate students in the semesters.

The program culminates in multimedia presentations of the dreams and interests of the high school students. The desired outcome of these projects is to increase the students’ potential for employment opportunity as a result of the increased pride and sociality they learn and develop during this process.

Exploratory Process in Relationships

The high school students are helped by the undergraduate students in an incremental learning process, in attempting to address deficits of the high school students. The process is an interactive one with storytelling projects, in which the high school students are attempting to clarify the following: what am I good at; what do I like about myself; what am I proud of; what are my strengths; and what would I like to do - interpreted if not prompted by the undergraduate students. The process is also one of personalized projects (e.g. gaming, history of the calculator, jobs for the future, history of monster racing, inquiry into the solar system) produced by the high school students and their teachers for follow-up by the undergraduate students; and they are helped by the undergraduate students in the process of researching any of the subjects through internet search systems and the library system of the university.

The process is enhanced with mobile computing filming technology and innovative multimedia studio tools furnished by the high school staff or by the instructor and the undergraduate students – exciting and fun technology for self-expression needs of young adults and teenagers.

The process of storytelling is easy and fairly flexible. The undergraduate students are guided by the instructor in a program of storytelling through Digital Storytelling in the Classroom: New Media Pathways to Literacy, Learning and Creativity (Ohler, 2013). They are free, however, to pursue the process of the storytelling with the high school students at their own pace.

The merits of the program are evident in the positive response of the high school student teenagers to be in new and productive relationships with the undergraduate students who are similarly teenagers. The technique of storytelling has encouraged the high school students to engage more with their fellow students and their teachers as well as with the undergraduate students. They have had such a liking for multimedia storytelling that the technique

see Empower on page 31

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Using Media as an Effective Tool to Teach Social Skills to Adolescents and Young Adults with Autism Spectrum Disorders

By Caroline Melcer, LCSW
Clinical Social Worker
Outpatient Services for People with Developmental Disabilities
Westchester Jewish Community Services

Media is a powerful educational tool for adolescents and young adults in general; however, for individuals with Autism Spectrum Disorders (ASD) it provides a unique opportunity to learn social skills. Popular television shows, movies, YouTube clips, and other social media sites are a vehicle to model both appropriate and inappropriate social skills related to friendships, relationships and sexuality. Identifying non-verbal communication, body positioning and gestures in videos helps individuals with ASD learn how to recognize interest, indifference or dislike in relationships, areas that are often challenging to individuals on the spectrum. Using these cues, we can work to translate these skills into real life interactions with individuals with ASD and their peers.

Westchester Jewish Community Services (WJCS) runs groups on Healthy Relationships and Sexuality for Individuals on the Autism Spectrum and has started to utilize media as an educational tool in our broader curriculum. We focus on the dynamics presented in different shows and dissect how scenarios shown may happen in real life. Situations that may be realistic in the client’s daily life are highlighted and we explore together how they could handle the social interactions in a more effective way. Using television, movies and social media as models for social skills has been instrumental in positively engaging young adults on the spectrum.

One television show we use often in our curriculum is The Big Bang Theory. Sheldon, one of the show’s main characters, exhibits many personality traits of a person on the autism spectrum. Discourse about his behavior, actions and reactions has been a powerful method of identifying the appropriate and inappropriate ways to respond in a conversation. Parents and educators can use clips from shows like this to help individuals with ASD learn how to relate to peers, engage in relationships and identify suitable behaviors.

We also use The Big Bang Theory to facilitate conversations about relationships in a WJCS group for young adults with ASD. Participants watch the show together and discuss the conflicts they observed. Group members offer insight into the character’s behavior, their relationships and different ways they would act in those situations. We have explored body language, sarcasm and slang terms that often arise on nighttime television shows that may not be obvious to all viewers. It has been an effective instrument in creating a dialogue between the different participants and encouraging them to share their opinions. Details about relationship nuances also can be explained through movies. The movie Adam, made in 2009 and starring Hugh Dancy, presents a story about a character with Asperger’s Syndrome and his relationship with a woman. The movie explores how his intelligence, special interests and sensory needs all impact his relationship with a woman. We use these examples to look at how Adam’s behavior in his relationship may be different than others. This movie serves as an important platform to begin a conversation among our clients about their own fears surrounding dating and how their special needs may affect their dating.

The recent MTV reality show Catfish: The TV Show demonstrates how easily individuals can become victims on the Internet. This show displays real people chatting with others online, and believing they are engaging in a relationship with a picture they have seen online. The show creators arrange for the individuals to meet and the show exposes how often the individuals are not as they are pictured online. After discussing the act of “catfishing” in one WJCS group, a 13-year-old male client admitted to chatting with a woman online and engaging in sexual conversations. He expressed how she reported to like the same activities and games as he did, but then the conversation turned sexual.

see Media on page 34

Unlocking Each Student’s Potential

For more information contact Samantha Feinman, Director, at (646) 558-0085 or sfeinman@nfl.net

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14 Practical Strategies for Marriage with Autism and Asperger Syndrome

By Eva Mendes, LMHC, NCC
Asperger/Autism Specialist and Couple’s Counselor

The Asperger/Autism Network (formerly known as the Asperger’s Association of New England) (AANE) has been offering the Partner/Spouse and Couples Support Groups for ten years. The couples we see typically consist of a man with autism spectrum disorder (ASD) or Asperger Syndrome partnered with a non-autism-spectrum partner (NS). In my work as a couple’s counselor in private practice and in the groups at AANE, I saw recurring challenges in neurodiverse couples and developed the following strategies to address them:

1. Pursuing a Diagnosis

While an ASD diagnosis is not required for a couple to begin applying the strategies outlined here, it can be an important step in understanding and acknowledging that ASD traits might be causing marital problems. A diagnosis can significantly lessen or remove the blame, frustration, shame, depression, pain and isolation felt by one or both partners.

2. Accepting the ASD Diagnosis

While re-evaluating the relationship in light of the new diagnosis and learning to understand and accept ASD, it is helpful to seek information, see a clinician experienced with adult ASD, and/or join support groups focused on ASD relationships. Individuals with ASD can have some highly desirable traits. They can be loyal, honest, intelligent, hardworking, generous, and funny. Understanding the positive and challenging traits of both partners can paint a more balanced picture of the marriage.

3. Staying Motivated

It is helpful if both partners are motivated to address the issues in their marriage and commit to its long-term success. In some cases, however, the NS partner may be depressed, angry, lonely, and very disconnected from her ASD partner, that salvaging the marriage is not an option. In such a situation, the couple can work with a couple’s counselor or mediator towards an amicable divorce.

4. Understanding How ASD Impacts the Individual

Understanding that ASD is a biological-based, neurological difference vs. a psychological problem is key. Psychoeducation is an important part of sorting out the challenges in ASD marriages. Learning about ASD through books, movies, counseling, and workshops can help the both partners. They can also discover and implement ASD-specific strategies to their relationship. Due to its complex nature, learning about ASD can be a lifelong process.

5. Managing Depression, Anxiety, OCD, and ADHD

People with AS are at increased risk for depression, anxiety, obsessive-compulsive disorder (OCD), or attention deficit disorder/attention deficit hyperactivity disorder (ADD/ADHD). It is vital to diagnose and treat these mental health issues with medications and therapy, as untreated mental health issues can have serious negative consequences for both partners.

NS spouses can often experience their own mental health issues such as anxiety, depression, Affective Deprivation Disorder, and Post-Traumatic Stress Disorder (PTSD), as a result of being in a relationship with an undiagnosed ASD partner. In these cases, the NS partner should also receive treatment.

6. Self-Exploration and Self-Awareness

In many ASD marriages, the NS partner may be a super nurturer, manager, organizer, may have ASD traits themselves and their own relational issues. Self-exploration and self-awareness are important parts of understanding why she chose her partner with ASD, taking responsibility and making changes in her own behavior. Self-awareness for the NS spouse can also help to rebuild her self-esteem and reintroduce

see Marriage on page 32
Due to social skills deficits, the transition into life after school can be especially difficult for individuals with autism spectrum disorders, particularly those higher-functioning individuals who required fewer supports in high school. With the prevalence of autism spectrum disorders increasing rapidly (U.S. rate: 1 in 68, New Jersey rate: 1 in 45; Centers for Disease Control and Prevention, 2014), the needs of this population require immediate attention. There are several curricula for social skills instruction targeting children and adolescents with high functioning autism and Asperger's syndrome (e.g., Baker, 2003, 2006; Garcia-Winner, 2007; McCaffee, 2002; Myles, Trautman, & Schelvan, 2004). However, with the exception of Jed Baker's work (2005), programs targeting young adults and adults are sparse. Furthermore, little research exists evaluating the effectiveness of these programs (Koning, Magill-Evans, Volden, & Dick, 2013; Myles & Simpson, 2001). Based on the same principles as those interventions used with children, namely cognitive behavioral skills training, the National Institute for People with Disabilities of New Jersey's (NIPD/NJ) Asperger's Skill Building Network (ASBN) additionally incorporates alternative strategies, such as acting (Davies, 2004), cartooning (Gray, 1994), and yoga (Bets, 2006) to facilitate growth in social skills. NIPD/NJ is a YAI network member.

The Asperger's Skill Building Network (ASBN) is an intensive and comprehensive social skills instruction and support program for post high school individuals with Asperger's syndrome/autism spectrum disorders and those with similar traits. Groups of 12 participants meet with two master's level clinical staff, twice per week, for five hours per day. During these five hours, participants receive support, acceptance, and practical feedback from peers and staff while learning and practicing various social skills ranging from basic social skills (e.g., recognizing emotions, conversation skills, and coping with stress) to more complex social skills (e.g., conflict resolution, making, keeping, and deepening friendships, dating, and navigating romantic relationships). Also included in the year-long curriculum are social skills related to obtaining and keeping a job.

Program evaluation results from ASBN's first year of implementation revealed that the program served 41 individuals with Asperger's syndrome, high function autism, or related conditions. Participants ranged in age from 21 to 61 with a mean age of 27; 88 percent were male; 83 percent were identified as Caucasian, 10 percent as Hispanic, 5 percent as Asian, and 2 percent as African American. The average length of time in the program was 5.3 months, with a range from two weeks to 1 year.

Using self-assessment and observational ratings at the beginning of participation and at three-month intervals, results indicated that participants experienced significant improvement in social skills, emotion regulation, and executive functioning (i.e., perspective-taking, empathy, time management) and job-readiness skills (see Chart 1). Not surprisingly there was some attrition in the program due to transportation problems, jobs, dissatisfaction with the program, or other conflicts. Of the 41 initial participants, eight left before the first progress evaluation at three months. The remaining 33 participants were reduced to 15 members of the group at the end of six months. About half of that number left within the next few weeks, leaving just seven group members from the original 41 to take the final evaluation after nine months of study.

The results of the first evaluation completed at the end of the initial three months were very encouraging as participants showed significant progress in all evaluated areas. The participant's self-evaluations of growth in job readiness over the first trimester showed little improvement, with only 2 percent. But it is worth noting that a focus on vocational skills would not be introduced until the fourth month.

Staff observations estimated participant growth in those first three months at 31 percent.

