

## **The Clueless Child** **A Child with a Theory of Mind Deficit Curriculum**

The Clueless Child refers to a child who often acts in intelligent ways but at times is incredibly clueless. Sometimes this "cluelessness" is due to an undiagnosed Theory of Mind deficit (ToMd). In simplest terms, Theory of Mind is perspective taking, taking your own perspective and that of other people. A deficit in Theory of Mind means that you frequently do not understand what is best for you. You also do not understand why the other person is acting the way they are.

Theory of Mind deficits are not related to IQ. This means that the "clueless child" can be gifted, which may be very confusing for parents as well as other people. The contrast between the child's intelligence and the "clueless" behavior can be stunning, making it hard to believe that this person cannot read other people and cannot figure out what is in their own interest or in the interest of others. Theory of Mind is close to empathy but the person with this problem can be empathetic if they understand the situation or have personally experienced what the other person is going through.

This lack of perspective can lead to incorrect thinking and conclusions creating a very large deficit in the ability to get needs met and to have a successful family and other positive social interactions. This is important because the family is your first social skills group.

For years, Theory of Mind deficits were believed to only be found in people with an Autism Spectrum Disorder diagnosis. New research is proving that ToMd is found in people with many additional diagnoses.

### **Other Theory of Mind Definitions**

Theory of Mind impacts every aspect of human interaction. One Neuropsychological definition from research is:

"Theory of Mind" is the ability of an individual to infer the feelings, motives, opinions, and emotions of another based on that other's expressions, however fragmentary or incomplete these may be. It is an indispensable ability for meaningful social interaction. Clearly, theory of mind (also designated by the acronym ToM) is closely related to empathy, which ToM can be said to include. Empathy refers specifically, however, to affective understanding ("emotional resonance"), whereas ToM in general extends beyond affect to include cognition.<sup>6</sup>

In everyday language this means can I take your point of view, and can I take my own point of view and know that each are valid. Some programs and definitions only talk about taking the perspective of others. It is important to note that there can be a deficit in taking one's own perspective as well. Theory of Mind deficits, like most neurological disorders, is a spectrum on a continuum. Lack of perspective-taking can cause fallacious thinking. When one does not have the other person's perspective, one can believe that the other person's thinking is just wrong because it is different.

Theory-of-mind (ToM) refers to the ability to accurately infer others' internal states such as intentions and emotions that drive observable behaviors.<sup>19</sup> Two components, decoding (social perceptual) and reasoning (social cognitive), are embodied within ToM.<sup>24</sup> *Decoding* involves deciphering others' tangible social information (e.g., eye gaze).<sup>25</sup> *Reasoning* ToM is subdivided into affective and cognitive components. Whereas *Affective-reasoning* ToM is the ability to identify and draw accurate inferences of others' feeling states, *Cognitive-reasoning* ToM is the capacity to precisely deduce others' intentions and beliefs. This includes predicting characters' actions based on inferences about their false beliefs, or discerning jokes from sarcasm. Lesion and neuroimaging studies have supported the decoding and reasoning components of ToM, showing that they entail distinct neural networks.<sup>18</sup>

Theory of Mind deficits need to be separated from the impact of social communication disorder (pragmatic language disorder), and executive dysfunction on understanding human behavior and knowing when one's collection device may not be taking in and interpreting the behavior of others accurately. It is not only the language requirements for communication socially, but it is also understanding body language. When someone has Theory of Mind deficits it always has an impact on social communication. Another commonly occurring disorder is Executive Dysfunction (EDF). The differing characteristics of EDF are difficulty with goal setting, initiating, prioritizing, pacing, planning, sequencing, organizing, shifting flexibly, using feedback, inhibiting, self-monitoring, and executing. If you have deficits in these skills, it will have a negative effect on your ability to socialize. Theory of Mind deficits, like Social Communication Disorder and Executive Dysfunction, can lead to social cognitive deficits that negatively impact interpersonal success and impact having a mate, friends, and a job.

Broken mirror neurons are believed to be responsible for ToM deficits in people with ASD.<sup>1</sup>

### **Groups with Difficulty Developing Theory of Mind**

It is becoming increasingly clear through research and in clinical practice that other neurological disorders also may have this deficit. The following are examples of some disorders found to also have deficits in Theory of Mind.

