Talking to teenagers with ASD

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Autism Spectrum Disorder (ASD) is a group of neurodevelopmental disorders affecting up to 1 in 160 Australians (Wray and Williams, 2007). Although the presenting symptoms change with maturation, they continue to be a major source of difficulty for many. Most students with an ASD find school challenging at some time or other. This can be the case no matter what the type of school; specialist or mainstream, primary or secondary. The continuing challenges of ASD (difficulties with communication and social skills, emotional and behavioural difficulties) combined with the added demands of secondary school indicate that these students will require ongoing support in this educational setting. At secondary school it is usually students with high functioning autism (HFA) and those with Asperger's Disorder (AD) both of whom who do not have an intellectual disability (ID), who are continuing in mainstream education. Difficulties may arise for these high functioning students with ASD because of:

- the social interaction required with teachers and students throughout the day and their response to these social and emotional demands
- the student's learning and thinking style and symptoms of ASD
- difficulties in managing stressful situations

- poor organizational skills
- poor peer social interaction
- insistence on sameness and special interests or obsessions
- other co morbid conditions (health, ID and mental health problems)
- difficulties in both understanding and using language

Before discussing how we can most effectively communicate with secondary school students with ASD, which is the topic of this factsheet, we need to consider how adolescents with ASD communicate with others.

Adolescents have ongoing communication difficulties that vary depending on diagnosis and level of intellectual ability. According to diagnostic criteria, children diagnosed with high functioning autism have a history of delayed and disordered language and severe deficits in socialization, and stereotyped, repetitive or ritualistic behaviours in the setting of at least average intellectual abilities (IQ>70). Those with AD do not have clinically significantly delayed language, but present with severe deficits in socialization, and stereotyped, repetitive or ritualistic behaviours and IQ>70.

Are ASD symptoms affecting how you and the teenagers are communicating?

Young people with high functioning ASD usually have quite a wide vocabulary and formal language skills are largely intact (Tager-Flusberg et al. 2005), particularly when assessed on a standardised language assessment. High functioning adolescents with ASD usually continue to have a number of problems with understanding and following the rules that govern how we speak with others and the complexities of language including:

• pragmatics (the use of language in social contexts)
• semantics (multiple meanings)
• prosody (the pitch, stress, and rhythm of speech)

In addition to having difficulty understanding the rules of conversation, the student with ASD may still be having difficulty with taking things literally and being quite concrete in thinking - this is part of the communication challenge. Instructions to the class may be misunderstood, and all the subtle nuances of language that are used more often with an adolescent school community may need explanation. It can be a case of I heard what you said but what did you mean? This is particularly so when peers and adults use metaphor, irony and sarcasm.

What does research tell us?
Communication difficulties in HFA and AD have been reported in the past and are usually in the areas of conversational pragmatics and social communication (Klin and Volkmar 1997; Paul and Landa 2008; Tager-Flusberg et al. 2005). Shriberg et al (2001) compared speech profiles for males with HFA and AD to typically developing males in the 10- to 50-years age range and found articulation distortion errors, and difficulties with conversation and speech such as phrasing, stress, and resonance. Those with AD spoke louder than those with HFA, but otherwise there were few statistically significant differences between the two groups with ASD.

Paul et al. (2009) looked specifically at adolescents with HFA, AD and PDDNOS to assess what was happening with their communication and whether there were differences between these groups at this stage of development. They found that after dividing the ASD group into Asperger's and HFA/PDD-NOS subgroups, there were significant differences among groups "in the management of topics and information, reciprocity, intonation, and gaze management" (p. 115). The only significant differences between the Asperger's and HFA/PDD-NOS groups were "a greater tendency for overly formal speech on the part of the AD group, and more difficulty with gaze management on the part of the group with HFA/PDD-NOS" (p. 115). When comparing adolescents with ASD with typically developing peers, a number of impairments in conversation were noted; these included the amount of information provided, topic management, the ability to engage in a reciprocal conversation and the ability to respond to the conversational partner's cues. The ability to initiate and sustain conversation was impaired, particularly if the conversation broke down. Importantly in this study, the authors noted that in adult-adolescent interactions, those with ASD do relatively better than when the communication exchange is with adolescent peers.

The clinical implications drawn from this study (Paul et al. 2009) include the observation that high functioning adolescents with ASD do have conversational skills that can be built on in intervention. In particular, if communication skills are assessed, deficits can be indentified but also, impaired adaptive conversation behaviours that occur within an interaction can be evaluated and improved upon. In other words, these students may not need to know *how* to converse with others, but need help with additional cues as to *when* to apply successful conversational behaviours and to tune in to others. This study did not find that higher functioning adolescents with ASD had the types of pragmatic difficulties seen in younger,

lower functioning children with ASD (scripted speech, poor use of gesture, being overly blunt and informal). Difficulties were more often in the areas of topic management and information, presuppositional skills (assuming the listener knows what the speaker knows) and sensitivity to and response to the verbal and non verbal cues from the communication partner.

Paul et al, (2009) suggested that communication programmes should focus on the following:

- increasing the awareness of interlocutor cues to turns and topics in conversation and learning adaptive ways to respond to these cues
- helping students identify topics likely to be of interest to peers
- finding ways to comment reciprocally on topics introduced by others
- adding new, relevant ideas to a given topic
- avoiding irrelevant and tangential contributions
- monitoring the success of contributions
- learning strategies for conversational repair (p. 115).