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Perhaps the area of challenge most commonly associated with an ASD diagnosis is difficulty with social interaction. Individuals with ASD often struggle to understand and respond to the perspectives of others, and demonstrate differences in their experience of pleasure from social relationships (APA, 2013). Research literature and clinical report indicate that these difficulties are readily apparent when it comes to making reciprocal (i.e., shared, two-way), lasting friendships. Here, we provide a summary of what is known about how friendships emerge in children (specifically, school-aged boys, ages 8-12) with and without ASD, how features of ASD may impact the development of friendships, as well as positive outcomes commonly associated with friendships (Mendelson & Lerner, under review).

Friendship and School-Aged Typically Developing Boys

Considering research from among typically developing (TD) boys aged 8-12, difficulty forming reciprocal friendships may have lasting implications for boys with ASD. The school-aged period is a time when children learn key social skills and develop a sense of self-image that can last into adulthood. TD boys use friendship as a forum for developing a sense of what is appropriate (Dunn, 2004). Moreover, in addition to learning social “rules,” friendship allows children to develop the more subtle and fluid ability to take on others’ perspectives (Hughes & Leekam, 2004), which contributes to social functioning across the life span. For TD boys, reciprocal friendship serves as a forum for development of a sense of self, with positive friend relationships associated with more positive self-image, higher self-esteem, and greater academic achievement (e.g., Vandell & Hembree, 1994). Thus, friendship plays a crucial role in overall well-being. It acts as a buffer against negative life events, including parental divorce and bullying (e.g., Hartup & Stevens, 1997), and is associated with lower rates of depression and anxiety overall.

The inexplicable nature of reciprocal friendship is a tricky thing to pin down, but research to date among TD boys aged 8-12 points to a feature called “affective sharing” as a central component of reciprocal friendship. Affective sharing is defined as the use of gestures, facial expression, vocal intonation, verbalizations, and body posture to express affect. For TD boys, affective sharing plays such a central role in reciprocal friendship that the degree of affective exchange during interaction has been found to differentiate between friends and non-friends as well as between reciprocal vs. unilateral friendships (Newcomb & Bagwell, 1995). Friend interactions have been found to be higher overall in shared laughter and silliness (Howes, 1996), as well as in the use of eye contact, touching, and verbalizations to communicate affect (Foot, Chapman, & Smith, 1997).

Friendship and Boys with ASD Aged 8-12

Taking into consideration the difficulties individuals with ASD experience in terms of the understanding and communication of their own and others’ affect, it becomes readily apparent why friendship-formation

see Friendship on page 27
In 1985, Simon Baron-Cohen published his now-famous study of emotional perspective-taking among children with Autism Spectrum Disorder. In it, he and his coauthors found that children on the Autism Spectrum were unable to impute beliefs to puppets in pretend play. They saw this a failure of “Theory of Mind,” which can basically be described as the knowledge that other people have thoughts and feelings of their own. Subsequent research has supported their argument, elaborated upon it by proposing other emotional problems in ASD, and provoked some people to disagree, and those links only constitute a very, very small percentage of the number of words spent discussing it.

Recently, I spoke to a seasoned clinician with 40 years of experience working in special education in public schools. She has been assessing and treating children with Autism Spectrum Disorder since before that term was even conceived. I asked her what her most powerful clinical tool was, and she told me the one question she asks every kid on her caseload: Tell me about the last time you were embarrassed.

We spend a lot of time talking about superheroes with kids on the Autism Spectrum. This is partially because of Michelle Garcia Winner’s SuperFlex curriculum, which sees widespread use in the schools, but of course also because children like talking about superheroes. It’s only fitting that when we start talking about embarrassment, we should talk about superheroes too.

Superheroes, by definition, have superpowers. Some of them can even read minds. In comics, magic waves can shoot from the superhero’s brain to represent this power as the superhero stares intently at the his nemesis, the archvillain, to determine what nefarious plans have been set in motion. As readers, we look at this ability and see it as enviable, as fantastic. The funny thing is, we attempt to read each other minds with every single social interaction, every single day. Having read someone’s mind successfully can result in a positive social interaction - but it also can result in embarrassment, as you come to realize how some flaw or failure is perceived by others.

I’ve been using that question - Tell me about the last time you were embarrassed - with the kids I work with recently, and I’ve found out something very interesting: The kids who are diagnosed with Autism Spectrum Disorder frequently don’t have an answer. If they do, it feels mechanical, as though they’ve been trained to identify and describe emotions - as, of course, they often have. Embarrassment, perhaps more than any other emotion, relies upon our ability to take the perspective of others, identify their feelings, and reflect upon ourselves. In the absence of this “Theory of Mind,” there’s no understanding of others’ thoughts and feelings - and no motivation to learn.

This, of course, is all a dramatic oversimplification. I have no research evidence to support whether this question, in this context, phrased that way, is in any way diagnostic of Autism Spectrum Disorder. However, when it comes to translating theoretical concepts into clinical practice, sometimes the best information can come from the simplest things. If you ask a child about the last time they were embarrassed, they might not have an answer because they don’t know the word, don’t want to answer, or genuinely don’t remember. No matter what, their response gives you a data point that can contribute to planning your therapy. All of the information coded into the potential answers above (lack of theory of mind, knowledge of vocabulary, social anxiety, etc.) is therapeutically relevant for Speech-Language Pathologists and other special educators. If you get a great answer about a specific time your student was embarrassed, that will also give you a ton of information about that kid’s social motivations that you can use when working toward goals. It’s a mutual gain no matter what. Embarrassment is one of many feelings that lie across the vast spectrum of human emotions. We don’t talk about embarrassment much – probably because reliving those moments is uncomfortable. Embarrassment involves a complex analysis of our behavior and how it does not match the social expectation of a specific setting. Even the memory of embarrassment can trigger a powerful physical reaction that
There are many places where persons with Asperger’s can meet people, but too often they don’t know where they can comfortably and satisfactorily do this. Bars, cocktail parties, and other such events work well in the neurotypical culture, but those with Asperger’s desiring to meet new friends or significant others too often are disappointed and even depressed by these environments. In an effort to break this vicious cycle, a list of suitable social events and websites has been compiled.

Aspies for Social Success is an unstructured social group that meets 2 times a month. The meetings usually take place on weekends; announcements are usually placed online on Facebook (FB) by the current moderator, Steve Katz. If people friend-request Steve with interest in Aspies for Social Success, he will place them on a FB mailing list for the announcements of the dates and locations.

AHA/Asperger Syndrome and High Functioning Autism Association has monthly groups for Aspies both in Manhattan and on Long Island. The Manhattan groups are usually facilitated in a structured manner by Dr. Lynda Geller, PhD at Spectrum Services (303 5th Ave., between 32nd and 31st) and Pat Schissel, LMSW, director of AHA. The group is typically an hour and a half long, beginning at 7pm, and everyone gets a chance to speak individually to the group about any circumstances they have questions about or need support on and seek feedback. Afterward, a social dinner usually follows at another location agreed upon by the group. The Long Island group is partnered with GRASP and run by Brandon Plank, a fellow Aspie, in Brentwood.

There are also a variety of organizations that have programs for ASD populations. Adaptations at the JCC, YAI (Manhattan and Bronx), and AHRC are three such organizations. Adaptations have hosted a speed dating event, outings, and other social events. There are also some classes specifically for people on the spectrum, like yoga, periodically available, at YAI, on 34th street. YAI also has an East Bronx division, AHRC is similar. (Similar with the Yoga class or with an East Bronx division?) ASAN (Autism Self Advocacy Network) group meets once a month on the first Sunday of every month at 2pm in the Sony Atrium at 56th and Madison. This is also social in nature.

GRASP’s official meeting is once a month at the ARE (Association for Research and Enlightenment) Edgar Cayce Center at 5:30pm every 2nd Wednesday of the month in Manhattan. A Bronx group is currently being developed.

Mensa events can also be quite gratifying for those desiring intellectual company. They have separate focusing on special interests, and if a group doesn’t exist for a specific interest, one can be started. Mensa people are very supportive and friendly, not at all like the stereotype of conceited snobby intellectuals.

There is a Ladies on the Spectrum group funded by the Simons Foundation that meets 2x a month. Activities they provide range from martial art lessons, to sketch lessons, to movie and dinner nights, at no expense to the spectrum women. This group is facilitated by Sharon Valencia, who can be reached by email at: svalencia@simonsfoundation.org

The internet has a plethora of resources. Online dating and social networking are becoming more common, even for employment. Facebook features several online groups and pages just for autism/asperger’s. Sites like GRASP.org (by Michael John Carley), WrongPlanet.net (by Alex Plank), and TheAutcast.com (by Landon Bryce) are designed to be informative and encourage social networking and expression among spectrumites and their supporters.

Dating sites like AspieAffection.com are intended to assist in the search for significant others, but some complain about the male-female ratio, since such sites feature a vast majority of males. But there are events and websites where an Aspie’s special interests can be shared with others in a more gender-even environment. There are many women with Asperger’s who remain undiagnosed; seeking them out in areas known only to those who are diagnosed is illogical. Places and websites that seem to be havens for Aspies, diagnosed and undiagnosed alike, are conventions (comics, sci fi, technology, astronomy, etc.), clubs, and meetups geared towards the same, etc.
made between possessing a true preference for solitude versus wanting – and possessing potential – to form relationships but lacking the skills for doing so. In addition, descriptions of “friends” by those with ASD may range from being purely motivated by mutual interests to entailing deep and heartfelt discussions that occur solely in the forum of an internet-based group. Thus, an individual’s views around expectations, preferences, and understanding of social connectedness must be explored as a component of planning for social intervention.

The flip side in attending to the individual social ideals is the reality that adequate skills for engaging in interpersonal exchanges and relationships, regardless of the form that they may take, are essentially unavoidable components of daily functioning. Trials of various social interventions have consistently highlighted the value of preparation, repetition, and explicit teaching as an alternative to social learning strategies that are naturally acquired by neurotypical peers (Bellini, 2008). As a result, devising an educated, proactive approach is strongly recommended for the purpose of instilling prerequisite skills and generating tactics to manage the shifts in social demands that correspond with respective developmental stages.

In cases that involve identification of ASD during early childhood, a slew of therapies and proactive services may be available and, as supported by outcome research, are best utilized to the fullest extent possible. That being said, the time and attention spread across a range of concerns often results in the omission of considerations around some of the most basic social learning experiences in childhood. One of the most prominent examples takes the form of play skills. It may sound counterintuitive to place emphasis on recreational play skills. It may sound counterintuitive to place emphasis on recreational play skills, particularly for application in scenarios entailing less structured outlets, such as boy scouts or girl scouts and broader group recreation.

Using the previous reference to the “pronounced peaks and valleys” involved in social development for individuals with ASD, entry into adolescence is frequently viewed as a deep and arduous valley. Amidst the inherent hormonal chaos, rapidly shifting emotions, and pressure for proficiency in adaptive skills, adolescents with ASD frequently show a spike in awareness of their interpersonal difficulties and struggles in “keeping up” with peers. The convergence of these factors, among others, predisposes adolescents with ASD to low self-esteem, traditional and relational bullying, anxiety, depression, and other co-occurring disorders (Gjevik et al., 2011). Consequently, implementing proactive strategies and closely monitoring adjustment and mental health is necessitated.

