



Social Skill Builder cofounder Laurie Jacobs (back) presented an in-service on Teaching Social Skills with Video Modeling to staff from the Oakland, NJ, school district in October. We would love to visit your school or organization! Contact us at info@socialskillbuilder.com about scheduling a free informational seminar for your next in-service day.

Software Update

Social Skill Builder is currently updating our [My School Day](#) software. Changes include Mac and Vista compatibility, an added game feature and enhanced scoring, along with all new user interfaces. [My School Day](#) teaches children of cognitive age 6 - 12 a full range of social problem-solving within an elementary school setting. The new software will be released in spring 2009. For more information, or to be added to the release e-mail list, contact us at info@socialskillbuilder.com. ■

School Speech Pathologists Share Ideas for Teaching Social Skills at ASHA Schools Roundtable

Social Skill Builder cofounder Jennifer Jacobs moderated a roundtable discussion of social skill intervention strategies at the ASHA Schools Conference in July. School speech pathologists shared their experiences and priorities for providing the best methods for teaching socially impaired children. The key challenges shared by the group were: the importance of a natural learning environment, the need for greater teacher involvement, the importance of peer buddies, and the success that can be achieved by using video modeling.

"My school has a lot of high functioning spectrum kids that are mainstreamed into regular classrooms," a participant said. "They come into my room and give me the right answers, and then they go back into their classrooms and they have all kinds of problems," she added.

"What I find works best is unstructured but monitored groupings with their own typically-developed peers (as models), not with other socially impaired children."

Because the busy routine of the school day can limit peer interaction, the therapist planned indoor recesses during her lunch hour, pulling in regular ed kids and facilitating games. She saw success, "but it became such a huge task, and I was the only one involved in it. I just don't want to get myself in that situation again," she said.

"See that's the thing," Jacobs said. "As speech

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ASHA Schools Roundtable

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pathologists, they're putting all this pragmatic (social) language on our shoulders, when it needs to be a team approach. Everybody's got to get on board, because we're not the only ones who are supposed to be targeting that."

The roundtable participants agreed that ideally school speech pathologists would assess needs and classroom teachers would implement them throughout the day, essentially making the therapist a consultant. One explained, "I'll teach the skills, but I'm not here all day long and you are. You're the ones that need to report how he did on the bus, how he did during lunch, how he was asking for a pencil. It's not just my job, it's our job...It's not like 'here, fix this and then send him back to me' – it doesn't carry over."

Another therapist shared that she ensures classroom teacher involvement by stipulating teacher reporting in her students' Individual Education Plans (IEP), a legal document that requires specific modifications for eligible students to assure that their educational needs are met.

Group members also emphasized the value of peer mentoring. "In my experience, the peers have made a bigger change in those students than I ever could have made," Jacobs said.

"I think we have to raise expectations of the people who are working with the kids. It's fine for you to say, 'I would be glad to help you, but I don't respond when someone yells,'" another therapist said.

A participant recommended teaching a communication lab with the whole class working together on skills such as being polite, active listening or staying on topic. If a student breaks a communication rule, his classmates correct him.

"The peers are tuned in. 'This is what I'm learning; this is what we all need to be doing.' And if you have that peer who's tuned in to a special needs child, they kind of help bring them along, and we're all learning together, and it's a natural environment experience."

"That's what I do with my videos," said Jacobs. After watching a social interaction, "then we can talk about it or act it out. Take that next step."

"I would love to video these kids in natural situations so that you can go through it, figure out what's going on, and they could see it," said a participant.

"I love video modeling," agreed Jacobs. "And all the research supports it, that's what's so great; they can make gains from it."

"How do you implement it in your school?" a therapist asked. Jacobs said that it can be done individually or in small groups. "I've also done it on a smart board with the whole classroom," she said.

As the discussion was ending, a therapist asked, "When a kid is trying to describe their emotions they can give me a scenario of when they felt (something), but do you think they truly connect?"

A participant answered, "When a student says, 'I get frustrated.' I ask, 'Well, what does that mean? What does your body feel like?' And then you start to talk about the physical component – 'my stomach starts to hurt, or I feel sweaty.'"

Another therapist agreed, "I think that's a great idea, because you start teaching coping skills ... It's the concrete physical feelings that are going to cue them and keep them from falling apart." ■

"If you have that peer who's tuned in to a special needs child, they kind of help bring them along, and we're all learning together, and it's a natural environment experience."

– ASHA Schools Roundtable Participant

"Fear of the unknown, coupled with anxiety over the growing incidence of the disease (autism), may be leading people to draw their own conclusions."

– Florida Tech Assistant Professor of Psychology Celeste Harvey.

Survey Confirms Parents Still Fear Possible Link between Childhood Vaccines and Autism

Poll Results Help Explain Growing Number of Measles Infections

A recent national survey of attitudes toward autism reveals that a small but significant percentage of people still believe the disease is caused by childhood vaccines. The survey of 1,000 randomly selected adults was conducted for the Florida Institute of Technology.

Nearly one in four (24 percent) said that because vaccines may cause autism it was safer not to have children vaccinated at all. Another 19 percent were not sure. This at a time when the Centers for Disease Control reports that autism affects one in 150 children born in the United States.

Scientists say there is no evidence linking vaccines and autism, but the lingering fear is leading to fewer parents having their children vaccinated and a growing number of measles infections. The New York Times reported in August that measles cases in the first seven months of 2008 grew at the fastest rate in more than a decade and cases in Britain, Switzerland, Israel and Italy are said to be soaring.

"Fear of the unknown, coupled with anxiety over the growing incidence of the disease (autism), may be leading people to draw their own conclusions," said Florida Tech Assistant Professor of Psychology Celeste Harvey.

In addition to asking whether a link exists between autism and childhood vaccines, the survey explored people's knowledge of the disease, their exposure to people with autism and their support for early intervention programs.

More information can be found at fit.edu/newsroom/features.html. ■



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Questions from the Clinic

I am a school social worker and am considering purchasing your programs. Is your program specific to autism and Asperger's disorder, or is it an appropriate tool to use with all children who have poor social skills? I have a Downs syndrome student and several ADHD students who I'm wondering if this would be appropriate for. Also, is it possible to try the program before purchasing?

To try out our programs before buying simply e-mail or call us to request a free demo disk or to set up a 30-day trial of a product of your choice.

Dear Social Worker:

Social Skill Builder products are designed with all children in mind who struggle with grasping social skills and interpreting others thoughts and feelings; therefore students with ASD and Asperger's disorders come to mind first. However, you are correct in thinking that these programs are also very appropriate for students diagnosed with Downs syndrome, Emotional Disturbance, Learning Disabled and ADHD.

To try out our programs before buying simply send an e-mail to info@socialskillbuilder.com, or call 1-866-278-1452 to request a free demo disk or to set up a 30-day trial of a product of your choice.

Thanks for the question!

Socially Speaking,

Laurie Jacobs CCC-SLP, Cofounder of Social Skill Builder

Is it necessary to purchase a site license for your products? If so, how much are they? Thanks, Karen

Dear Karen:

It is not necessary to purchase a site license for any of Social Skill Builder products. All of our products can be used on any computer, as long as you are using a licensed copy of the software. So, if you are a traveling therapist or teach in several rooms or locations you can take the CD-ROM and use it on the go! Note that data scores stored at one location will not transfer to another location.

Socially Speaking

Laurie Jacobs CCC-SLP, Cofounder of Social Skill Builder ■

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