- Acquired Brain Injury<sup>14</sup>
- Anorexia Nervosa<sup>9</sup>
- Attention Deficit Hyperactivity Disorder (ADHD)<sup>15</sup>
- Bipolar Disorder<sup>8</sup>
- Down Syndrome<sup>17</sup>
- Fetal Alcohol Syndrome<sup>12</sup>
- Major Depressive Disorder<sup>10</sup>
- Migraines<sup>22</sup>
- Obsessive-Compulsive Disorder (OCD)<sup>13</sup>
- Psychosis<sup>16</sup>
- Social Anxiety<sup>11</sup>

- Social Communication Disorder <sup>13</sup>
- Schizophrenia <sup>8</sup>
- Stroke <sup>7</sup>
- Tourette Syndrome <sup>5</sup>

### **Medical Education**

Have the family talk to their therapist about getting medical education for the child and the whole family. Make sure as many of the family members as possible can be there so that everyone understands what is causing the behaviors they observe. Have them ask the therapist any questions and clarify things that not understand. Having an accurate understanding of the neurological underpinnings of the disorders that are often seen with Theory of Mind deficits is important for the whole family and anyone interacting with the child on a regular basis.

### **Development**

#### **Skill Development <sup>13</sup>**

- Know that people act according to the things they want.
- Understands the causes and consequences of emotions. (“If I throw my toy, mom will be mad.”)
- Pretends to be someone else (like a doctor or a superhero) when playing.

#### **Three-Year Olds**

- Can identify basic emotional expressions. <sup>2</sup>
- Knows that certain situations elicit certain emotions. <sup>4</sup>
- Understands that others may experience a different emotion than the one they have. <sup>2,4</sup>
- Comprehends that two individuals can hold different beliefs. <sup>30</sup>

#### **Four and Five-Year Olds <sup>13</sup>**

- Understanding “wanting” – different people want different things, and that to get what they want, people act in different ways.
- Understanding “thinking” – different people have different, but potentially true, beliefs about the same thing. People’s actions are based on what they think is going to happen.
- Understanding that “seeing leads to knowing” – if you haven’t seen something, you don’t necessarily know about it. If someone hasn’t seen something, they will need extra information to understand it.
- Understanding “false beliefs”- sometimes people believe things that are not true - and they act according to their beliefs, not according to what is demonstrably true.
- Understanding “hidden feelings”- people can feel an emotion that is different from the one they display.

## **Throughout Life**

For the next several years they learn to predict what one person thinks or feels about what another person is thinking or feeling. They also begin to understand complex language that relies on theory of mind. Some examples would be lies, sarcasm, and figurative language. Some experts argue that Theory of Mind development continues over a lifetime as one has more opportunities to experience people and their behavior. <sup>13</sup>

### **Screening for Problems with Theory of Mind** <sup>13</sup>

It may be difficult to:

- Understand why people do and say the things they do.
- Have a conversation.
- Tell a story.
- Understand characters' perspectives in storybooks.
- Make friends.
- Engage in pretend play.

### **Obstacles to Remediation**

- Low intelligence
- Negative family impact
- Has or is developing personality disorder(s)
- Is unable to trust
- Experiences too little emotional pain
- Unable to push through unpleasant work
- Has learned helplessness
- Is spoiled
- No Guts!
- Needs grit!

### **Other Issues That Can Detract from Theory of Mind Development**

- Check to see if electronic addictions are interfering with the person's social life.
- Check to see if friends are only online, in which case there is no real in-person practice socializing in order to improve Theory of Mind deficits.

### **Parenting Strategies** <sup>26</sup>

“Children have shown that when parents use words that refer to thinking and feeling when they talk to their child, it helps their child's theory of mind development.”

- **Follow your child’s lead** – This will help the child pay attention and tune-in to facial expressions. Give up your ideas of what the child should do or how the child should play and join in play by copying the child’s actions and adding to their play ideas.
- **Use “tuning-in language”** – This means putting your own and your child’s perspective into words, “Oh, you want a cookie.” You can also explain why other people role play with your child when you pretend together – Role playing helps develop theory of mind because it encourages children to think about and act out other peoples’ perspectives.
- **Use books to talk about the characters’ thoughts and feelings** – Talking about the characters’ thoughts and feelings, their different ideas and reactions, and what characters might do next in the story helps promote early Theory of Mind. Research shows that it is also important to connect these ideas to the child’s own experiences.

