Assessing Social Communication in Asperger Syndrome

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How do we define A.S.?

Diagnostic criteria systems
- Diagnostic and Statistical Manual of Mental Disorders (DSM)
- International Classification of Disease (ICD)
- Gillberg’s Criteria
A. Qualitative impairment in social interaction as manifested by at least 2 of the following:

Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction

failure to develop peer relationships appropriate to developmental level
a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people
a lack of social or emotional reciprocity
B. Restricted repetitive and stereotyped patterns of behavior, interests and activities, as manifested by at least 1 of the following:

- encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal in intensity or focus

- apparently inflexible adherence to specific nonfunctional routines or rituals
- stereotyped and repetitive motor mannerisms
- persistent preoccupation with parts or objects

C. The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning
D. There is no clinically significant general delay in language

There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than social interactions), and curiosity about the environment in childhood.

Criteria are not met for another specific Pervasive Development Disorder or Schizophrenia.

International Classification of Disease (ICD 10)
A. There is no clinically significant general delay in spoken or receptive language or
cognitive development. Diagnosis requires
that single words should have been
developed by 2 years of age or earlier and
that communicative phrases be used by 3
years of age or earlier. Self-help skills,
adaptive behavior and curiosity about the
environment during the first 3 years should
be at a level consistent with normal
intellectual development. However, motor
milestones may be somewhat delayed and
motor clumsiness is usual (although not a
necessary diagnostic feature). Isolated
special skills, often related to abnormal
preoccupations are common, but not

B. Qualitative impairment in
reciprocal social interaction are
manifest in at least two of the
following areas:

- failure to adequately use eye-to-
eye gaze, facial expression, body
posture, and gesture to regulate
social interaction

- failure to develop (in a manner
appropriate to M.A. and despite
ample opportunities) peer
relationships that involve mutual
sharing of interests, activities and
emotion

- lack of spontaneous seeking to
share enjoyment, interests, or
achievements with other people
(e.g. lack of showing, bringing or
pointing out to others)
C. The individual exhibits an unusually intense, circumscribed interest or restricted, repetitive and stereotyped patterns of behavior, interests and activities manifest in at least one of the following:

- an encompassing preoccupation with stereotyped restricted patterns of interest that are abnormal in content or focus; or 1 or more interests that are abnormal in their intensity and circumscribed nature though not in the content or focus
- apparently compulsive adherence to specific, non-functional routines or rituals

- stereotyped and repetitive motor mannerisms that involve either hand/finger flapping or twisting, or complex whole body movements
- preoccupations with part-objects or non-functional elements of play materials (such as the color, the feel of their surface, or the noise/vibration they generate)
D. The disorder is not attributable to the other varieties of pervasive developmental disorder:

- simple schizophrenia
- schizo-typal disorder
- obsessive-compulsive disorder
- anankastic personality disorder
- reactive and disinhibited attachment disorders of childhood

Gillberg’s Criteria
(I. Gillberg and C. Gillberg, 1989; C. Gillberg, 2002)

Social impairment with extreme egocentricity

- inability to interact with peers
- poor appreciation of social cues
- inappropriate social and emotional responses
Limited interests and preoccupations

- more rote than meaning
- exclusive of other interests
- repetitive adherence

imposed on self
imposed on others

Speech and language

- delayed early development possible
- superficially perfect expressive language
- odd prosody
- impaired comprehension especially with literal and implied meanings
Nonverbal communication problems

- limited use of gestures
- clumsy body language
- inappropriate facial expression
- difficulty with physical proximity

Motor clumsiness

- may not always be seen

Classification Systems

- DSM-IV TR
- ICD-10
- Gillberg’s Criteria
Assessing Social Communication

Educational & Clinical Models

purpose
A.S. is medical not educational dx
validity of testing tools
Qualifying for E.S.E. Placement

E.S.E. label qualify services based on educational standards not standardized testing

IDEA 2004

Significant changes will have a positive impact on students presenting with Asperger Syndrome

Impact #1

Schools may not focus predominantly or exclusively on academics in their evaluations but must consider all areas of the child’s functioning at school (614(c)(1))
Impact #2

The requirement to assess developmental and functional performance requires consideration of the effect of learning problems, e.g., reading, writing, and math learning disabilities, based on functional impact, regardless of response to intervention or discrepancy scores.

