

Why Children with Special Needs Struggle Socially

Many children with special needs make social mistakes. Although their problems differ vastly in scope, children with Attention Deficit Hyperactivity Disorder (ADHD), learning disabilities, and Asperger's Syndrome (AS) frequently have social problems because they do not understand nor use the same social conventions that others do.

Although their reasons for failing to use these rules or conventions are different, what is common is that many special needs (SN) children mishear words and misuse or misperceive the meaning of tone. They answer out of turn or fail to take turns, interrupt or change the subject, intrude into another person's space or activity, fail to respond appropriately to another's feelings (failure to use empathy), and, in some cases, fail to respond at all. By the age of five or six (and certainly by seven or eight), they are out of sync with their peers who have honed their mind-reading skills and can tell when someone disapproves of their actions and are able to modify their behavior to be more in line with what is expected.

Why Teach Social Skills?

Social skills enable children (and adults) to be successful in their social interactions. Whereas many schools know how to help children who struggle academically, less is known about how

to help children who struggle socially. The assumption has been that children with SN will observe and copy their peers. We know now that this assumption is not correct. Many children with SN need specific instruction on how to implement social skills, and they need to receive feedback on how well they performed these skills. This is the piece that many social skills programs fail to include. Children need to learn how to read and respond to nonverbal communication, which they often overlook because of its ambiguity. As mentioned in the Introduction, the meta-communication level refers to the relationship between the participants and is comprehended mostly through mind-reading body language and tone. Children need to pay attention to this level, particularly when disapproval is being expressed, as this lets them know when to change their behavior.

Children with SN Often Make Social Mistakes Because They

- Mishear words
- Misuse or misperceive the meaning of tone
- Answer out of turn
- Fail to take turns
- Interrupt
- Change the subject
- Intrude into another's space or activity
- Fail to stop when asked

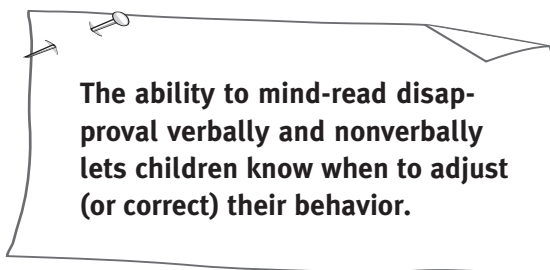
Why Children with SN Need Training in Social Skills

- Children with SN often don't know the rules of conversation.
- Many children with SN do not follow sequences. (Conversations are supposed to be sequential; you listen and then you respond. Many children with SN do not understand or follow this rule.)
- Children with SN often misinterpret or fail to interpret body language appropriately.
- Children with SN often violate the spatial boundaries of others.
- Children with SN often misperceive jokes or friendly teasing as hostility.
- Many children with SN have inaccurate awareness of self and other.
- There is no way to compensate for poor social skills.

Mind-Blindness

Children need to learn to identify when people disapprove of their actions so that they can make adjustments accordingly. When children have mind-blindness, they often have inaccurate perceptions of themselves as well as misperceptions of the role of the other person in a given dynamic. One of *Socially ADDept's* first goals is to teach children greater self-awareness. The second step in gaining social awareness is for children to see how their behavior

affects someone else. This skill involves stepping outside their own frame of reference to view an interchange the same way someone else might see it. (I refer to this as having *joint perception*; see Figure 1.2). This step involves a meta-communication, because both people need to comment about their verbal and nonverbal exchange by checking or verifying that what they saw and the meaning they attached to it are similar (or in some cases, different). Finally, children have to learn to adjust their behavior to be more in line with what other people expect.



The ability to mind-read disapproval verbally and nonverbally lets children know when to adjust (or correct) their behavior.

When Children Don't Stop

When children don't perceive that they are out of sync or fail to change their behavior, other children react by getting angry, frustrated, or hurt. If this discord persists, other children will ask them to stop. If the children continue to be annoying, the other children either avoid or chastise them. If children persist in being annoying or aggressive, in both cases ignoring what the other children want, the other children may label these children as self-centered or insensitive.

