

# Social Communication Challenges in School-Aged Children with ASD: What do they look like and how can we help?



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A black and white photograph showing several hands of different skin tones stacked on top of each other, symbolizing unity and support.

# Social Communication Challenges in School-Aged Children with ASD: Objectives

- Define social communication
- Identify social communication difficulties in children with ASD
- Understand underlying deficits that contribute to social communication difficulties
- Discuss strategies to support children with social communication difficulties.





# What is Social Communication?

Social communication refers to the use of language to communicate and interact with others. It consists of **what** we say and **how** we say it and its appropriateness to the given situation.



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# What are the components of Social Communication?

- Social Context- social roles, peer group, familiar adult, unfamiliar adult, conflict situation, cooperative play, group activity
- Social Cognition-Theory of Mind (ToM), executive functioning.
  - ToM understand that other people have their own beliefs, attitudes, emotions, thoughts, and points of view
  - Presupposition-assumption of mutually shared knowledge
- Language Pragmatics-Verbal and Nonverbal
- Receptive and Expressive Language





# What is Autism Spectrum Disorder? DSMV Criteria

- A. Persistent deficits in **social communication** and social interactions
- B. Restricted, repetitive patterns of behavior, interests, or activities
- C. Symptoms present in early developmental period
- D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of functioning.
- E. Symptoms not better explained by ID or global developmental delay.



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# Diagnostic Criteria of ASD- A: Deficits in social communication and social interactions

1. Deficits in social-emotional reciprocity (ToM) ranging from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
2. Deficits in nonverbal behaviors- poorly modulated eye contact, body language, space boundaries, use & understanding of gestures and facial expressions, intonation.

❖ **Two thirds of communication is nonverbal!**





# Diagnostic Criteria of ASD- A: Deficits in social communication and social interactions

3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.





# Diagnostic Criteria of ASD- B: Restricted, repetitive patterns of behavior or interests

1. Stereotyped or repetitive motor movements, repetitive use of objects (lining up toys, flipping/banging objects, carrying objects in hands, grouping objects by color, idiosyncratic speech, echolalia)
2. Insistence on sameness-inflexible, adherence to routines, ritualized behaviors or speech, difficulty with transitions, changes, rigid thinking, rule followers.
3. Restricted and fixated interests- preoccupation with unusual objects or topics.





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# Co-occurring Conditions: Contribute to Social communication deficits

- **Language Delay/Disorder**
  - Inability to communicate at same level as peers
  - Difficulty understanding/comprehending information, peer language, higher level language
- **ADHD**
  - Invading personal boundaries
  - Missing social nonverbal cues
  - Missing information
  - Impulsive and/or emotional reactions-blaming, overreacting



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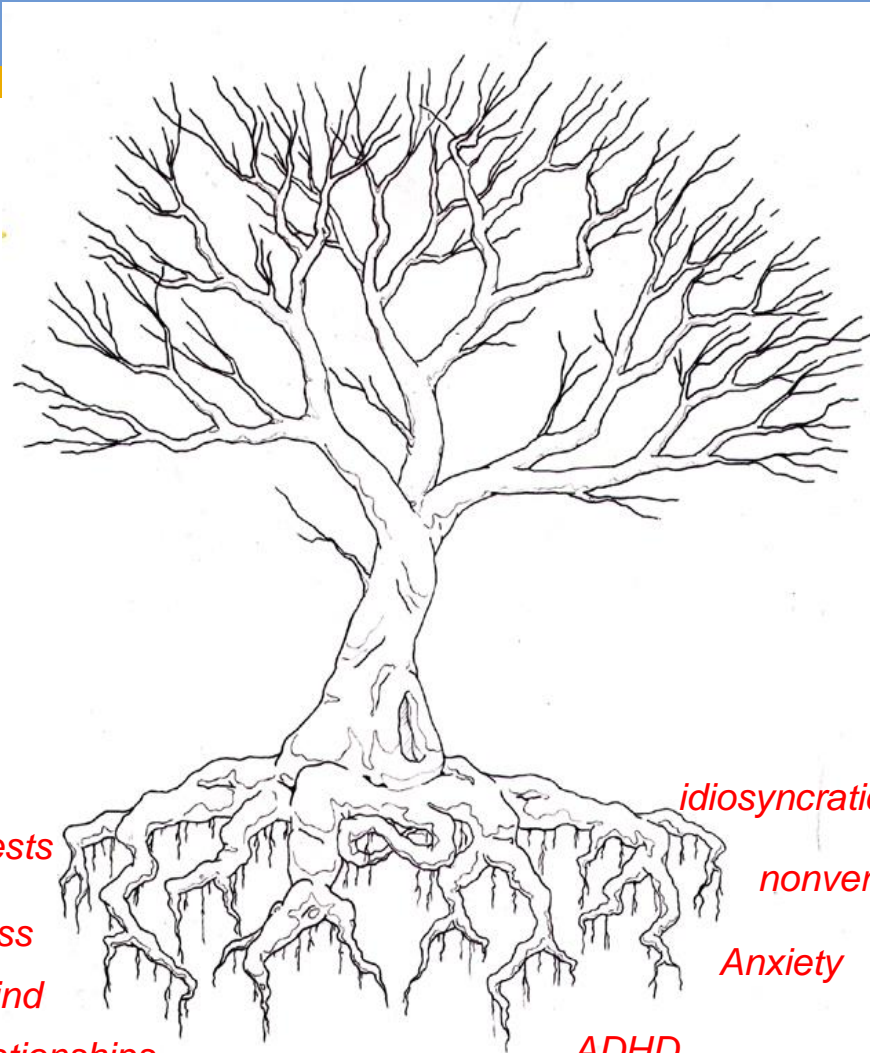
# Co-occurring Conditions: Contribute to Social communication deficits