When we look at this list we can see that there are some points that relate to how to improve conversation by working on what to talk about (choosing a topic), how to stay on topic and make relevant comments, and how to keep a conversation going. There are also several suggestions that relate to the social skills necessary to have a conversation with another person. Being aware of the thoughts, emotions and needs of the conversational partner is a vital social skill. This includes awareness of the cues that the other person is giving when you are speaking to them and responding to these cues; being aware of how the conversation is going (the other person's interest and response to what is being said to them etc). It is for this reason that Paul et al (2009) suggest that social skills training methods such as video modelling, social thinking and cognitive-behaviour approaches could be adapted to teach

conversational skills to high functioning adolescents who are otherwise quite able.

So what does all this mean for school staff/teachers?

The implication from this research for school staff is that in order to talk to students who have ASD, it is helpful if they think about the *social* skills that are necessary to communicate successfully. School staff/teachers have to talk every day to students with ASD and both staff and students need to feel that they are being understood and communicating well. An awareness of the social difficulties that may be impacting on the communication skills of the student with ASD will help.

Parents, teachers and school staff may find "The Four Steps of Communication" programme (Winner, 2007) useful because it helps to make the abstract concept of face-to-face communication more concrete for the teenager with ASD. These steps are taken from M G Winner's website https://www.socialthinking.com/what-is-social-thinking/published-articles/198-the-social-communication-dance-the-four-steps-of-communication

Step 1: Think about other people's thoughts and feelings as well as your own. To participate successfully in a communicative act we have to take the perspective(s) of our communicative partner. Effective communication requires all participants to be thinking (most of the time) about the same topic/idea and for the thoughts to stay connected (even if not mutually agreed upon) throughout the communicative exchange.

Step 2: Establish physical presence; enter with your body attuned to the group. Effective communication typically requires people to not only stand about an arm's length of each other (physical proximity) but to also have a physical stance/posture that conveys emotional calm and a willingness to participate. Many of our students have very rigid stances and unintentionally these

students convey a sense of unfriendliness or discomfort when approaching other people. It's important that we teach not only about physical proximity but also about physical relaxation when communicating with others.

Step 3: Think with your eyes.
Teaching eye-contact from a purely physical, functional perspective can hurt as much as help our students in social situations. Instead, we need to teach students to "think with their eyes" - meaning, to use their eyes enough to monitor how people are feeling and what they may be thinking (based on what they are looking at) during social encounters. Case in point: We generally do not pointedly stare at the person or group of people we are approaching. While we may initially look at where people are standing, as we move closer we often look at a variety of things and then once we physically enter the group our eyes slowly come up to look at everyone around us. Then we watch others' eyes to gauge conversation direction and flow and follow who is speaking to whom. Students who use eye-contact too rigidly in communication appear to be "stalking" others or being over-zealous; it makes others uncomfortable. Those who use it too little are considered evasive or disinterested.

Step 4: Use your words to relate to others.
Language is the way we share our thoughts with others. Just as in Step #1 we try to keep our thoughts connected while communicating together, we also must keep our language connected to whatever is being discussed. Those who don't keep their language "on topic" are considered self-centered, aloof, unfriendly and/or ineffective in their communicative attempts. We must teach students communication strategies such as asking questions, adding a thought, showing interest, etc. based on the conversation at hand and what they think other people are thinking about.

Some additional tips
1. Provide the student with opportunities to improve social interaction skills with role play that practices appropriate social behaviour in a variety of everyday situations.

2. When abstract concepts are being explained, use visual cues, such as drawings or written words, to augment the abstract idea.

3. Avoid asking vague questions such as, "Why did you do that?" "What's going on?"
4. Be as concrete as possible.

5. If the student is poor at reading facial expression, gestures and body language, your use of facial expressions and other social cues to express a feeling or an idea may not work. Say what you mean and be specific.

Does the student with ASD understand the rules of conversation?

Does he/she -

interrupt or talk over the speech of others

make irrelevant comments

have difficulty initiating and terminating conversations

use speech characterized by a lack of variation in pitch, stress and rhythm

use overly pedantic or formal speech ??

How does the student with ASD respond when you are talking to him/her?

Are impaired social skills getting in the way?

Can the student take the perspective(s) of others?

Are you both on the same page?

What about posture, stance, proximity?

What about eye contact?

How do they show interest?

Can they ask relevant questions that show they have been listening to others?

Do they understand the facial expressions and gestures of others?

References and relevant further reading

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Autism Speaks is working with the National Center for Learning Disabilities, PACER's National Bullying Centre and Ability Path in partnership with the new documentary film *BULLY* to raise awareness about how bullying affects children with special needs. For more information see: Autism Speaks: Combating Bullying http://www.autismspeaks.org/family-services/bullying

There are a number of factsheets about ASD at the DEECD Autism Friendly Learning website Resources page. These cover topics relating to young children as well as adolescents with ASD http://www.education.vic.gov.au/about/programs/needs/Pages/autismfactsheets.aspx

National Autistic Society UK. www.autism.org.uk/socialskills

Autism Society of America. This is a nice factsheet for adolescents about their peers with ASD and how to talk to them and be friendly.http://www.cindysautisticsupport.com/awareness/asa_growing_teens.pdf

Winner. M. (2012) Four steps of communication. Social thinking publishing website. https://www.socialthinking.com/what-is-social-thinking/four-steps-of-communication