Language Difficulties and the Hidden Rules of Conversation

Social Problems Due to Language or Perceptual Sequencing Problems

- Failure to introduce a topic clearly
- Poor topic organization
- Faulty sequencing, such as jumping to conclusions without listening to the whole story
- Failure to respond to a topic
- Failure to share the conversation, often perseverating on a topic without paying attention to the interest of the other person

Many children with SN have problems with language. They may have difficulties with topic organization, or they may fail to introduce the subject. They may fail to see that conversations are supposed to be an exchange and hence perseverate on some detail, ignoring the bored body language that tells them to stop. They have missed the social rule that conversations are supposed to be an exchange between people. When a child engages in a lopsided conversation (more like a diatribe or lecture), the other children may make derogatory comments (which are intended to silence the offending child). Instead of understanding the message, the child with SN is often surprised. He may not understand that this is the way other children tell him to be quiet.

Tone is also often misused or misunderstood. Tone communicates the emotional state of the person speaking. Children are supposed to comprehend the emotional message that is being conveyed by the tone. Children may also

be unaware of their own use of tone and how others may be reacting to the emotional message that their tone conveys. As an example, when children hear a monotone, they may react with discomfort or avoidance because it differs from what they expect.

Difficulty Recognizing and Labeling Feelings

Three Weaknesses That Make Decoding Feelings Difficult

1. Misreading or ignoring body language due to inability to read facial expressions or body gestures or posture
2. Missing the emotional meaning of tone through misinterpreting or ignoring the meaning of pitch (tone), volume, and intensity
3. Misperceiving or ignoring someone's personal space, failing to move when the person frowns to let you know that you are too close to him

Many children with SN have trouble accurately labeling their own feelings; likewise, they may misread or respond inappropriately to the feelings of others. If children fail to perceive and respond to what another child may be feeling, they appear to lack empathy (the ability to comprehend and respond to the feelings of others). Because this emotional message is more than half of the communication, ignoring it is considered a mistake. Misreading (or ignoring) another's feelings often leads to misunderstanding that person's intentions because the emotional message is supposed to be a cue as to whether or not the person is kidding, serious, angry, playful, and so on.

When children only rely on the literal meaning of words, they often do not understand joking and may feel that they are being teased. Because they may miss the friendly tone, they can misjudge the relationship and often miss the other child's intent. Because they may have difficulty distinguishing hostile from friendly teasing, they often respond with protection and withdraw or respond with hostility.

Children expect their friends to demonstrate empathy (verbally or nonverbally). When children do not do this, they are often viewed as self-centered or callous.

Poor Problem-Solving Skills

The failure to comprehend other children's motivation correctly impairs children with SNs' ability to resolve conflicts. Instead of seeing a remark as an oversight, an accident, or a friendly jibe, these children may assume that the

other child *intended* to hurt them. If they hold on to this negative perception, it is hard, if not impossible, to forgive the other child, to make amends, and to continue on with the friendship. Instead, friendships are ended prematurely. Instead of accepting apologies and maintaining friendships, many children walk away or retaliate when they have been wounded or hurt. They often do not bounce back or have other recuperation strategies. Others have noted that many children with SN ruminate on their negative experiences (Frankel, 1996; Frankel & Myatt, 2003). Ruminating on past negative events increases children's unhappiness and limits their adaptability (Brooks & Goldstein, 2002).

How Mind-Blindness Causes Conflicts

Mind-blindness causes problems when children

- Miss or misperceive the emotional message (body language and tone)
- Incorrectly predict the feelings, thoughts, and intentions of others
- Fail to check if their assumptions about the other person are correct
- Ignore or distrust peer relationships
- End friendships prematurely due to negative assumptions of the other child's intent ("He meant to hurt me")
- Escalate conflicts because they don't know how to communicate and accept differences and because they don't view the problems in the context of an existing relationship

As an example of how poor empathy and mind reading can spiral into a conflict that can threaten a relationship, consider Johnny, a seven-year-old child with Nonverbal Learning Disability (NLD). His friend Mike has teased him about telling silly jokes. Instead of remembering that Mike has been his friend in the past and is therefore probably kidding around, Johnny deduces that Mike is making fun of him and doesn't like him anymore. Johnny doesn't see the teasing in the context of their previous relationship history of being friends for the past year.

Instead of seeing that Mike may be (1) trying to tell him something or (2) just joking and playing around, Johnny gets offended. He doesn't correctly infer Mike's feelings or intentions (*Mike has been my friend, so if he tells me I'm being silly, it doesn't mean he doesn't like me anymore; it may mean that he's tired of hearing my silly jokes*). If he incorrectly labels Mike's intention as a put-down, he may feel hurt and overreact. Instead, he is supposed to take this as corrective feedback—in other words, a message that he should stop telling silly jokes.