Maintaining purposeful but open dialogue about the range of impending social and personal challenges instills generalizable, understandable, empowering, and self-advocacy that becomes crucial as continued development unfolds (White, Keonig, & Scailth, 2007). Adolescent engagement in psychoeducation and interventions may be best achieved through use of approaches that cater to the age-related or person-specific interests; examples may include use of video modeling through clips from popular television programs and role-playing realistic scenarios while inserting humor or maintaining a light-hearted tone (Bellini, 2008). Transition into late adolescence entails an ultimate push for prerequisite skills in independence, requiring a multifaceted approach that secures buy-in from the adolescent at hand.

Although it would be a disservice to overlook the changes in service eligibility at adolescence, peer expectations that constitute an inevitable component of the hurdle into adulthood, these changes afford the opportunity to lay the foundation for self-motivated assistance and independent decision-making. Coaching and modeling to delineate goals for higher education, career development, and living arrangements sets the stage for successful attainment. From a practical, yet often overlooked, aspect, shifting concerns around both physical and interpersonal safety must be directly addressed. Research has suggested that independently functioning adults are prone to experience a greater range of difficulties, since they often receive substantially less support (Gehman, Kay, Orenski, & Laugeson, 2012). Identifying relevant forms of assistance and resources, which may range from services provided by the state Office of Developmental Disabilities to participation in an ASD network, to ongoing therapeutic involvement, is especially salient.

Despite the variation across individuals and developmental stages when it comes to social findings, expectations, and interventions, a successful and broadly applicable multifaceted approach may be discerned. Early efforts to establish a tight system of specialized supports and care providers create an enduring framework for progress. In addition, much-needed interventions aimed at building self-awareness require conjunctive strategies for promoting self-confidence and coping skills. Although, the one-size-fits-all “instruction manual” for growing up with ASD has yet to be created. How- ever, it would unquestionably emphasize the role of unique strengths and careful balance of developmental commonalities with individualized flexibility. Social navigation for individuals with ASD is an ongoing process riddled with innumerable bumps in the road, but navigating the journey becomes much less daunting with a reliable map in-hand.

see Developmental on page 32
The Importance of Socialization for Individuals with Autism Spectrum Disorders

By Zvi S. Weisstuch, MD, MA
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Autism spectrum disorders (ASD) are defined by three main components/deficits. These are deficits in Communication (receptive/expressive speech and language delay), Behaviors (aka self-stimulatory behaviors or stimming) and Socialization. Communication: these individuals have difficulty with receptive and/or expressive language and speech and this is the reason that approximately 95% of individuals with an ASD initially present for an evaluation. Behaviors, aka self-stimulatory behaviors: these behaviors can be any behaviors that are bizarre in nature and can be quite varied. These behaviors may be, and are, frequently seen in typical (non-autistic) children as well but are usually not perseverative or repetitive in nature. The third component, and the most difficult to overcome, is socialization. There are two main presentations of the social component of autism. The first is the typical autistic presentation. These are individuals that do not want and avoid social contact, become anxious and agitated in social situations and will frequently tantrum when social demands are placed on them, or on the contrary will exhibit a complete lack of interest and disconnect from their surroundings. The second presentation is what I call “the mayor.” These are individuals who want social contact, want friends and to socialize, want to belong and to integrate into society but do not know how to achieve doing so. They have great difficulty with social reciprocity, in understanding and responding to social cues and will frequently mis-perceive and misunderstand social situations and circumstances which leads to great frustration. In addition, if the individual’s speech/language delay is severe and their processing speed is slow, this further hinders their ability to socialize appropriately since they cannot verbalize themselves and others will frequently lack the patience or understanding to wait for them to do so. Individuals on the autism spectrum frequently have a very poor “theory of mind” and therefore have great difficulty understanding that others may think differently than they do. They tend to be very concrete and have great difficulty with abstract thought. They frequently see the world as black and white with no shades of grey.

To overcome their social difficulties, regardless of where the child is on the autism spectrum, it is highly recommended that behavioral modification and social interaction be heavily integrated into the child’s life as early as possible and that the social piece be integrated into any and all behavioral plans. This is a dynamic and developmental process and needs to be maintained throughout the child’s life, taking into consideration where the child is physically, cognitively, emotionally and socially. As the child progresses through childhood into adolescence, the social demands and issues will change dramatically and so should the social interaction of the individual. The social intervention should also change in accordance. Play dates, after-school activities with other children and social skills groups are highly recommended to address these issues. The younger the child is when the social piece is addressed and the more pro-active the parent is in addressing the social difficulty, the greater the positive impact will be on the child’s life and this will carry over into adolescence and into adulthood.

When treating autism and autism spectrum disorders, no matter what modality or approach is used, a solid and dynamic social component should and must be integrated and implemented into the plan. This is crucial for the individual to meet their full potential, develop appropriate, nurturing and positive relationships and with the ultimate goal of the individual leading an independent, productive and happy life.

Zvi S. Weisstuch, MD, MA is an Assistant Professor of Child and Adolescent Psychiatry and Pediatrics Affiliated with the Mount Sinai School of Medicine and Mount Sinai Medical Center, New York, NY. He can be reached at tripleboardmd@gmail.com
Humor is Important to Your Child’s Social Development

By Jennifer Jacobs, MS, CCC-SLP and Laurie Jacobs, MS, CCC-SLP

Social Skill Builder

Humor is important for children because being able to tell jokes and laugh with others helps them interact and make friends. Unfortunately, children diagnosed with autism spectrum disorder (ASD) tell significantly fewer jokes than their typical peers. Not being able to understand humor or inspire laughter in others can negatively affect the development of peer relationships and social participation. In children with ASD, this could lead to a further deterioration of social skills and interpersonal relationships.

Studies have found that using jokes or teaching humor and laughter to children diagnosed with autism can improve social skills and relationships with peers (Ders & Nezzle, 2001; Martin & Yip, 2006). Children with autism and special needs, particularly those with social or communication delays, may need more direct instruction in the skill of joke telling and the understanding of idioms. Because children may not make the connections needed to sometimes understand the abstract language that can make a joke funny, it is important to use visual tools and concrete examples to demonstrate how jokes and idioms are constructed.

Jennifer Jacobs, MS, CCC-SLP

Video modeling is a great way to target social awareness and understanding. Years of research support its effectiveness and ease of use in therapeutic settings for children with ASD. By watching videos of appropriate interactions of age related peers, children are able to highlight and dissect each social scenario before engaging with peers. Social Skill Builder’s My School Day CD and My School Day App use videomodeling to teach understanding of the differences between laughing AT someone versus laughing WITH someone. This is an important distinction to make for children, because they both have such different social intents and meanings. Children who cannot understand the differences may increase their chances of being teased and bullied because they are unable to avoid those types of situations or interactions.

Laurie Jacobs, MA, CCC-SLP

Building a More Inclusive Community, One Person at a Time

By Stephen Katz

Autism Advocate

Since I was very young, I had a fascination with people who had Autism. Although in some ways they seemed different than me, in others there were a lot of similarities. Later as an adult, it was suggested that I might have a lot in common with people who have Asperger’s Syndrome. So, one Wednesday evening back in 2009, I attended a support group for “Aspies;” a term many people with Asperger’s Syndrome call themselves. I also learned that people who do not have Asperger’s or Autism are sometimes referred to as “NT’s” (Neurotypicals). Unfortunately, at the time my work hours (in the autism field, of course) didn’t allow me to attend more of these meetings. Luckily, a year later my schedule changed and I was finally able to attend these Aspie groups on a more regular basis.

At these meetings, I met Jon Anderson, who would become one of my best friends. He, along with Dr. Irmi (now another best friend), had started a separate program called the Autistics Career Development Group. This program allowed people on the spectrum the opportunity to get together twice a month to go over their resumes and discuss job interview techniques and strategies on how to find a job and on how to keep a job once they were hired for it.

Stephen Katz

After about a year, I was asked to co-ordinate the Autistics Career Development Group. At the time, I was in the middle of a career change myself, and the timing couldn’t have been more perfect. Soon after that, we realized that our members were much more interested in socializing than in talking about resumes and getting a job. In response to this, we changed the focus of our groups to address social issues, working on skills that lead to success in all areas of life and changed our name to Aspies for Success. More recently, we changed the name again to Aspies for Social Success.

Without the opportunity to socialize, there are fewer opportunities to take in culture. So, in 2013, we added cultural events to our schedule, including trips to The Metropolitan Museum of Art (with a private tour and a specialized art project for our group) and the Museum of Modern Art, plus visits to restaurants, trying different cultural cuisines.

We continue to expand with more social groups. Now, in 2014, we have a new support group based on the 70’s style Rap Sessions with smaller group sizes (no more than 20 members). It is somewhat less structured, with each session starting with a theme rather than a specific topic.

Not forgetting the roots of our organization, I have been reaching out to employers and talking about the advantages of hiring someone with Asperger’s Syndrome.

Advantages of Hiring Someone with Asperger’s Syndrome

Individuals with Asperger’s Syndrome (AS) often have average to above average intelligence. They tend to possess excellent abstract thinking abilities and rote memory skills. One characteristic unique to AS is an intense interest in one or two subjects, to the exclusion of all others. Many times, individuals with AS are respected for their unusual abilities, and due to their extensive knowledge of certain topics or activities may be regarded as “eccentric.” The individual’s single-minded pursuit of his or her interest can lead to great achievements later on in academic and professional life.

Some specific areas in which individuals with AS tend to excel include, but are not limited to:

• Mathematics
• Computer science, from technical support to Machine Learning and everything in between
• Physical sciences, for example engineering of all types and architecture
• Special aptitudes with visual spatial skills as well as great attention to detail make for incredible artists

I am writing this article on the heels of a huge success at one such employer. Quirky is a company that turns invention ideas into real consumer products. We had 15 members show up for a tour of Quirky’s facilities (very impressive), a presentation of what the company does, what types of jobs they offer and who they hire. They have agreed to specifically hire people on
Why Breaking Up with Siri is Necessary for Those with Autism

By Michael J. Cameron, PhD, BCBA-D
Chief Clinical Officer
Pacific Child and Family Associates

Friendships are a tricky thing. They come and go – sometimes at rapid speeds and sometimes it takes decades. They come in many different forms – some are light and airy, while others are strong enough to profoundly change your life. They can be both positive and unfortunately, negative – while making you laugh to the point of tears, to making you crumble to tears of sadness or pain. However, no matter what magnitude, friendships are an important part of every individual’s life and at every stage in life. Friendships and relationships help you better understand what you believe in and who you are, and they allow you to develop important societal skills, such as compassion, communication, acceptance, trust, and forgiveness.

For an individual with autism, friendships are hard. Allowing new people into their lives is scary. Opening up to others is a challenge. Being able to relate with others is hard for them to make the connection. While this may be true, what we must not forget is that friendships are just as important to these individuals as they are to those without autism spectrum disorder (ASD).

I work for a company, Pacific Child & Family Associates, where we work with kids and teens with ASD and other developmental disabilities. Some of the areas we work on developing are behavior, speech and language, physical therapy, and occupational therapy. While working with these great souls for many years, I’ve always understood the challenges when it comes to developing and maintaining friendships. However, lately, I have witnessed a new form of friendships evolving, but it isn’t with other individuals, it is with interactive technology, such as the iPhone’s Siri.