(614(c)(1)(B)(i), (ii))

Impact #3

Evaluations must be provided in the language and form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally.

(615(b)(3)(A)(ii))

Be aware

formal tools don’t truly assess the communication deficits seen in ASD


structured conversation does not provide the needed information to identify soc-prag deficits

Communication Assessment

- nonverbal communication
- non-literal language
- speech prosody
- social-pragmatic communication

Communication assessment should stress the following:

- nonverbal communication areas:
  - eye gaze
  - gestures

- non-literal areas:
  - metaphor
  - irony
  - absurdity
  - humor

- speech prosody areas:
  - melody
  - volume (loudness)
  - stress
  - pitch
social-pragmatic communication areas:
  - turn-taking
  - cues & prompts
  - social-conversational rules
  - conversational coherence

Pragmatic Language Assessment Tools

Tools Appropriate for Pre-School Ages
Halliday’s Functions of Language


uses 7 categories to assess pragmatics

communication may function as:

interpersonal: intention to interact with others

textual: utterance is based on previous utterance

ideational/experiential: an attempt to express meaning

Pre-verbal Communication Schedule


The Schedule is aimed mainly at assessing existing non-verbal and vocal communication skills and other abilities which may be relevant in program development

Acronym: PVCS

The Pragmatics Profile of Early Communication Skills


provides a structured set of questions to be asked of parents, caregivers, etc.

targets:

communicative intentions

response to communication

interaction and conversation

contextual variation
Communicative Intention Inventory


provides a method of analyzing conversational data composed of 8 intentional categories appropriate for any age group.

EcoScales


provides a model for evaluating the interactive and communication skills of pre-conversational children and their caregivers designed for both program planning and progress monitoring as well as for determining the child's performance.

5 levels of interactive development and delays are considered identifies disorders, not in terms of linguistic performance alone, but in terms of interaction skills and their role in fostering communication.

Pragmatics Observation List


explores the level of adequacy demonstrated by children's pragmatic functioning.
Bristol Language Development Scales


provides a comprehensive approach to the assessment of language production by children aids in the planning of appropriate therapy

Social Interactive Coding System


procedure for structuring observation of the communicative interactions of children in a naturalistic setting coding is based on: initiations, responses, repetitions, and ignoring.

Other strategies:

Guidelines for the assessment of communication intent


Transactional approach to early language


Systematic method for observing pragmatic behaviors

Tools Appropriate for Grades K-12 and Adults

Conversational Effectiveness Profile- Revised

- comprised of 3 domains
- social interaction
- social communication
- social emotional regulation

Social Pragmatic Success for Asperger Syndrome and Other Related Disorders

- Chap. 1: What to expect
- Chap. 2: Why do they act that way?
- Chap. 3: Using the CEP-R
- Chap. 4: Writing goals
- Chap. 5: 100 treatment techniques
Dore’s Conversational Acts
K. Stickler, 1987

used to assess the function behind an utterance

comprised of 3 parts based on the message’s

meaning
syntax
speaker’s intent

Dore’s Conversational Acts:

Requests

Statements that request information, action, or acknowledgment from another individual

yes-no questions
Wh-questions
clarification
requests for action or permission
rhetorical questions
responses

Dore’s Conversational Acts:

Responses

Statements that request information, action, or acknowledgment from another individual

yes-no questions
Wh-questions
clarification
compliance
qualification
repetition
Dore's Conversational Acts:

**Descriptions**

statements that provide factual information about the past and present such as:
- identifications
- properties
- events
- locations
- times

Dore's Conversational Acts:

**Statements**

comments that are used for:
- rules
- evaluations
- attributions
- explanations
- facts
- definitions

Dore's Conversational Acts:

**Acknowledgments**

comments that recognize and evaluate responses such as:
- acceptances
- approval/agreements
- disapproval/disagreements
- conversational returns
Dore's Conversational Acts:

**Organizational Devices**

comments that regulate contact and conversation such as:
- boundary markers
- calls
- speaker selections
- politeness markers
- accompaniments

Dore's Conversational Acts:

**Performatives**

comments that serve to accomplish their task:
- protests
- jokes
- claims
- warning
- teasing

Dore's Conversational Acts:

**Miscellaneous**

Utterances not classifiable elsewhere such as
- no responses
- unintelligible responses
- exclamations
Tough’s Functions of Language

J. Tough, 1977

defines the role language has in problem solving and thinking

identifies 4 major functions of language:
  - directive
  - interpretive
  - projective
  - relational

Tough’s Functions of Language:

Directive

ability to direct comments to self such as:
  - monitoring/verbalizing about his actions
  - describing and directing his actions toward a task
  - stating what he intends to do

ability to direct comments to others such as:
  - requested actions

Tough’s Functions of Language:

Interpretive

reporting on present and past experiences such as:
  - label
  - verbal detail
  - associate and compare against previous experiences
  - recognize incongruity in a situation
  - express a sequence of events

using reasoning such as:
  - recognizing cause-effect
  - recognizing social rules and principles
Tough's Functions of Language:

**Projective**

*ability to use prediction such as:*
- stating information in the future
- anticipating consequences
- determining possible alternatives
- stating possible cause-effects
- recognizing problems and predicting solutions

*ability to use empathy such as:*
- projecting into other’s experiences
- projecting into other’s feelings
- anticipating the reactions of others

*ability to use imagination such as:*
- renaming items by providing more specificity
- using imaginary play
- role playing

Tough's Functions of Language:

**Relational**

*ability to use self-maintenance skills to express:*
- current needs
- self-interest
- justifications
- criticism
- threats

*ability to use interactional skills such as:*
- emphasis
- other strategies for recognition
Fey’s Pragmatic Patterns
M. Fey, 1986

Active Conversationalists
- assertive and responsive
- interested in their conversational partner
- lend information to the conversation
- may need assistance in expansion techniques

Passive Conversationalists
- responsive to conversation but doesn’t add to it
- fails to provide new and/or relevant information
- need help in developing assertive acts
Fey's Pragmatic Patterns:

**Inactive Conversationalists**

- neither responsive or assertive
- typically socially isolated
- fail to participate in conversation
- need help in developing interactions

Fey's Pragmatic Patterns:

**Verbal Non-communicator**

- assertive but unresponsive to partner
- can initiate conversation
- dominates conversation without regard to partner’s needs/desires
- need help in understanding how their comment relates to current topic

Prutting Pragmatic Protocol

By C. Prutting, 1983

- used with children 5 years of age and older
- defines how language signifies conversational intent in social settings
Communicative Partner Profile
L. Anderson-Wood and B. Smith, 2000

checklist based on the following skills:
- facilitating relationships
- facilitating conversational interaction
- facilitating communication development
- non-facilitating strategies
- training for communicative partners

Muir’s Informal Assessment for Social- Communication
N. Muir, P. Tanner, and J. France, 1992

provides a quick overview of the social domain of language
uses a rating scale: 1 (severe) to 5 (normal)
geared more for psychiatric group treatment

Adolescent Pragmatics Screening Scale
A. Brice, 1992

can be used to identify pragmatic language deficits
provides a measure on 6 topical subtests and a composite total score
Halliday’s Functions of Language
J. Miller, 1992

uses 7 categories to assess pragmatics
communication may function as:
interpersonal: intention to interact with others
textual: utterance is based on previous utterance
ideational/experiential: an attempt to express meaning

Pragmatic Rating Scale
L. Andersen-Wood and B. Smith, 2000

designed to compare communication performance against others
non-standardized rating scale

Interaction Record
L. Anderson-Wood and B. Smith, 2000

provides for a transcription of communication interaction
provides for a visual demonstration of strengths and weaknesses
Misdiagnosis