This lack of resiliency deeply affects many children with SN. Instead of learning and adapting to new situations and acquiring new experiences and friends, many children with SN spend their energy struggling to make sense of their social environment and its changing requirements. Although some

successfully learn the unwritten rules and acquire the skills of mind reading, empathy, and problem solving, others retreat or continue to use the same maladaptive strategies.

Failure to Mimic Behavior

Many children with SN aren't good at mimicking behavior. Because they may not perceive what the newest trends are, they often do not follow them. They may not pick up on the current fad, whether it is a knuckle bump or a phrase such as "Totally" instead of "Yeah, I know." Or they may show up in short shorts when long, baggy shorts are "in." They may greet another child with the same "Hello, how are you?" the first, second, and third time they see him or her at school, not realizing that the second time, they should modify the greeting to a "Hi" or a nod, and the third time, a nod. These are simple social rules that children with SN may not know to employ.

How Children Deal with "Different" Behavior

When confronted with behavior that is different from what is expected, most children will try to correct the offending child. Younger children are often more direct and will tell the offending child to stop. As children get older (third through sixth grades), their way of correcting another child becomes more indirect; they use gestures, exaggeration or sarcasm, corrective humor, friendly teasing, gossip, or avoidance to get through to the child who is breaking the tacit rules. However, if the child continues (to be aggressive, break the rules, interrupt play, or ignore the requests from other to stop), his peers will attempt to avoid him, often attributing negative characteristics, such as that he is "mean," "weird," or "odd." The child can become socially isolated and may acquire a bad reputation (which makes it more certain that he will not be invited to participate in new situations). In the best circumstances, children are ignored or neglected by their peers.¹ In the worst cases, the child is rejected, which can cause the labeled child to experience anxiety or depression. They may not know how to change his social predicament.² (Children with ADHD, particularly those who are aggressive, often break rules and can be disruptive or aggressive and can find themselves rejected for these behaviors.)

Why Train Preadolescent Children?

By third or fourth grade, when their peers are making "best friends" and are starting to set up their own socializing dates (and enjoying academic success), children with SN may be on the social periphery. Their social and psychological problems escalate as the children age. Undiagnosed adolescents are more likely

to drop out of high school; many join gangs or join others who use drugs and alcohol or engage in high-risk behaviors, such as unprotected sex, or even criminal activities.³ Many of these problems could be avoided with early intervention. Children with SN from poorer communities are more likely to be overlooked or misdiagnosed because their problems are often attributed to other issues, such as poverty, lack of socialization, or personal problems stemming from abuse or neglect.

The years before puberty, the latency years, offer a unique window of opportunity to teach social skills that can have significant ramifications for children's self-esteem (Erikson, 1968). Erikson termed the developmental task of this stage as "industry (competency) versus inferiority;" if children do not develop a sense of competency at this stage, they are at greater risk for low self-esteem and even depression. Because all children are experimenting with identity during this stage, friendships and social ties are more flexible. This makes it an optimal time for children to learn new skills that they can use before and during their transition to junior high, where the friendship circles become less permeable and crowds and cliques are formed.

Two Major Weaknesses That Lead to Social Mistakes

Two Major Areas of Weakness

1. Breaking social rules or conventions
2. Deficiencies in interacting skills

As already discussed, children with SN frequently make mistakes in two major areas: (1) following social rules and conventions and (2) using good interacting skills. The first group of errors is related to the misuse of body language or the lack of comprehension of the other children's body language (kinesis); the misuse of pitch and tone or lack of comprehension of its meaning (vocalics); and the misunderstanding of the rules of personal body space, so that they may violate another's spatial boundaries (proxemics). As an example, using inappropriate humor may not be a serious mistake, but failing to stop when asked to do so is. Ignoring the command to "knock it off" (STOP) can lead to an aggressive interchange that can end a friendship.

Twelve Mistakes That Can Ruin Friendships

Breaking of Social Conventions or Rules

- Misusing and misinterpreting body language (kinesis)
- Misusing and misinterpreting tone (vocalics)

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- Misusing space and violating another's space (proxemics)
- Intruding into activities or groups and being critical or aggressive when refused
- Ignoring commands to stop

Deficient Interacting Skills

- Failing to react to or understand the feelings of others
- Responding excessively to teasing
- Attributing negative intentions because the child uses black-and-white thinking and sees the other person as being "for me or against me" (D. Mellon, personal communication, 1960)
- Failing to use social memory
- Failing to respond with empathy
- Getting stuck emotionally (ruminating over events)
- Being unaware of how his or her behavior affects others