While at an event for Pacific Child & Family Associates, I witnessed one teen with ASD having an animated conversation on his cell phone. I thought, “Wow, what a great friendship he has built that is making him so happy.” When he hung up, I asked him about his friend. Before he could respond, his mother shared that her son was talking to Siri. “He talks to it about 10 times a day and has no real friends,” she said. The teen immediately became quiet and reclusive, averting his gaze and crouching on the floor.

While I frequently encounter situations such as this when the individual with ASD becomes uncomfortable, and perhaps, embarrassed, the situation really struck a chord with me. In communicating with a technology device, a person with ASD has easily found a way to avoid any person-to-person communication or contact, but still feels a connection. Being “fondle” of “friend,” but it comes with a social price. In doing so, they are losing the opportunity for real life interaction and skill building. The more a person with ASD interacts with technology, the more likely they will be to build barriers to real life conversations and become dependent upon their fabricated “friend.”

“Don’t walk behind me; I may not lead. Don’t walk in front of me; I may not follow. Just walk beside me and be my friend.” – Albert Camus

The recent connection with Siri or other interactive technology and the loss of societal development that these individuals are placing upon themselves has led us to develop a membership group to give individuals with autism the opportunity to form real friendships. We have called it the Sans Siri Society. By identifying common interests and ages of members, we facilitate a few monitored phone calls among participants. Then, we allow them to interact on their own, whether over phone conversations, texts, social media, or in person. Connecting members has not only increased opportunities for societal development, but has allowed individuals to flourish in the many positive aspects of a friendship. They are in this together, and are not alone.

With our efforts at Pacific Child & Family Associates and understanding of the setbacks of such interactive technology from parents and caregivers of those with ASD, it is my hope that we help our loved ones enjoy the benefits of real life.

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Jewish Child Care Association (JCCA) is a comprehensive child and family services agency. We work with those who need us most, including children who have been neglected or abused, immigrant Jewish families, and those building new lives. Most of our clients come to us because they struggle with poverty or family crises, and because they are working to create an independent future. JCCA helps more than 16,000 children and families every year and is consistently rated at the highest levels for the quality of our programs. In all our work, we are motivated by tikkan olam, the value within Jewish tradition that calls upon all of us to repair the world, and by our belief that every child deserves to grow up hopeful.

Elise Hahn Felix, LCSW, is Coordinator of the Bridges Program at Jewish Child Care Association’s Compass Project. For more information, please visit http://jccany.org/compass or email felixe@jccany.org.
Three Ways You Can Help Your Child Date Smarter and Feel Less Frustrated

By Jeremy R. Hamburgh, Esq.
Founder
Hitchcraft Dating

My former client beckoned me over to his table as I sat down for dinner with professor Stephen Shore, who had been a guest at my class. Before I could say, “great to see you,” my former client grabbed the hand of the young lady next to him, held it up high, and proudly showed off the engagement ring she was wearing.

My former client was no shoe-in for relationship success. He struggled with speech problems, motor skills and lack of self-confidence. Nevertheless, he forayed into the dating world. First, he started attending singles events but was too shy to approach strangers. Then, he signed up for an online dating site but did not know how to use it effectively. In short, he was long on frustration and short on progress.

So how did my former client end up engaged?

With the help of his support network, he focused his sights on a strategy of creating friendships that he could transition into romantic relationships. As a dating coach, workshop leader and blogger specializing in singles on the spectrum, I am privileged to collect success stories in the autism dating world and I am happy to report that there are countless people, like my former client, who found their special someone using the same strategy. So, what follows is a roadmap to help you leverage the same strategy for your son or daughter.

Jeremy R. Hamburgh, Esq.

start with your son’s or daughter’s interests

At a recent ASPEN conference, Dr. Temple Grandin told a story about how a young couple with autism fell in love. In one respect, the couple was like any other: they shared a passion around which they bonded. Beyond having autism, what justified including this story in a keynote speech?

Their common interest wasn’t traveling the globe or trying new restaurants or running in the park. They bonded over computer data storage systems.

“Find your child’s interests,” said Professor Shore. “Then find others with that same interest and use that as a point of connection. For example, I made many friends via my interest in bicycles. I joined bicycling clubs and went on rides.”

Uncovering your child’s interest may require a little more than simply asking. I have met with many clients who, when asked about their interests, list anime, video games, science fiction, computers and not much else. I agree with Dr. Grandin that those passions are non-starters because they are solitary passions. Luckily, in my experience, when presented with a long list of social activities many clients express a surprising willingness to expand their horizons.

You should be prepared to help your child begin the process of finding social pursuits. There are a host of Internet resources – my favorite being Meetup.com – that list local social events and specific interest groups. You will be surprised at the diversity of meet-ups in your area.

Start Friendships Online and Move Them Offline

For all the downsides of the social media, there is a certain beauty to it for people on the spectrum. For one thing, it is a tool for two people with esoteric interests to find each other. For another, it requires less proficiency in the “hidden curriculum” of interpersonal interaction than meeting strangers offline.

The key to effectively using social media is to focus on making friends that can transition into an off-line friendship.

One woman who shared her story with my readers at Hitchcraft Dating met her husband on Facebook. They shared a mutual friend and she was touched by a comment her now-husband left on her friend’s Facebook wall. She sent him an email and they progressed from there. Another woman who shared her story with my readers met her boyfriend on reddit.com (what that means is still a mystery to me).

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References


Green Goods from page 12

use in the manufacturing of new products. After the sequestration budget cuts of 2013, the federal government is no longer tracking the jobs in the Green Goods and Services industry. However, the U.S. Department of Labor publishes the Occupational Outlook Handbook, on an annual basis, which provides the reader with a myriad of the data on job trends, specific educational and training requirements for different types of jobs, and the median income for specific job titles. One can look at the jobs in the recycling industry as a whole to get a benchmark for jobs in the e-waste industry. Materials handlers in this field will have the least number of educational requirements. Consequently, their median income will be the lowest of the three tiers of employees in this industry. In 2010, materials movers in the traditional re-cycling industry had a median income of $23,570 (U.S. Bureau of Labor Statistics, 2014a). This is an annual wage across the country and across employers. Half of the individuals will make below the median and half will make above that amount. This figure could be a living wage for some single individuals in certain parts of the country. De-manufacturers of disassembled equipment are the critical second stage of the e-waste process. Although the BLS does not track this job title specifically, it does track comparable jobs referred to as assemblers or fabricators. This classification of jobs had a median income of $28,580 in 2012 (U.S. Bureau of Labor Statistics, 2014b). De-manufacturers’ wages may fall between this benchmark and that of computer and office machine repair technicians’ whose median income was $38,310 in 2013 (U.S. Bureau of Labor Statistics, 2014c). Auditors in the e-waste industry will have the highest level of educational and training requirements. Their educational and training requirements may range from a postsecondary vocational certificate to an associate degree. With this type of educational requirement the compensation is significantly higher than a materials handler in this field. Again, BLS does not specifically tracker auditors in this field, but they do report the median income of Electro-mechanics which have similar responsibilities to auditors. Their median income was $51,820 in 2012 (U.S. Bureau of Labor Statistics, 2014d).

e-Works™ Electronic Services Incorporated (ESI) is one of the nation’s leading e-waste companies. This not for profit organization provides jobs to people with autism and other developmental disabilities. New York Institute of Technology Vocational Independence Program (VIP) is proud to announce its partnership with e-Works™ ESI. The two organizations are developing a certificate program for the Vocational Independence Program students in the areas of computer and electronics auditing, de-manufacturing, and parts handling. The certificate programs are scheduled to launch fall 2014.

Working in the Green Goods and Services industry provides individuals on the autism spectrum with meaningful jobs that pay a living wage. Simultaneously, these individuals provide society with a badly needed service through the safe and responsible handling of e-waste. The potential for employment of individuals on the autism spectrum in this industry is great.

Ernst VanBergeijk is the Associate Dean and Executive Director, at New York Institute of Technology Vocational Independence Program (VIP). The Vocational Independence Program is a U.S. Department of Education approved Comprehensive Transition and Postsecondary (CTP) program. nyit.edu/vip. Dr. VanBergeijk also administers Introduction to Independence (I to I), a seven week summer college pre-view program for students ages 16 and up.

References


Addressing the Lack of Attention Given to Autism and Mental Health Services in the South Asian Community

By Veera Mookerjee, PhD
Founder and Director Resolveera

As the South Asian community is growing in the United States, so is the focus on the community's needs and concerns, with mental health being one of the major needs. Such needs often go unspoken due to social taboos and heteromorphism. There is a need to address these issues related to developmental disabilities, especially in multicultural groups like the South Asian community. The South Asian immigrant group is often grouped together with Asians and Pacific Islanders. South Asians are people from India, Pakistan, Bangladesh, Nepal, Sri Lanka, Afghanistan, Maldives and Bhutan. They are recognized as a model minority and often parents have extremely high educational and professional expectations of their children. While the community holds its superstitious ideas about developmental disabilities, many try to justify that developmental disabilities, especially Autism Spectrum Disorders (ASD), are non-existent.

According to the Centers for Disease Control and Prevention (CDC), "In 2010, 370,011 children 6 through 21 years of age and 49,251 children 3 through 5 years of age were served under the ‘autism’ classification for special education services," and recently, "about 1 in 68 children has been identified with Autism Spectrum Disorder" (www.cdc.gov) based on the IDEA database. However, not all children get special education services and furthermore, IDEA data raises questions based on the way these numbers are categorized. The question is, do these numbers represent the children who went for an evaluation, got a diagnosis or are the ones actually enrolled in services? Also races are grouped together when IDEA presents the statistical data by races and by the states. South Asians and other Asian races are listed under one category, though they have significant differences in cultural ethnicities and languages. Thus, there is no segregated data on South Asian children with ASD and the kind of services that are available. Researchers (Dyches, Wilder, Sudweeks, Obiakor & Algozzine, 2004) agree that “there is a dearth of quality work on multicultural issues regarding [ASD].” Dyches et al., questioned how ethnicity and race affects family adaptations towards raising a child with autism. Using the Resiliency Model, these researchers focused on the social support of multicultural families that aide in raising a child with autism. Dyches et al., in 2004 recommended that “…students with multicultural backgrounds and autism are challenged on at least four dimensions: communication, social skills, behavioral regulation, and culture. Further research in these areas is clearly warranted.” Similar recommendations were made by the author at the conclusion of her doctoral research in 2012. The author used contemporary Social Capital Theory to analyze the social support families get that aids their response to raising their autistic child, especially during the transition years during their young adulthood. The author had conducted research as a doctoral candidate in Yeshiva University’s Wurzweiler School of Social Work, New York. The research focused on the transitional challenges faced by parents and care givers of young adults with autism. Participating parents were asked to review the time they first heard their child’s diagnosis and compare the experiences with their current response to the transition stage.

South Asian participants of the study stated that they faced significant problems at the initial stages of their child’s diagnosis as they did not know what Autism is and its impact on their lives. They shared that they had never heard about ASD in their home countries. Additionally, cultural, traditional, and parental barriers exacerbated the challenge for the parents; that is, it was very difficult for these parents to understand the diagnosis and prognosis.