- Executive Functioning
  - Slow processing- not able to keep up with language input
  - Memory deficits-not able to keep information in short term memory to reason, problem solve, negotiate, handle conflict
  - Difficulty organizing information- trouble formulating and expressing ideas.
    - Word/phrase repetitions, reformulating sentences, pausing, use of fillers
- Intellectual Disability- Cognitive deficits
- Anxiety
- Mood disorders





# Social Communication



*Restricted/fixated interests*

*Insistence on sameness*

*Theory of Mind*

*understanding relationships*

*idiosyncratic speech*

*nonverbal behaviors*

*Anxiety*

*social reciprocity*

*ADHD*



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# Social Communication Challenges:

- Difficulty expressing intent appropriately-Make inappropriate comments, may appear rude or disrespectful
- Overly candid- may share information or ask questions that are overly personal
- May give redundant, irrelevant, or overly detailed information (e.g., dates, times, make of cars)
- Overly talkative and do not allow others opportunity to talk. May give “monologues”, interrupt others, perseverate on their topic of interest





# Social Communication Challenges

- Difficult to engage in back and forth conversation. Not maintaining conversation, responding to what others say (verbally, nonverbally), shifting topics
- Language may seem strange or odd
  - Use of overly formal or informal language
  - Scripted language, echolalia, neologisms
  - Unusual intonation patterns
  - Difficulty regulating volume
- Difficulty with nonverbal language/behaviors
  - Space boundaries
  - Use of gestures
  - Facial expressions



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# Social Communication Challenges:

- Provide insufficient information-Difficulty understanding what others know and what information to share with others.
  - Insufficient background information
  - Unreferenced pronouns
  - Vague vocabulary (e.g., thing) or acronyms
- Difficulty linking information together-explain cause-effect relationships, how events are related
- Difficulty clarifying information





# Social Communication Challenges

- Difficulty accepting others ideas and thinking flexibly
  - Misinterpreting others
  - Trouble handling conflicts
  - Difficulty sharing, playing cooperatively
  - Do not understand “friendly” teasing
  - Argue or challenge others when not following the rules
  - May become angry when others don’t want to do what he wants
- Difficulty understanding nonliteral and figurative language (e.g., humor, sarcasm, idioms, inferencing, making predictions)





# Evaluate the ABC's of the Situation

*1: Antecedent*



*2: Behavior*

*3: Consequence*







# Evaluate the ABC's of the Situation

- Antecedents:
  - Events or circumstances that occur *before* a behavior
- Behaviors:
  - What communication behaviors occurred?
  - Why?
- Consequences:
  - Events that occur *after* a behavior
  - What did the child get?
  - How did others react?

Is there a pattern?





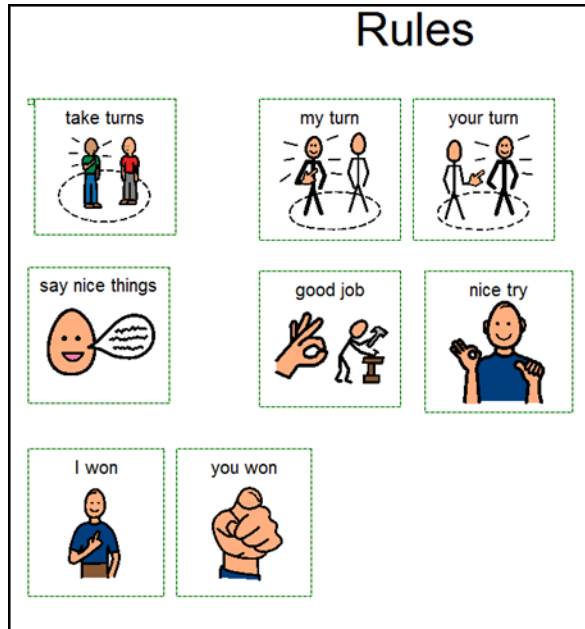
# How to Support social Communication in Children with ASD

What occurred before the behavior?

- How can this be modified to prevent or shape the behavior?
  - Tell them what to expect
  - Explain the situation-might be a social story
  - Let them know what you expect of them-be specific. Use visuals
  - Let them know of any changes
  - Let them have a choice
  - Practice in social skills group and in class



# How to Support social Communication in Children with ASD





# How to Support social Communication in Children with ASD

Practice skills in the classroom-can help all the students

- Ask theory of mind questions-
  - What was the man thinking/feeling?
  - Why did the father go to the hospital?
  - What might happen if the boy does not do his homework?
- Explain idioms, jokes, sarcasm in books/text, classroom situations
- Help organize responses to questions-graphic organizers, sentence starters





# How to Support Social Communication in Children with ASD

- Practice in social skills group or in class
- Encourage recognition and control of emotions
- Know any social programs the student is using for social skill intervention
- Aide or adult assistant attend speech-language sessions or social skills groups to help the student generalize learned skills.



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# How to Support Social Communication in Children with ASD

- Facilitate and model appropriate social communication in real time
- Recess and lunch are good opportunities to help facilitate and practice social communication skills with peers
- Guided conversations-you may need to give the child the language to use
- Give a replacement communication behavior
- Help the student interpret others feelings, intents, motivations (real life and in stories)





# How to Support Social Communication in Children with ASD

- Organize what they say and have them retell-stories, personal experiences/past events
  - repeat what you say
  - use graphic organizers,
  - sequencing cards
  - use visual supports
  - Fade support over time





# Social Communication



## Supports

*Restricted/fixated interests*

*Insistence on sameness*

*Theory of Mind*

*understanding relationships*

*idiosyncratic speech*

*Anxiety*

*nonverbal behaviors*

*ADHD*

*social reciprocity*



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