The second set of problems stems from failures to identify clearly and respond to the feelings of others. If children misinterpret or misperceive the intention of another child (thinking, for example, *He wants to hurt me*), they will react by either withdrawing or attacking. Many children do not compile and use their social memory (the ability to recall the events that have occurred within the relationship, which includes remembering significant events or conversations with their friends). Using social memory enables children to put the current incident in the context of their shared history. When children have a conflict and do not put it in context every problem, if not solved successfully, can threaten the relationship. For example, if children don't remember their friendship with another child, they are apt to misinterpret a wisecrack as an insult, often responding aggressively. If they had put the "misdeed" into a context (using their social memory), they might have avoided reacting with hostility.

Children (especially girls) need to be taught how to engage in "rapport talk," conversations that are primarily focused on the feelings of both participants (Tannen, 1992). Instead of sharing facts, the children share events, with particular attention paid to how they felt in response to the event or interchange. The listener's role is to acknowledge and respond (verbally and nonverbally) to the other person's feelings.

Girls use and expect others to engage in rapport talk. When girls do not respond to their friend's feelings or fail to remember an event that was important to her, the girl may feel disconnected. Because many children with SN have trouble remembering facts, much less what happened to someone else, it is important that children use such tools as friendship cards (see Exercise 6, Lesson One) to help increase their social memory.

Black-or-White Thinking

Many children with SN reduce complex emotions or thoughts to simpler categories, with the intention of aiding their comprehension. This reduction of feelings or intentions into simpler, contrasting categories has been termed *black-or-white thinking*. The child may see the other person as being *for me* or *against me*, or think *he likes me* or *he hates me*. Black-or-white thinking is rarely accurate, as most feelings and intentions are more complex and fall within the gray area. If children see the world in black-or-white terms, they will fail to understand that feelings can be ambiguous, contradictory, or neutral. Black-or-white thinking also gets in the way of correctly inferring what the other person may be feeling and lead to inaccurate predictions of the other's intention.

Teaching Children with SN the Behaviors of Popular Children

In a study of popular children, Fox and Weaver (1989) found that popular children engage in the following behaviors when confronted with social situations: (1) they smile and laugh with other children, (2) they greet other children by name, (3) they initiate conversation by asking questions and showing interest, (4) they extend invitations to others, (5) they give compliments, (6) they share, and (7) they pay attention to their appearance. They also have better problem-solving abilities, are able to mind-read, are more resilient when hurt, and use their social memory to ignore mild insults or friendly teasing. Most social skills training methods have focused on teaching children with SN to avoid annoying or problematic behaviors, but teaching children how and when to use positive behaviors is more effective.

Children also need to acquire more accurate self-perception and become more aware of how their behavior affects others. If children just learn the skills by rote and do not acquire greater self-perception, they will most likely have trouble generalizing the skills into other situations or environments.

Social Behavior of Popular Children

1. Smile and laugh
2. Greet others by name
3. Initiate conversations, ask questions, and show interest
4. Extend invitations
5. Give compliments
6. Share
7. Have neat appearance

The Importance of Early Intervention

All children benefit from early intervention. The brain continues to grow and change throughout life (this is known as *neuroplasticity*). Most of the growth occurs through making new neuronal connections, which often occur while learning new activities or skills (adults with ADHD or learning disabilities have often remarked that they didn't feel as though they were totally "wired" until they were in their mid- to late twenties.)

Early interventions are best for all children but are particularly important for children who have Asperger's Syndrome and other forms of ASD (Autism Spectrum Disorder, see Appendix C). Although children with Asperger's Syndrome can learn well, they may choose to avoid interacting with others because they often do not know how to react. There is a popular misconception that children who have ASD will never speak. The findings of a longitudinal study showed that only 14 percent of autistic children were unable to talk by age nine, and 40 percent could speak fluently. However, the children who learned to speak before the age of five or six years had the best outcome (Lord, 2002).⁴