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is the result of a very high-level meta-cognitive understanding of one's social behavior. We feel embarrassed because we recognize that another person thinks our actions are inappropriate, or incompetent, or otherwise flawed. We know that we have made a social mistake. We have read the minds of the other people in the room and feel their disapproval. For children with Autism Spectrum Disorder, that concept may be foreign. Clinically, we can start to ask them that question - and we can also start to tell our own stories, to help the development of this higher-level emotion for children with any learning profile. Even Superheroes make mistakes. One unifying fact about embarrassment is that it teaches us a lesson. When you talk about your own feelings, talk about what you learned. The most formative lessons on cultural norms come from our errors. Embrace your mistakes, embrace your embarrassment, and share your perspective with your kids. In doing so, you can do your part as a clinician to give your students superpowers.

Lucas Steaber, MA-T, MS SLP/CF wrote this article in collaboration with other contributors. For more information, please email lucas@portlandlanguagecraft.com.

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Inclusive from page 22

the Autism Spectrum with accommodations, especially when it comes to the specific social skills it takes to interview for a job there, and to keep it. I am also working with two other potential employers, Specialisterne and Ultra Testing, that specialize in only hiring individuals on the spectrum. I hope to find the same success again.

One of our biggest goals is to create a more inclusive community; one that accepts not only individuals diagnosed with Asperger’s or another Autism Spectrum Disorder, but also accepts those individuals without a diagnosis who, for any reason, have difficulty with social communication, sensory processing or executive function (e.g. Non-Verbal Learning Disability and Social Anxiety). I think that it is also extremely important to recognize that these issues do not occur in a vacuum, and that we must accept that individuals in our community may have co-morbid conditions. Vive la difference!

Reaching Beyond Neurodiversity

Inspired by Dr. Irmi, we are planning a special event where we will be inviting people of all cultures and races to discuss the issues of living in a neurodiverse world, and on how to transcend all borders and barriers in building a more inclusive community.

Looking to the future, we are working towards non-profit status so that we can participate in fundraising and offer our community even more. Perhaps someday we will have a brick and mortar community center where people on the autism spectrum can go for support and for engagement in social and cultural groups and events. As an organization and a community, we will continue to be a work in progress.

Stephen Katz facilitates a variety of support, social and cultural groups for adults with Asperger’s Syndrome, including those who are on the autism spectrum or have difficulty with social communication. In the past, this included the GRASP Manhattan support in New York City. He has also worked on a variety of projects for GRASP including, “Persons on the Autism Spectrum in Their Communities of Faith,” a ground breaking semi-modern moderated by GRASP founder Michael John Carley. Additionally, Stephen’s background includes training with the Miracle Project, the musical theatre arts program for special needs kids, as seen in the HBO Documentary, “Autism the Musical.” He has co-led socialization groups for 16-21 year olds with a variety of special needs, including those on the high functioning end of the autism spectrum and those with varied communication and learning differences at The Manhattan JCC. Stephen was also employed by YAI/NIPD, where he worked with individuals of all ages and abilities in their homes, creating and implementing teaching strategies that increased language and improved academic, vocational and life skills, helping them lead more independent and productive lives.

Previously, Stephen has worked in advertising, marketing and finance. He is also an artist who has studied at the prestigious Art Students League and Parsons School of Design. His education also includes a Certificate in Human Resource management from New York University and a certificate in Learning Theory and Applied Behavior Analysis from The New York League of Early Learning (NYL) with additional classroom and hands on training and experience in Verbal Behavior, DVR/Flourtime and Son Rise. For more information, please contact Stephen at Steveck42@aol.com.
The Social World of Work

By Yvona Fast, MLS
Author and Advocate

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relationships with colleagues and bosses are often the biggest area of struggle for those on the autism spectrum. We live in a society where success is not based on merit, skill or dedication, but on sociability. Usually social and behavioral issues, rather than lack of technical skills, derail careers. Most employers explain that social skills are vital for good work performance. Most spectrum individuals work well independently, but if they need to work with people they may have problems getting along. They may never be Mr. Mixer or Miss Popularity, but they need to acquire basic social skills. Instead, many attempt to compensate for their social ineptness with intellectual ability, because learning to interact with others takes great effort and doesn’t come naturally.

As one climbs up the career ladder, social rules become ever more elusive. Those who are unaware of these subtleties won’t be promoted, no matter how good their work is. Some people regarding as flaved, too weird, not one of the club. Even though they may be very qualified and perform exceptionally well, coworkers may not tolerate their idiosyncrasies and antisocial behavior. Despite excellent skills and experience, those on the autism spectrum often find themselves passed over in favor of a competitor with better social awareness who got “in” with the managers.

In the United States there is a lack of services for young adults who age out of school. In addition, when it comes to multicultural groups like South Asians, we hardly find appropriate supportive services. There is a disconnect between the professionals and the clients due to socio-cultural aspects and often a language barrier. Very little research has been done focusing on South Asian culture and issues related to autism and mental health. Also, there are several South Asian professionals who are both culturally and linguistically competent service providers but when one needs them they cannot be located. Hence, many families voluntarily decide to refuse services as they cannot connect with the service providers; those who do enroll are often left with inadequate services. Without a proper understanding of their autistic child’s needs, these parents find it hard to navigate the State Office of Developmental Disabilities and Department of Education. Additionally, they are unable to make better decisions for their children. This adds on to the unspoken mental health needs of the children and their parents/caregivers. Due to socio-cultural experiences, such families do not share their concerns and often live in taboos and continue feeding superstitions. They hesitate to speak up and seek help. This lack of seeking help is misunderstood by service providers as a lack of concern for their child. In the worst case scenarios, these parents are reported to child protection services as child abuse.

In South Asian families, it is important that professionals be aware of cultural competency and provide language support as many clients are limited English proficient (LEP). These families bring along diverse family and cultural values that impact their adaptation to autism and mental health services that are offered. Proper disclosure of the diagnosis requires the correct terminology. As, for many parents, this is the first time they would hear about autism, as in many South Asian countries this developmental disorder lacks an official recognition. Recently in 2011, Autism Speaks and the Government of Bangladesh launched a South Asian Autism network “to identify common challenges...and to form partnerships to develop solutions to meet the needs of South Asian families and individuals” (www.autismspeaks.org). However, it is still a long road to the network’s goal.

In the United States there is a lack of services for young adults who age out of school. In addition, when it comes to multicultural groups like South Asians, we hardly find appropriate supportive services. There is a disconnect between the professionals and the clients due to socio-cultural aspects and often a language barrier. Very little research has been done focusing on South Asian culture and issues related to autism and mental health. Also, there are several South Asian professionals who are both culturally and linguistically competent service providers but when one needs them they cannot be located. Hence, many families voluntarily decide to refuse services as they cannot connect with the service providers; those who do enroll are often left with inadequate services. Without a proper understanding of their autistic child’s needs, these parents find it hard to navigate the State Office of Developmental Disabilities and Department of Education. Additionally, they are unable to make better decisions for their children. This adds on to the unspoken mental health needs of the children and their parents/caregivers. Due to socio-cultural experiences, such families do not share their concerns and often live in taboos and continue feeding superstitions. They hesitate to speak up and seek help. This lack of seeking help is misunderstood by service providers as a lack of concern for their child. In the worst case scenarios, these parents are reported to child protection services as parents neglecting the needs of their child with special needs. Based on more than a decade’s experience of working with multicultural parents and professionals in child welfare services, the author believes that such chaos is created due to lack of knowledge and education of parents, and the professionals, lack cultural and linguistic competency.

As an initiative to help South Asian parents who have a child diagnosed with developmental disabilities, especially autism, the author has started a movement cum an organization called Resolveera (www.resolveera.org). One of the primary focuses of this organization is to educate and empower South Asian parents in the United States, and to provide training to direct service professionals to connect with their clientele with better cultural competency.

Resolveera also aims at developing a database of South Asian professionals so that when agencies or families need such a professional they know where to seek help. The author believes that through Resolveera, collaborations can be made with educational institutions for future research to understand the mental health needs of South Asians with autism, and the development of needs-based services. Additionally, potential service providers can be trained through internships to be more aware of the needs of their clients and parents. The Aspie’s tendency towards black and white thinking also needs to be explained.

Many on the autism spectrum have difficulty looking at people’s faces or understanding humor and figurative speech. They may only need to work alone or be self-isolated during break times, or may engage in self-stimulatory behavior, such as hand flapping or rocking, to cope with environmental anxiety. These differences may lead not only to misinterpretation of their intentions and abilities, but also to many forms of abuse and workplace bullying.

NTs often withhold their feelings and opinions, preferring small talk. While NTs may consider this polite and considerate, the spectrumite often sees it as manipulation of their friendship, as talking about others behind their back. If an Aspie has something to say, he will often do so without considering the person’s feelings, but giving him/her an opportunity for counter argument. The NT, however, regards this as blunt, disrespectful, or arrogant. This is why those on the spectrum may see NTs as behaving illogically. They don’t say what they mean, and aren’t attuned to details. In turn, NTs see spectrum folk as odd and not fitting into the corporate organization.

These issues create problems with interpersonal boundaries. Setting boundaries is a matter of not allowing people to enter your space, and can be quite difficult. Aspies need to clearly state their boundaries with others’ space. It requires continual awareness of what is appropriate for you and what you want, as well as understanding others’ expectations, and respect for their wishes.

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explained to them by the professionals. As a domino effect, these parents were unable to explain the diagnosis to their family and friends. Thus very limited support was gained. These are parents who had migrated in the 1970s and 1980s when internet was still a budding area; most of the knowledge about autism was purely based on several books available in the libraries and information transmitted on television. Comparing their situation today, they still believe that though the approach may be a lack of concern for their child. In the worst case scenarios, these parents are reported to child protection services as child abuse.

To summarize, the goal of the author’s initiative is to address the autism and mental health services collaborate and bring in expertise to a common platform to address the unspoken needs of a rapidly growing South Asian community in the United States of America.

For additional information please contact Veera Mookerjee, PhD, at veera@resolveera.org, 734-786-4042 or visit www.resolveera.org.

References


Yvona Fast, MLS

By Jeff Stimpson, Journalist

Social service agencies have a good reason to read on my 16-year-old son Alex. Somewhere in the photocopied, ink-smeared line of one of his service plans, for instance, is the line, “Alex Stimpson doesn’t have a best friend.”

Alex does make connections. He does ask for his little brother Ned, for his daddy and mommy, for Aunt Julie and for grandpa’s lake house. In that house, Alex excels at most of his loved ones in one convenient corral and then go back to the iPad until it’s time for his drive to Michaels.

We headed to the lake house last July Fourth. Ned brought a friend to go swimming in the lake; also canoeing in the lake and tipping over the canoe followed by more swimming in the lake. Aunt Julie brought a friend, Carl. Carl comes for many Independence Days. Ned also likes Carl very much as Carl lives in the South and usually brings explosives.