Learning Activity
using a student of yours...

develop 2 goals that deal with social-pragmatic communication
determine treatment approaches to achieve your goals
there are few absolutes in goal development – it is more important that you support your decisions with sound reasoning

in one study of 32 students eventually identified as AS, 92% were provided other diagnoses or labels (Church, 2000)

labels provided by:
school/clinical psychologists
primary care physicians
psychiatrists
## Common Misdiagnoses

ADHD  
autism  
communication disorder  
learning disorder  
emotional handicap  
obssessive-compulsive disorder  
bipolar disorder  

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<td>Concomitant</td>
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<td>Response to Stimulants</td>
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<td>Nonverbal Skills</td>
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## HFA

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<td>Early</td>
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<td>Inconsistent</td>
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<td>Yes</td>
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<td>Restricted Interests</td>
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<td>Nonverbal Skills</td>
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<td>Yes</td>
<td>“The Look”</td>
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<td>Yes</td>
<td>Familial Tendency</td>
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<td>Rage</td>
<td>Random &amp; Shorter</td>
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### Clinical Comparison

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<tr>
<th>Disorder</th>
<th>IQ</th>
<th>Dx Age</th>
<th>Motor Praxis</th>
<th>Language Onset</th>
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<td>Asperger’s</td>
<td>Normal</td>
<td>&gt; 3 yrs.</td>
<td>Present*</td>
<td>Normal*</td>
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<td>Any Age</td>
<td>Agitation</td>
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<td><strong>Verbal Skills</strong></td>
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<td>High Interest</td>
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<td>Poor Abstract</td>
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<tr>
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<td>Limited</td>
<td>Poor Interest</td>
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<td>Bipolar</td>
<td>Normal</td>
<td>Reduced Semantics</td>
<td>Phase Specific</td>
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<td>&gt; Male</td>
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<tr>
<td>Childhood Disintegrative Disorder</td>
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<td>Poor Interest</td>
<td>Present</td>
<td>&gt; Male</td>
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<td>Anxiety</td>
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<td>Worries</td>
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<td>Normal</td>
<td>Normal</td>
<td>Irritable</td>
<td>Present</td>
<td>&gt; Female</td>
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Do they have AS?

- Hans Christian Andersen • Archimedes
- Dan Aykroyd • Béla Bártok • Ludwig van Beethoven • Tim Burton
- Lewis Carroll • Sir Arthur Conan Doyle • Marie Curie
- Charles Darwin • Albert Einstein • Bobby Fischer • Henry Ford
- Bill Gates • Charles de Gaulle • Stonewall Jackson
- Thomas Jefferson • James Joyce • Wassily Kandinsky
- Immanuel Kant • Andy Kaufman • Stanley Kubrick
- Charles Lindbergh • Courtney Love • Herman Melville
- Michelangelo • Field Marshal Bernard Montgomery
- Wolfgang Amadeus Mozart • Sir Isaac Newton • George Orwell
- Carl Sagan • Vernon L. Smith • Socrates • Jonathan Swift
- Nikola Tesla • Vincent van Gogh • Andy Warhol • Orson Welles

This, and more, can be found in my first book
Are You In The Zone?

Timothy P. Kowalski
Professional Communication Services, Inc.

Asperger Syndrome Explained

Timothy P. Kowalski
Professional Communication Services, Inc.

Social Pragmatic Success for Asperger Syndrome and Other Related Disorders

Timothy P. Kowalski
Professional Communication Services, Inc.
It is hoped that you...

learned something today that you didn’t know before
feel more confident and are more willing to work with Asperger’s Syndrome-ish type individuals
will try and make their chaotic world more sensible

Check out my sessions scheduled for tomorrow

Managing the Emotional Roller Coaster of Asperger: 8:00 a.m.
Are You in the Zone? Social Awareness for Asperger Syndrome: 10:30 a.m.
Enhancing Social Skills in Asperger Syndrome: 1:30 p.m.
Reading, Writing, and Rage: the 3 Rs of Asperger Syndrome: 3:30 p.m.

Thank you for coming.