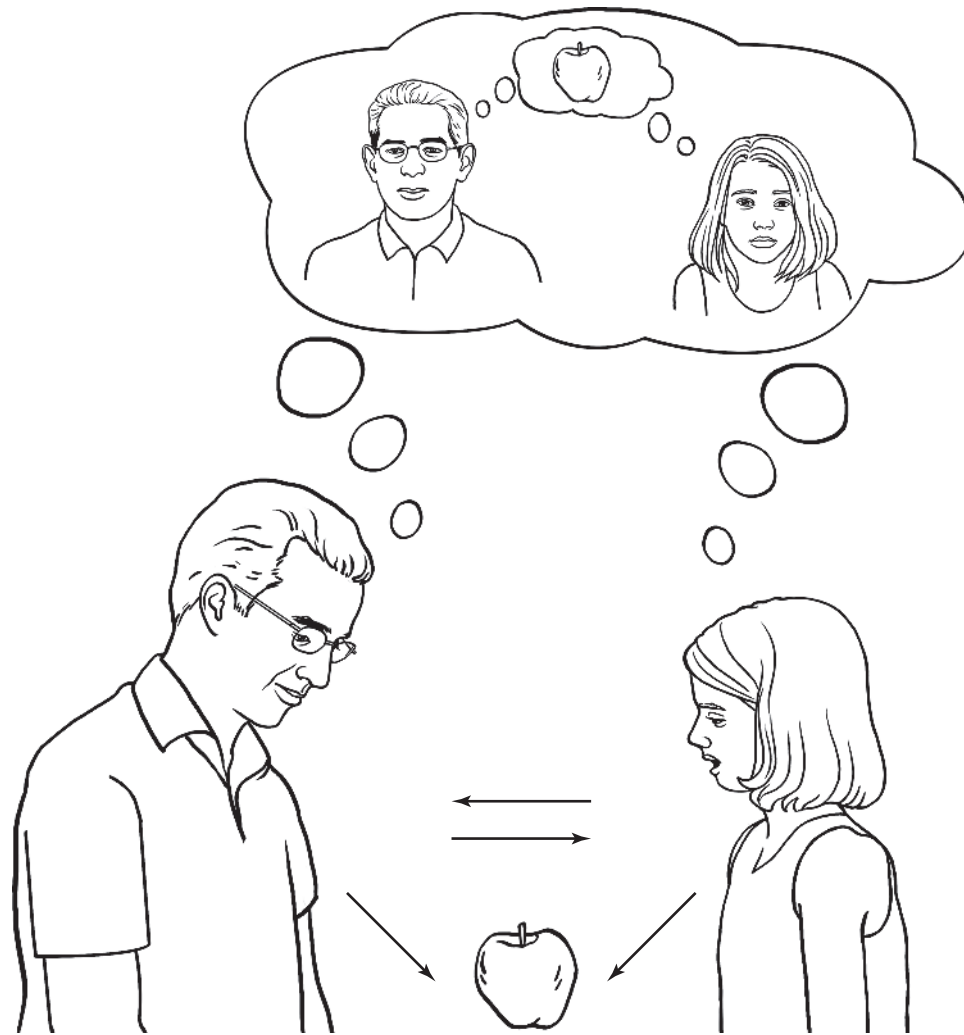
Teaching Joint Attention

New research in autism indicates that children with ASD benefit from training in *joint attention*, and when they have learned this skill, they develop more sophisticated language skills.⁵ In Figure 1.1, the child and the adult both use joint attention. They both focus on the object, an apple, at the same time and check with each other to see if they both saw the same object (or the child attempts to share the object with the adult). Research shows that joint attention can be taught to infants as young as nine months (Mundy, Sigman, & Kasari, 1990; Mundy & Crowson, 1997; Whalen & Schreibman, 2003). This research concluded that children who learned joint attention increased their interactions by pointing to events or objects, showing toys, or looking at the other person while inspecting a new object. Children who use more joint attention also increased their language abilities. This is significant because children who do not develop language skills (talking before age five or six) are more likely to have trouble developing peer relationships.⁶

Two Major Deficits

Although many social problems are due to lack of skills, not all children who are having social problems need to learn new skills. Suppose, for example, that you ask a young girl who failed to listen, "Do you know how to listen?" If she responds by telling you exactly how she is supposed to do it, she is mostly likely has a performance problem (Gresham & Elliott, 1994). Children with performance problems don't need to be retaught the mechanics of how to perform specific skills, as they already know how. Instead they need help in

Figure 1.1 Parent and Child Sharing Joint Attention



handling their impulses, which get in the way of performing what they know they should do. In contrast, children with acquisition deficiencies have not acquired the knowledge needed to perform the skills.