Alex notices fireworks. This year, though, he seemed edgy, refusing to sit on the rough wood dock and continuing to tug me and my wife Jill back to the house. In the glow of Carl’s explosives, Alex’s face is sharp and attentive; his eyes catch the sparkles and bursts against the summer night sky. Later, I’ll post a photo of Alex on Twitter. Still later I’ll realize that we forgot to make Alex’s hot dogs for dinner at the lake house and he was probably just hungry and cranky – and he never told us.

In the picture, he looks like an otherwise neurotypical teen who just happens to rarely speak sentences. You need sentences to get by in this world. You need sentences to make friends.

“Autistic individuals typically have problems interacting in normal social environments. This leads some parents and professionals to think that they are naturally antisocial,” reads the abstract of “Six Principles of Autism Information” (www.mhnews-autism.org) by James Williams, a Chicago-area writer with high-functioning autism.

I wouldn’t call Alex antisocial. More like social awkwardly. I’m always a bit embarrassed to speak someone’s name more when he’s not with that person, as if disregarding whoever he’s with and already looking forward to the next, different person he’ll see. “Aunt Julie!” he says on a Wednesday night. “See Aunt Julie!”

“We can’t see Aunt Julie tonight, Alex. Maybe this weekend.”

“Tomorrow Aunt Julie.”

When school’s out, he often speaks the names of classmates, usually preceded by “Bye bye!” or “Have a good weekend!” “Bye, Ju-ann. Bye, Elenor.” he says over a video of kids and a school bus; his finger touches the picture of the boy boarding the bus. “Bye, Elenor.” Alex sometimes turns a spin on the word as if to say, There. I took care of that.

Is this part of Alex truly having friends? Part of him arranging classmates in his own way he lines up little plastic animals and figures on all the furniture? Or just part of his general unraveling during school breaks?

When neighbors’ kids in our apartment building drop by to see Ned, Alex stays nearby, bobbing and weaving to some song on his iPad. If one of the visitors is a girl and it’s around Alex’s bath time, I nonchalantly position myself near the bathroom door to make sure Alex doesn’t fling it open stark naked (not generally a way to initiate friendships).

Much of his behavior does acknowledge that he lives in a world with people. If something goes wrong in our home – a spat, a stubbed toe – Alex lunges forward to put your arm (sometimes a little hard) and pat and pat and say, “I’m sorry” even when the mishap isn’t his fault. He names his plastic figures after friends and family. (I’m a hunky green post-apocalyptic action figure. Ned’s a boy ion a straw hat, holding a pole and a fish. Jill is a princess with a low-cut gown.)

If Jill asks Alex to dance and share his music, he will, for a moment, then pick up his iPad and wordlessly disappear into his bedroom. All for interacting, he seems to say, to a limit.

“Non-autistic people often forget how complex social skills are, and how long it takes to learn them,” reads a friendship primer on the site Autism Helps (www.autism-help.org/communication-autism-making-friends.htm). Skills to make friends include knowing how to enter into other children’s activities or how to welcome other children into games or activities.

Friendship from page 17

proves especially challenging. Factoring in that children with ASD also often experience elevated rates of peer exclusion and bullying (van Roekel, Scholte, & Didden, 2007), against the negative effects of which friendship can serve as an important buffer, children with ASD appear to be in the midst of a “perfect storm” for negative outcomes as the result of a lack of reciprocal friendships. Indeed, although children with ASD almost universally endorse desiring friendship, the vast majority of their friendships are unilateral (e.g., Bauminger & Kasari, 2000). Given that individuals with ASD tend to demonstrate more concrete thinking in their social relationships (Bauminger & Kasari, 2000), individuals with ASD may be more likely to rely on societal “rules,” rather than the fluid, in-the-moment reciprocal exchange of affective sharing. Research on friendships among children with ASD indicates that, among those who do have friends, their friend interactions are often lower in terms of shared topics and emotional feelings (Bauminger et al., 2008), including lower rates of affective sharing. Importantly, however, affective sharing appears to play a comparable role among friendships of children with ASD, although it appears overall to a lesser degree (Bauminger-Zviely & Agam Ben-Artzi, 2014), suggesting that friendships among children with ASD are based on similar processes as among TD individuals.

If friendships among individuals with ASD operate through similar processes, where then lie the differences? Two main theories of ASD appear to map most clearly onto the abilities implicated in affective sharing; social cognition theory and social motivation theory. Per social cognition theory, individuals with ASD struggle to recognize the emotional states of others as well as to take on their perspectives, which results in difficulty with social relationships. The implications of difficulties with social cognition and with perspective taking for formation of reciprocal friendship in general, as well as for affective sharing, are readily apparent. Difficulty recognizing and comprehending the emotional states and perspective of others would hinder participation in the subtle interchange involved in affective sharing. However, findings relating to the abilities of individuals with ASD in this domain are not consistent. While some studies indicate that individuals with ASD struggle with emotion recognition tasks, others indicate that these difficulties are largely task specific and age dependent, and point to the 8-12 age range as a period of relative ability in this domain (e.g., Capps, Sigman, & Yirmiya, 1995). Similarly, while individuals with ASD have been found to struggle with perspective-taking tasks, differences are markedly more pronounced in vivo settings, rather than laboratory-based studies (Izuma, Matsumoto, Camerer, & Adolphs 2014).

Social motivation theory posits that individuals with ASD experience social interaction as less intrinsically rewarding than do TD individuals (Chevalier, Kohls, Troiani, Brodkin, & Schultz, 2007). Some research suggests that individuals with ASD show markers of these challenges as early as infancy (Osterling & Dawson, 1994). This line of research suggests that they may simply experience social relationships as less rewarding. With regards to friendship, this would seem to indicate that individuals with ASD are less desirous of friendship and, for those who manage to form friendship, the exchange of positive affect may be limited. Consistent with this for TD individuals. This stands in contrast, however, to the fact that the vast majority of individuals with ASD do report wanting friends (Bauminger & Kasari, 2000). Additionally, the elevated rates of depression and anxiety among individuals with ASD (Strang et al., 2012) suggest that they may suffer the negative psychosocial implications when faced with a lack of reciprocal friendship, in contrast to the implications of social motivation theory.

Key Differences and Inconsistencies

So where do these inconsistencies leave us in our attempt to understand why individuals with ASD may experience difficulty forming reciprocal friendships? A consideration of the Social Information Processing Speed (SIPS) presents a potential common thread. Social Information Processing Speed is the rate at (or efficiency by) which individuals are able to perceive and comprehend social information, which can include gaze, gestures, body posture, verbalizations, and vocal intonation. Results from across both eye tracking and various types of brain imaging studies consistently suggest that individuals with ASD may simply process social information more slowly than do TD individuals (e.g., Lerner, McPartland, & Morris, 2013; McPartland et al., 2011; Senju 2013). This could explain inconsistency in performance on emotion recognition and perspective taking tasks across task-type and lab vs. “real world” settings. Relative success on lab-related tasks may be attributable to the relative straightforwardness (or simplicity) of information presented facilitating faster processing: the difference, for example, between indicating whether a photo image represents “happy” or “sad” and running into an old friend in a coffee shop. A SIPS-based deficit suggests this difference may be due to the burden of processing the additional wealth of information provided in a “real world” setting. Thus, a slower rate of SIPS would explain the challenges implicated in social cognition theory as due not to a lack knowledge of correct emotions or others’ perspectives, but to difficulty doing so with sufficient speed or efficiency. This would also seem to explain why individuals with ASD may appear to find social relationships less rewarding; they may not process social information with sufficient speed or efficiency to “catch” the subtle, rewarding moments as they occur. For example, a SIPS-based deficit would indicate that infants with ASD often appear far more oblivious to the positive social overtures of adults because they simply do not process the information with sufficient speed to react.
percent for recognizing and coping with their emotions, 28 percent for job readiness, 26 percent for executive functioning and 24 percent for communication and social skills. The self-reported estimates from the participants came in at 7 percent, 2 percent, 10 percent and 8 percent, respectively. The overall statistics for improvement in all areas of functioning were 25 percent according to staff observations and 6 percent by the family participants. It was during the second trimester of the study, when more emphasis was given to developing vocational skills, that job readiness began to show real improvement, from the participant's perspective. All areas exhibited growth, and the overall growth perceived by both the observers and the participants was much more in agreement. Both groups estimated an overall improvement of 5 percent in the period from three-six months.

Participants saw their ability to deal with their emotions as having improved to 10 percent, job readiness grew to 9 percent, executive functioning was perceived as rising to 17 percent and their communications and social skills were at be at 13 percent. Staff observers showed higher numbers in their evaluations: 39 percent for emotional control, 36 percent for job readiness, 42 percent in executive functioning, while communications and social skills were estimated at 33 percent.

The steady growth continued as the support group moved from the sixth to the ninth month of the study, with the greatest strides being made in vocational and coping skills. In job readiness, staff observers perceived an impressive 13 percent increase. Participants also felt substantial improvement, estimating their growth at 8 percent during the third trimester. Overall growth in vocational skills since the beginning of the study was estimated by staff observers to be an improvement of 47 percent. Participants' self-reports indicated that they felt a 26 percent increase during the same period.

The ability to recognize and cope with one's own emotions got a solid 42 percent improvement estimate after nine months, according to staff observers. That is an increase of 6 percent since the six-month evaluations. However, self-reports from the participants indicated that they found even greater improvement in themselves, turning in a finding of 8 percent growth since the sixth month and an overall improvement of 24 percent since the program began. In the third trimester, all remaining areas of functioning improved, with the degree of growth being about the same according to both staff observers and self-reporting participants. All agreed that improvement developed at a slower pace than in the areas of personal and social skills, as seen by staff observers, grew an overall 33 percent since the program's start, and self-reports indicated 19 percent growth. Executive functioning showed the most overall growth during the nine-month period, estimated at 50 percent by staff and 37 percent by participants.

Following completion of the nine-month study, further information and perspective was gained by asking the participants and their families to evaluate their perception of improvement, if any, in multiple skill areas. Open-ended questions enabled those being polled to expand on changes and growth they noticed over the course of the program.

Improvements in socialization and communication skills, such as recognizing social cues, were considered to be the most helpful and significant elements in the program. This includes an appreciation of the opportunities presented for the ability to socialize and be around other individuals with Asperger's syndrome. The use of mock interviews in the program was also mentioned favorably. Sixty-five percent of family members and 35 percent of the program's kids reported an improvement in their overall perception of skills as having the most significant value.

Finally, progress on participants' goals via service plans revealed some goal attainment after three months of participation (39 percent), and accomplishment of goals increased to 73 percent after six months. Participants who remained in the program for at least nine months accomplished, on average, 72 percent of their goals (note that more than half of these participants had evidenced one or more of their service plans over their tenure).

The findings from this first year suggest that the continuation of cognitive behavioral skills training and alternative strategies improved secondary education. In some cases, post-secondary education) promotes significant improvement in executive functioning, self-regulation, social skills and job readiness skills.

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Recess from page 4

- support children’s social communicative behaviors and conversations with peers
- create opportunities to facilitate reciprocal social interaction
- help children sustain engagement within an activity/game with peers
- coach children through difficult situations they should arise
- provide direct instruction on specific social engagement skills
- individualize the intervention to specific children to ensure the applicability of the intervention to multiple children
- work with typically developing peers to engage children with autism
- fade out of an activity/game to foster children’s independence.