Two Categories of Children with Social Skills Problems

Children with Acquisition Deficits

- Don't know the mechanics of the appropriate behavior
- Don't see themselves accurately
- Can be withdrawn, anxious, or depressed

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Children with Performance Deficits

- Know what they are doing wrong but have trouble controlling themselves
- Can be hyperactive or impulsive (ADHD)
- Can have problems controlling their anger

Performance Deficits

Children who have performance deficits fail to act on their knowledge because they have insufficient control of their emotions and impulses to regulate their behavior. Many children with ADHD can be in this category, as they all have trouble controlling their impulses (see Appendix A). Children who cannot control their behavior need interventions to enable them to increase their impulse control. Some children will need medication to control their impulsivity or aggressiveness (or both). Behavioral therapies that have shown results include behavior modification programs, cognitive therapy techniques for monitoring emotions and consequent behavior, charting, reprimands, time-out, and clear "if-then" consequences. Children with performance deficits benefit from behavioral management programs that include parental education. Once children are able to control their impulsivity, they can receive social skills training if they need it.

Therapies for Performance Problems

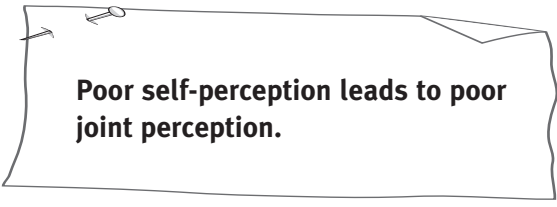
- Behavior modification programs
- Cognitive therapy
- Clear consequences as in "If you do _____, then _____ will happen."
- Charting
- Time-out
- Consistent reprimands and rewards
- Medication

Acquisition Deficits

Socially ADDept was designed to train children who have acquisition deficits. These children have not acquired the pragmatics of social skills, and when asked, they will tell you that they do not know how to perform the skill. They may also have trouble choosing which skill fits which situation. They often do not know why they should use the skill. Their processing deficits

are often responsible for impeding their learning, and many children in this group have processing problems, the basis of all learning disabilities (see Appendix B.)⁷

These children may not see themselves accurately or may not be able to describe what they observe other children doing because they may not be able to break the skill down into its component parts. Many have poor mimicking skills or poor body perception. These children need to learn how (1) to use and recognize verbal and nonverbal emotional expression, (2) to understand the reasons why the skills need to be performed (for children with AS and NLD in particular), (3) to perform the skills (pragmatics), (4) to accurately assess how well they performed the skills (feedback), and (5) to use alternative behaviors. Children also have to learn to step outside their own frame of reference (perspective) to see if they share the same perception of an interaction that the other person has, which is referred to as *joint perception*.



Poor self-perception leads to poor joint perception.

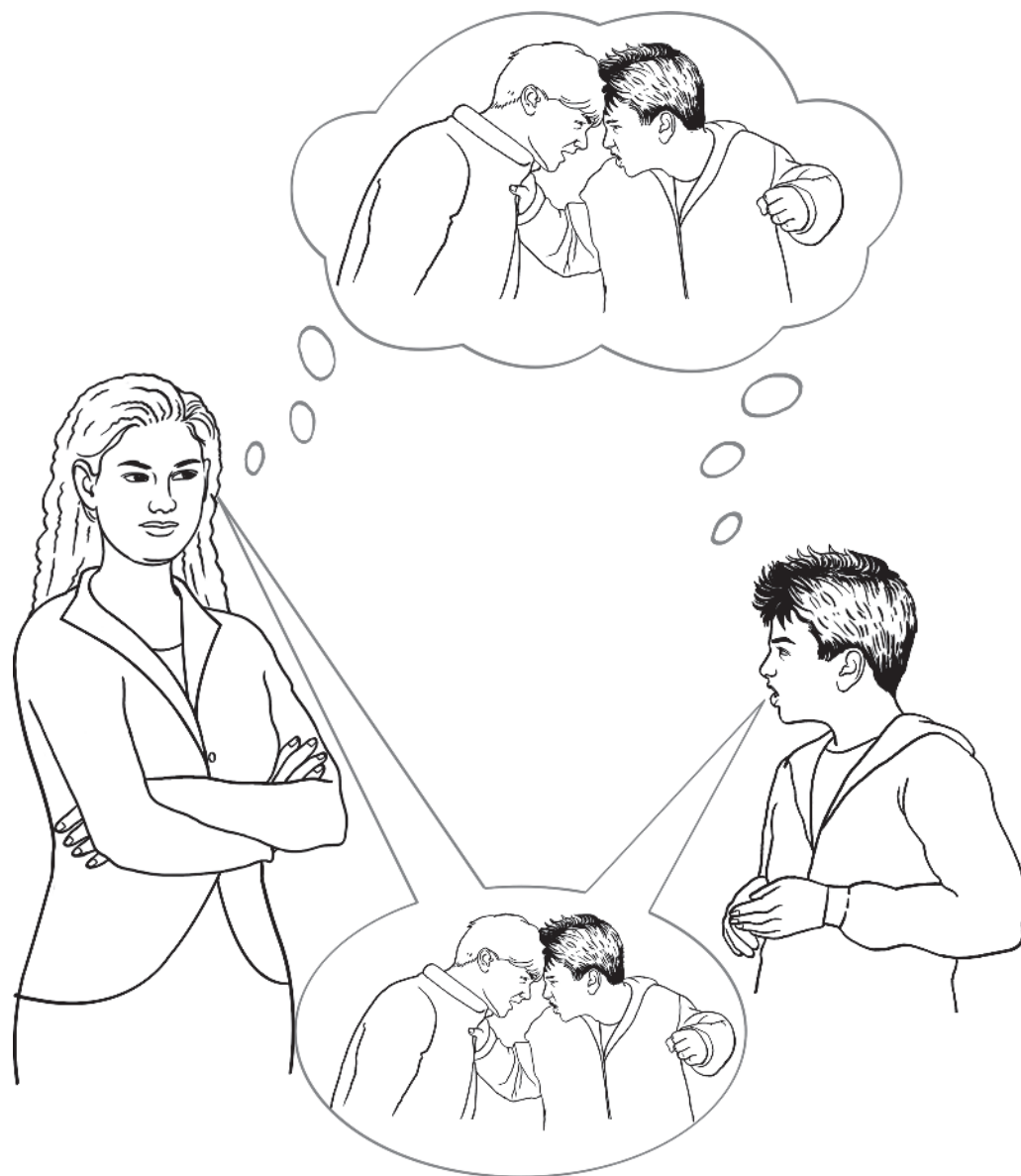
In Figure 1.2, the teacher observes the boy fighting with another boy. The boy shares with the teacher that he is also aware that he fought with the other boy and that he was unhappy about it (see facial expression). The teacher and the boy jointly share the same perception of the interaction between the two boys.

Sharing joint perception is a meta-communication, as it not only involves reflecting on an interaction but also checking or verifying with someone who observed the interaction that one's verbal and nonverbal interpretation of what occurred is correct or incorrect (Mundy, Gwaltney, & Henderson, 2010). This example illustrates a meta-communication between the teacher and the boy. The boy describes what he thought occurred and the teacher describes what she saw. The child has to step outside his own perception as he compares his version of what occurred with the teacher's observation. They have joint perception when they both see the interaction the same way. This is an invaluable teaching tool, as children with SN often do not see how their behavior affected someone else. This step of checking and verifying requires both self-evaluation and confirmation from an outside observer.

Ten Essential Skills for Being Socially ADDept

Most curricula rely on teaching structured learning in which the children rehearse and practice their new skills with feedback. *Socially ADDept* differs from other programs in its emphasis on rating the child's self-perception. (The children earn extra points when they have accurate joint perception.) When children improve their self-evaluation skills (use better self-evaluation and joint perception), they become more resilient (Brooks & Goldstein, 2002). Because interactions are fluid and can easily be altered by changing the tone,

Figure 1.2 Teacher and Student Share Joint Perception



the words, or the body language, it is important that children learn how (and when) to change their behavior so that they can alter the outcome of a given interaction.

Socially ADDept was designed to address the most common social errors made by children with SN. The lessons are intended to be sequential, but there is obvious overlap. Most children with social problems have trouble accurately reading and using appropriate body language. They often use tone inappropriately. Many get too close too quickly and violate others' physical boundaries (personal space). Many persevere (defined as talking at length about a topic

without any regard to the interest of the other person). Many children fail to show interest in others by failing to ask questions or stay on topic. Others do not use social memory and show no concern for events that are important to their friends. But by far the most significant problem is failing to mind-read disapproval so as to adjust their behavior. Because mind reading is fundamental to understanding and correctly inferring the intentions of others, children with SN often overreact or react inappropriately to teasing, often getting angry and failing to apologize when they have wronged someone else. Last, they often fail to see interactions from the other person's point of view. In essence, they often are out of sync with accepted social rules and conventions (etiquette).