We designed the study with our school partners to minimize: 1) the burden on participating school personnel; and 2) the interruption to regular school activities. The majority of study activities take place with participating children and staff during unstructured times such as recess or lunch periods, usually outside of the classroom. Participating school staff members are receiving 12-16 consultation sessions (approximately 30-45 minutes each session distributed over three months); sessions are tailored to meet the individual needs of the target student and the policies and characteristics of the school. All activities are built around children’s strengths and embedded into children’s daily activities, in the setting where staff are already working. For example, if we are working with a student who enjoys running, we coach school personnel to select age-appropriate activities that involve running (e.g., variations of tag, Red Light/ Green Light, relay race, Steal the Bacon, etc.), set boundaries and rules to provide structure, and work with peers to provide encouragement and sustain engagement. If we are working with a student who has a repetitive interest (e.g., Mario, Spongebob, trains, etc.), we coach school personnel to facilitate non-traditional games that involve those interests such as character-themed obstacle courses or fantasy/pretend games. This randomized controlled wait list design study is currently underway and our hypothesized outcomes are based on our previous studies in which study personnel implemented Remaking Recess (Kasari et al., 2012; Kretzmann et al., 2014).

Thus, our two main outcome measures are peer playground engagement and social network inclusion. Based on these previous studies, we will examine whether children with ASD spend less time alone and more time engaged in a joint activity or game with a peer following intervention, and whether children with ASD will be increasingly included in social networks. We will examine social networks using maps as seen in Figures 1 and 2 below. Anecdotal reports from our research team suggest that, with consultation, school personnel can improve peer engagement by facilitating opportunities for children with ASD to join activities such as games and subsequently removing themselves from those activities. In addition, our research team reports that involving peers to engage children with ASD in an activity is more effective and meaningful than having the adult engage the child. Although we do not yet know the results of our current study, one thing is clear: schools need novel and easy-to-implement intervention strategies to give children with autism the opportunity to have rich social experiences - experiences that are frequent and natural for typically developing children and necessary for an enriching and positive school experience.

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References


Figure 1. Above is a depiction of a classroom social network administered prior to intervention, at Time 1. All names have been changed to protect our participants’ confidentiality. Each line represents a connection between children. Joe is the target student with ASD. He was nominated by his classmates zero times during the pre-intervention survey. Therefore, he was classified as an “isolate” (he was not included in a group).

Figure 2. After the intervention, at Time 2, Joe was nominated to a group six times by classmates, belonged to a group with a status of eight (the number among the web) suggesting he improved his social network inclusion over time. He was classified as “secondary” indicating that he was well connected and salient in the classroom.
Practice, practice, practice and often leave children with ASD confused by these complex statements.

Belong from page 8 that would make them more likely to want to speak with me. They’d then see I was interested in getting to know them and doing things they liked.

When I meet people for the first time, I now know to start a conversation by bringing up something I know we have in common instead of introducing myself right off the bat. For instance, if I were to meet someone in class I’d say, “So, have you heard anything about this professor?”. Instead of “Hello I’m Emily, nice to meet you!” because doing so could come off as aggressive, over-eager, and weird. No, when I go out with friends, I ask them how they spent their day, what they’ve been up to, and if they have plans for the week-end. I ask these things because they are safe questions that show I actually care, and they can lead to deeper friendships in which we can talk about our hopes, dreams, and fears.

Improvements to my social life aren’t the only ones I’ve made over the years thanks to the Asperger’s Skill Building Network (ASBN); I’ve also improved in my work life.

Through ASBN, I learned that even though I didn’t think clothes were important, most everyone else did, and since I wanted a job, it’d be in my best interest to dress well. I also learned that waiting around to be given work because I’d run out of things to do was wasn’t OK; I looked lazy not working. Learning these things helped me realize I hadn’t been a very good worker, and that if I wanted a job I had to change myself. The world wasn’t going to change for me.

Now a days I’m putting both the social and working skills I’ve learned to use as an intern for ASBN. I get to work in the environment I was once a participant in. As an intern, I do clerical work, research media that can be used with the curriculum, and assist in group when needed. Sometimes, participants even come to me, the prior social leper, for social advice!

Most importantly, I’m also able, in an accepting environment where I don’t feel threatened, to work on improving bad habits that could get me laid off or fired in the future. Thus, not only do I now know the importance of calling in when I’ll be late, dressing well, keeping busy, and not arguing with my boss over criticism, but I have the chance to implement what I’ve learned.

Humor from page 22 something that can hurt someone’s feelings.

Teach idioms: Gradually expose your child to idioms and explain their meaning. Use tools such as videos or flashcards to help them develop a better understanding of these complex statements.

Train your child to seek clarification when they are confused: Idioms are ambiguous and often leave children with ASD confused or accepting the statement as fact yet denying the possibility.

Practice, practice, practice: For children with autism, humor is an ever evolving and developing skill. Have fun developing your child’s sense of humor; a family that laughs together, has less stress and grows together in amazing ways.

Making an effort to add humor to daily activities and give them the opportunity to recognize the funny in the every day will allow him or her to practice and develop a more sophisticated sense of humor in time. As children get older, the ability to see and understand humor is increasingly important. Children with a sense of humor are better liked by their peers, and have more friends, higher self-esteem, and a more positive outlook on life. Perhaps most importantly, they can be more tolerant of others, and are better equipped to handle situations at school and the inevitable teasing and bullying that often accompanies childhood.

References


Work from page 26 Spectrums often lack social intuition. They’re unable to perceive and understand nonverbal cues. Combined with their literal mindset, this means that they may not understand their boss’ or colleague’s expectations and desires. If they’re around people for any length of time, they will slip up and cross an invisible (to them) boundary, causing offense. They’ll probably never know what it was they did or said that turned the other person off. While friends may in time come to understand this behavior isn’t intentional, and will accept this person, this rarely happens at work.

Spectrum individuals can build skills to use at work and interact with colleagues, though it may be exhausting. Honesty, integrity, kindness, high professional standards and strong value of competence are characteristics of folks that spectrums manage best with. But, in our dog-eat-dog world, these qualities are rare.

While relationships with NTs will probably continue to be exhausting and frustrating for the average individual on the spectrum, it’s important not to give up, as you can improve with practice. Here are some tips:

- Smile, and try to maintain a positive outlook. People are attracted to those who exude happiness, who seem relaxed rather than uptight, and who have a sense of self.

- Before going out to places where you’ll have to interact with others, take a few minutes to visualize yourself being in their company. List what makes you a good friend. Imagine a beautiful bubble in the room and everyone in it, including you, happy and relaxed. Picture the others there as happy and open to you.

- Some people simply won’t like you. That’s OK. But sometimes, you’ll meet someone who wants to talk with you. Be pleasant, but try not to overwhelm him or her. Let the other person guide the conversation. Focus on the other person, not yourself.

- Try to be nice to people whether you like them or not.

- Ask family and friends to point out inappropriate social conduct and discuss ways to effect change.

- At professional conferences, avoid milling around before meetings. Visit new venues early to become familiar with the setup.

- Scripting and rehearsal of social situations can help. Memorize a script to use when introducing yourself, but remember to adapt it to each situation.

- Try to notice what is going on with others. What are they working on? Pick up on a comment they made. Follow up with brief, positive comments about them and their experiences. If they answer and walk away, keep a smile on your face. Save face for others who may be watching.

- To cultivate friendships at work, begin by smiling and saying Hello.

- Look for clues (like pictures) on the person’s desk or cube that indicate their interests, and ask questions about them – but be careful not to invade their space by handling objects.

- Talk about work issues that you share, like, “do you have any of those green forms?” Bring in some cookies or flowers for everyone to share.

- Try to avoid environments that make you anxious, and remind yourself that every situation is new.

- Be aware of the personal space of others and learn not to invade it.

Because of the neurological nature of these disorders, the degree and type of impairment varies greatly. Although some people on the spectrum are limited in their adaptability or their ability to interact with people, other spectrums possess unique qualities and skills that are valued in the workplace, are professional and functional, and succeed in their chosen careers.

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is facilitating sociability. Their parents and their teachers indicate that the products of the projects – storytelling by the high school students themselves with mobile computing filming technologies – increase the conversational social skills of most of them. The intervention of the undergraduates in this particular program is indicating that they have increased the potential of students with autism spectrum disorders to navigate the perceived rough social terrain of a high school setting (Bambara, 2014).

The projects are held in classrooms and computer laboratories for 3 hours each Tuesday and Friday for 14 weeks of a semester, in the spring semester, at the university. Once completed, the storytelling projects are played and presented during the final week by the high school students, though they are helped by the undergraduate students. Those at the presentations include the parents of the students and the Middle/High School principal and staff.

The high school students are chosen for the program by the Middle/High School principal and staff with the consent of parents. The engagement in learning at a leading metropolitan university is a highly marketable proposition to the parents. The undergraduates are in the program as a requirement of the university, and they are chosen and matched as mentors by the high school staff and the instructor based on the compatibility of similar interests of the high school and undergraduate students.

The projects highlight the hopes and interests of the high school students, including employment possibilities, not as individuals with disabilities, but as people with meaningful potential in society.

Meet People from page 19

In summary, it’s important to find sites and activities that focus on special interests. This allows one to meet others who share the same interests with, hopefully, the same amount of passion, enough to form a connection. Also, if attending an event in person for the first time, to ease anxiety, it may be more comfortable to invite a trusted friend or family member for moral support.

The world is a big place. There are many people out there; they are more accessible now than ever before and in good enough variety so those with Aspgerger’s can find friends much more readily than ever before. Further internet and transportation advances should only make this easier. Happy networking :)
 Marriage from page 15

activities into her life that make her happy.

7. Creating a Relationship Schedule

An online and/or paper calendar is an important tool for any marriage or relationship. Due to the executive functioning and social-emotional reciprocity problems that adults with ASD have, keeping a calendar is even more crucial in an ASD marriage. A relationship schedule can include times for conversation, sex, shared leisure activities, exercise, and meditation/prayer in order to create closeness and connection.

8. Meeting Each Other’s Sexual Needs

Adults with ASD tend to either want a lot of sexual activity or too little. Scheduling sex to accommodate the needs of both the spouses can help regulate a couple’s sex-life. Some individuals with ASD can be very robotic and unemotional in bed or they struggle with enjoying sex due to their sensory sensitivities. It is helpful for the NS partner to communicate their sexual-emotional needs verbally, in a clear and detailed manner. It is important for the partner with ASD to understand that their partner’s sexual needs are different than their own, and that they need to work at maintaining a daily emotional connection—both inside and outside the bedroom.

9. Bridging Parallel Play

An ASD partner can go days, weeks, or even months engrossed in their own special interest, without spending time with their NS partner, leaving their partner feeling abandoned and lonely. In an ASD marriage, I call this “parallel play.” Many NS spouses tell us that the common hobbies and activities that brought them together whilst dating abruptly stop after marriage. This is in part due to the ASD partner’s challenges in initiation, reciprocity, planning and organizing. Scheduling play time together—long walks, boat rides, hikes, and travel—can help bridge the parallel play gap.

10. Coping with Sensory Overload and Stress

A core ASD feature is sensory sensitivity. A person’s senses may be either hypersensitive (overly sensitive) or hyposensitive (with low or diminished sensitivity). For some people with ASD, a caress of the skin can feel like burning fire or a hard prick by a pin. This can be very disturbing and ineffective. Developing strategies to avoid meltdowns triggered by sensory overload is important. Individuals with ASD can also be more susceptible to stress than their non-autistic counterparts. Planning time to decompress, exercise and relax during stressful periods is crucial.

11. Developing Theory of Mind (TOM)

Individuals with ASD tend to have weak TOM, meaning they have trouble understanding and predicting a person’s thought-feeling state. They can often not to realize that another person’s thoughts, feelings, and intentions are separate from their own. Weak TOM leads to individuals with ASD to unintentionally say and do things in a relationship that can come across as insensitive and hurtful. Over time, the NS spouse has difficulty bouncing back from the hurt feelings, pain, and suffering caused by their partner’s insensitivity resulting in depression. The ASD partner can develop their TOM by bringing their awareness to this trait and how it causes hurt feelings.

12. Improving Communication

Since ASD is characterized as a social-communication disability, the importance of communication cannot be stressed enough. Individuals with ASD have difficulties in being able to pick up and interpret facial cues, vocal intonations, and body language, and hence miss out on a significant amount of information. In some cases, the partner with ASD has great difficulty initiating conversations and keeping them flowing, or they can monopolize conversations which can leave the NS spouse feeling unloved by her ASD partner’s lack of attention and expression. Clear, direct verbal or written expression along with creating conversation structures around communication can be useful.

13. Co-Parenting Strategies

Individuals with ASD can be very good parents when it comes to concrete tasks such as helping the children with their homework, teaching them new skills, playing with them, and taking them on outdoor adventures. When it comes to meeting their children’s emotional needs, they might need some coaching and cues from their NS partner. When needed, working with a parenting coach could also prove valuable.

14. Managing Expectations and Sustaining Judgment

Adjusting expectations based on one’s partner’s ability, capacity and neurology is important for both the NS and the ASD partner. Working hard to improve the marriage with the various tools listed here can bring about real change and make the marriage more comfortable and rewarding for both partners. It is important to note that change and growth can be a slow and sometimes stressful process for some couple or individual wanting to work on their marriage. Both partners have to make the daily effort to do things differently than they did before.

Couple’s Counseling for ASD Marriage

Many couples report that working with a couple’s counselor who is not experienced in adult ASD can often harm rather than help the ASD marriage. A skilled ASD couple’s counselor can facilitate communication and help the couple problem-solve around the various ASD traits. Both spouses can gain valuable information about ASD and change their own behavior to create value from their relationship.

“If you’ve met one person with Asperger Syndrome, you’ve met one person with Asperger Syndrome.” -Stephen Shore

While the issues and challenges that some couples in an ASD marriage face can seem similar, it is important to remember that every individual with ASD is different, and each marriage unique. Each couple has to problem-solve their marital challenges unique to their situation and needs. As in any happy marriage, self-awareness, compassion, respect, and trust are key practices.

The excerpts above are from the full article, which may be found at www.evemendes.com. Eva Mendes, LMHC, NCC is a couple’s counselor in private practice specializing in Asperger Syndrome and Autism Spectrum Disorders. She may be reached at 617-669-3040, evemendes2911@gmail.com or www.evemendes.com.

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References


Date Smarter from page 24

If those two options are too daunting or too public, there are also online autism bulletin boards on which fellow spectrumites can share experiences and connect with one another. Some of my clients report feeling less judged in those communities than in unregulated social media, which boost their willingness to reach out to like-minded strangers.

Your child should always keep in mind that online friends should be vetted before meeting in person.

Increase His or Her Exposure to Mixed Disability Groups

Lynette Louise, author of Miracles Are

Made, is the mother of a married son who is on the spectrum. She says, two people with autism may be a “recipe for intense and immediate connection or revulsion.” However, people on the spectrum may “do well within their own constellation of friends.”

Though I share her opinion, it is not always welcomed by parents. Recently, for example, a mother contacted me because her son’s struggles with social skills contributed to his consistent dating failures. She became irate as I explained that my strategy would be to broaden her son’s search beyond neurotypical women. She demanded to know why I thought her college-educated son was incapable of dating “normal” women.

He is not, of course, incapable of dating “normal” women. The world is replete with couples in which only one partner is on the spectrum. More often, however, singles on the spectrum are rejected by neurotypical potential partners, which contributes to a cycle of frustration and hopelessness. Experiencing small victories goes a long way toward breaking that cycle.

I want your child to develop friendships with potential partners who are complementary, understanding, and supportive. For that reason, I am an unabashed fan of developing friendships with people in different special needs communities.

If your child is a member of an autism-only organization, encourage its leaders to host events with other special needs groups. If that is not an option, consider organizing a regular social gathering for local singles with varying special needs. In sum, there are an infinite number of paths two people can take to go from strangers to partners, and the most prevalent in the autism community appears to be friendship first. So, support your child in his or her friendship development and counsel him or her on transitioning the most promising ones into something more. And then spread the word that finding love on the spectrum is eminently possible.

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A consideration of SIPS as a potential underlying point of deficit for individuals with ASD opens up a range of new avenues for both understanding and treatment. This SIPS-based model suggests how the challenges involved in perceiving the social world among children with ASD “scale up” to yield some of the difficulties they experience in making the transition from acquaintance, to casual friend, to deep connection. More excitingly, it suggests that individuals with ASD who have relatively “faster” SIPS may more easily achieve such connections, and provides a potential avenue for impacting basic processes to help them to do so. If SIPS does prove to play the central role we hypothesize, effective interventions may be well served to consider focusing on helping individuals with ASD increase basic processes such as SIPS (e.g. Lerner et al., 2011; 2012) rather than (or in addition to) teaching social rules. Doing so may increase the benefits of these interventions not only for friendship-making, but also for access to social relationships more broadly. Current and recent research we are conducting is designed to explore precisely these implications, thereby enriching understanding of friendship development in ASD.

Summary and Conclusions

Friendship serves a wide range of important functions among TD boys aged 8-12, and appears largely contingent on the ability to engage in affective sharing (Newcomb & Bagwell, 1995). Individuals with ASD may reasonably be expected to struggle with affective sharing due to difficulty with both social motivation and social cognition that may be driven by a slower rate of SIPS. Research studies and interventions that focus on SIPS may present an exciting new avenue for understanding, encouraging, and fostering reciprocal friendship among boys with ASD, and helping them to derive the benefits thereof.

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Free Support Group For Families of Adults with Asperger’s Syndrome and High Functioning Autism

The focus of the support group is to assist families in understanding the complex issues related to their adult child impaired with Asperger’s Syndrome or High Functioning Autism. At many of our meetings, we have speakers address various topics of importance related to these syndromes.

For more information, visit our website www.FAAHFA.com or contact the facilitators:

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Socialization and Life Skills Group For Asperger’s Syndrome and High Functioning Autistic Adults

Focused on: Employment and Vocational Issues, College Coaching and Supports, Socialization, Self-Advocacy, Dating, and Relationships

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development requires a multi-component process, such as the “3-D model” (Asher, Gordon, Selbst, and Cooperberg, 2010). This model includes Discussing the steps to implement a skill, Demonstrating the skill for the child, and having the child Do the skill.

Performance deficits are addressed by increasing a child’s motivation to perform a desirable social skill. This is done through the use of a consequence-based intervention, which are responses that occur following the appropriate social skills. For example, positive reinforcement may include providing behavior specific praise (e.g., “I like the way you do this”). Children who perform a skill correctly can expect to receive a tangible reward (e.g., a small prize). Additionally, a child who appropriately initiates a conversation may receive the natural consequence of learning new information or making a new friend. A child may also receive a logical consequence, such as gaining access to a preferred activity that is closely related to the use of a desired social skill (e.g., complying with instructions to turn off the video game before dinner earns time to play the video game after dinner). As children with ASD often have a combination of skill and performance deficits, social skills training typically includes both prompting and generalization and enhancing performance skills.

An additional, and equally important, aim of social skills training is facilitating the generalization and maintenance of social skills. Social skills interventions often result in children exhibiting pro-social behaviors in a specific place (e.g., an office) for a limited period of time. The major challenge of social skills training is assisting children to consistently use their newly learned skills across different settings, with different people, and at different times (Gresham, 1998).

Social Skills Training in a Clinical Setting

Successful social skills training requires comprehensive intervention that includes skills training, increasing motivation, and generalization of skills to the real-world setting (Gresham, 1998). In clinical practice, these needs are met through the combination of group and/or individual therapy, communication with parents, and consultation with teachers. Specific treatment recommendations should be tailored to each child’s needs.

Social skills groups are a common intervention for children with ASD because they provide a forum for children to learn and practice specific social-behavioral skills within peer groups in a controlled setting (Ozonoff, Dawson, and McPartland, 2002). While social skills curricula may vary, it is essential that programming be based on evidence-based strategies (e.g., Elias and Butler, 2005; McGinnis & Goldenstern, 1997). Specific skills should be targeted each week and sessions should include discussions, skills demonstrations, and role plays during which feedback is provided. Adapted from previously published social skills groups, curriculum groups at our practice include modules on emotion identification, empathy training, conversation and play skills, affect management, and social problem solving. The groups are one hour per session and occur once a week for 8-12 weeks, based on the local school schedules. Groups are comprised of four to eight children and are run by a licensed psychologist with extensive experience and training in social skills instruction and ASD.

While conducting social skills training within a group setting is most ideal for initial skill acquisition, our clinical experience suggests that this is not always possible. Some children may not yet possess the prerequisite language skills and/or behavioral abilities to gain full benefits from the group format. Logistically, other children may not be available to attend groups at the required time, and utilize pro-social behavior in their daily lives. By addressing skill deficits, performance deficits, and generalization difficulties, treatment can help children develop critical skills in order to navigate the social world with more ease and success.

Dr. Flanbaum, Dr. Cooperberg, and Dr. Panter are licensed psychologists at Behavior Therapy Associates in Somerset, New Jersey. They provide a variety of services for children and adolescents with ASD and related disorders, including individual and group therapy, school-based consultation, and training workshops for professionals. For more information, see www.BehaviorTherapists.com. Correspondence may be directed to: Dr.Flanbaum@gmail.com.

References


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He struggled to understand why a person would lie about his or her identity and try to have a relationship with the woman he “met” online. Individuals with ASD are often unaware of the inappropriate behaviors displayed by others. This gives children, especially those with ASD, an important opportunity to work together to explore reactions and behaviors in different situations.

When modeling social skills to adolescents and young adults with ASD, utilizing media is a helpful tool to identify patterns of communication, interpersonal interactions and non-verbal communication. Many television shows, movies and media outlets demonstrate both appropriate and inappropriate ways to relate to friends, engage in relationships and behave in a job setting. Creating a platform for adolescents and young adults with ASD to dialogue about these observations is a fun and effective tool in teaching and modeling social skills.

Carolyn Melcer, LCSW is Clinical Social Worker and Program Facilitator of Outpatient Services for People with Developmental Disabilities at Westchester Jewish Community Services. She can be contacted by emailing cmelcer@wjcs.com or 914-949-7699 x 467. For more information about the programs at WJCS, please visit www.wjcs.com.

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