Socially ADDept breaks these skills into ten lessons that are taught as sequential building blocks:

1. Understanding friendship: What are friends? How do we make friends? Why are listening and responding important? What do friends share? (Exercises for this lesson are about building positive self-esteem, setting goals, and identifying personal interests.)
2. Being a good listener
3. Using conversational skills—listening, greeting others, asking questions, giving compliments, sharing the airtime—and understanding the four levels of friendship
4. Understanding the importance of body language—facial expressions, gestures, personal space, appropriate touching
5. Understanding tone and the feelings that tone communicates; learning how to be in sync using the same pitch, volume, and tempo
6. Recognizing friendly behavior; understanding what it means when the words and the body language disagree
7. Joining a group or an ongoing activity; understanding special issues for girls; dealing with refusal and scouting out social opportunities
8. Dealing with teasing, recognizing the three forms of teasing, and understanding how boys use status humor
9. Managing anger; dealing with outbursts and employing damage control; knowing how and when to apologize
10. Understanding cell phone etiquette and the rules of cyberspace; understanding cyber-bullying and when to get adults involved

Socially ADDept Goals

- To develop the child's self-awareness
- To recognize and respond to the feelings of others
- To accurately read nonverbal signals to infer the other's intention
- To solve problems instead of ending relationships

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- To increase self-awareness
- To increase mind-reading ability
- To increase the child's ability to engage in joint perception of social interactions
- To have and use recuperation strategies

Notes

1. Cowen, Pederson, Babigan, Izzo, and Trost (1973) classified children as rejected, neglected, withdrawn, controversial, and popular. Rejected children were found to have more significant life adjustment issues: rejected boys were inappropriately aggressive, disruptive, and frequently broke rules; rejected girls were also more physically aggressive than their peers. The researchers concluded that being rejected seemed to correlate with significant life adjustment issues.
2. Unfortunately, negative reputations have an impact on how successful children will be socially. Once established, a poor reputation appears to be fairly stable over time. Frankel (1996) and Laugeson and Frankel (2010) discuss how to change a bad reputation in an exercise included in the curriculum at UCLA's Parenting and Friendship Program.
3. Research figures vary, but it is clear that students with ADHD (and some with LD) drop out of high school more frequently than those without this diagnosis and are more likely to get into trouble with the law. There is a strong correlation with substance abuse (Curran & Fitzgerald, 1999). Bierman and Wargo (1995) found that adults with ADHD constituted 9.1 percent of the prison population (in a random sample). Other studies have suggested a higher percentage. (It is still twice the prevalence of ADHD in the general population, which is estimated to be between 3 and 5 percent (Bierman & Wargo, 1995; Mannuzza, Klein, Konig, & Giampino, 1989).

The Santa Clara County Juvenile Justice system's model program for the coordination of diagnosis and treatment of children with SN is called "Project YEA!" (see their Web site www.sccgov.org). The program estimates that 30 percent of incarcerated youth need special education and states that if all children were tested, another 20 percent would qualify for services. The program's publication *Special Education Rights: Bench Guide* was drafted and finalized by Judge Richard Loftus and was distributed statewide. It covers special education law and its application in juvenile court.

4. The University of Michigan is conducting an ongoing longitudinal study of children with ASD. Similar to the findings of Kasari at UCLA, the

Michigan study (Lord, 2002) showed that children who received simple training in speech skills prior to age two were more likely to talk by age five. Lord has developed a screening tool to detect autism that is widely used. Information on the study is available from the University of Michigan's Autism and Communications Disorders Center's Web site: <http://www.umaccweb.com/research/studies.html>.

5. There are many researchers doing complementary work on ASD and Asperger's Syndrome, specifically training children in joint attention. The research is occurring at many universities throughout the United States and internationally. See, for example, Kasari, Paperella, Freeman, and Jahromi (2008); Mundy et al. (2010); Mundy et al. (1990); Mundy and Crowson (1997); and Koegel and Koegel (2009).
6. Koegel and Koegel (2009) found that four methods are very effective in remediating some issues in children with ASD: Applied Behavioral Analysis (ABA), Discrete Trial Training (DDT), Pivotal Response Training (PRT), and LEAP (Learning Experiences: Alternative Program for Preschoolers and Parents). Their research shows that parents' participation is a crucial element in all training programs, as parents spend more time with their children than anyone else. For example, when parents are trained to encourage joint attention, as they are in PRT, their children had significant language gains. (PRT has been done with infants as young as nine months old.)
7. Maedgen (2000) found that among the various subtypes of ADHD, the inattentive and combined types of ADHD responded well to direct instruction in social skills. This may not be surprising, as it is estimated that nearly 50 percent of children who have ADHD, inattentive form, also have learning disabilities.