Every time you interact with and talk to your child, you have an opportunity to put into words what you are both thinking and feeling. These types of conversations will deepen understanding of thoughts and feelings, how others may have different thoughts and feelings from your own, and how we all act based on what we are thinking and feeling.

More information about resources for Theory of Mind development in young children can be found at the end of this curriculum in the resource section.

### **Professional Curriculum (Tricks)**

#### **Perspective Taking Learning Disability <sup>31</sup>**

- Difficulty determining the deeds, intelligence, and motives of others.
- Difficulty recognizing and accounting for other person’s expectations about how one should participate or behave.
- Difficulty completing obligatory tasks not of their own choosing.
- Limited knowledge of what it means to participate successfully in a relationship (formal or informal).

*Note: The above example leaves out the learning disability of having difficulty taking your own perspective as well as that of others.*

#### **Use Learning Disability Instructional Strategies**

- Find the last place developmentally where the child has mastered the material and teach the next step until mastered.
- Teach at the developmental stage of where their Theory of Mind has progressed or stopped evolving.
- Teach the skill until mastery is achieved, 9/10 occurrences over several months. Use cognitive modification strategies to increase the ability to understand and retain the material, e.g., FEVER – Face the person, Eye contact (which can be achieved by looking

at the bridge of the other person's nose, if direct eye contact is a sensory overload), Voice pleasant, Expression needs to be a pleasant face, Right posture. <sup>26</sup>

- Have them join a curriculum-based social skills group. Social skills need to be directly taught like any other subject.

### **Curiosity Not Judgment**

Teach curiosity rather than judgment. There can be a moral policeman in the child's mind that makes sure that they know what just happened even when they are wrong. Curiosity can be a tool of great kindness and an invitation to have a discussion rather than a fight over being right.

### **Clean Mirror**

Use words to reflect what is happening to the child without judgment. Be a clean mirror.

### **Overcoming Adversity**

Identify how big the bump in the road is. Breaking your fingernail is not a life-threatening event. Make sure that there is perspective taking.

### **Find Another Gear**

Teach how to reach down and find another gear when a person feels out of energy and needs more to be able to grow. What gives a person energy when they think about it or if they do something? Having the experience of playing sports is a good example of how to develop another gear when needed.

### **Team Player**

Utilize sports analogies as a good accompanying tool. Teach the importance of working as a team. Make sure that the child knows how to be a team player as well as a captain.

### **Firing Your First Born**

Make sure your first-born child who has difficulties with Theory of Mind is not allowed to act as a parent to other siblings.

### **Kids Inside Analogy**

Use the kids inside analogy and the client becoming the parent to themselves to help the kids inside learn the skills they need. The kids inside represent all that someone has learned at each stage of their life, including hurt feelings and no longer useful defenses. Figure out what defenses are no longer useful and what more appropriate defenses to put in their place. This exercise helps a person develop a relationship with themselves. Create a compassionate, trustworthy, respectful relationship to allow for old, obstructive defenses to come down and

not be in the way of developing new skills. Learn how to comfort and soothe the hurt kids inside who represent all that one has learned at different ages and stages.

### **Teach Head, Heart, and Gut**

Gut instincts do not lie like heads and hearts do. Teach the value of the nonlogical thinking information available to self, e.g., intuitions and gut feelings.

### **Feelings vs Thoughts**

Teach feelings vs. thoughts. Start with four feelings: mad, sad, glad, scared. Teach what facial expressions go with each feeling and what facial features would be expressed when having those feelings. Use of a mirror is helpful.

#### *Activity - The Gingerbread Man*

Draw an outline of a gingerbread man. To express how one is feeling, choose a colored pen or magic marker with each color representing a different feeling. Assign a color to each feeling and let them color how much of each feeling they have.<sup>27</sup>

### **The Basket**

Teach that taking the basket that someone is offering you is a choice...is the basket filled with good stuff or garbage? Use of this "Hurts You?" story is a good example of how not to take the basket. While sitting in my dentist's office I saw a little five-year-old sucking his thumb. An elderly lady said, "Aren't you too old to be sucking your thumb?" The boy said in a kind way, "Hurts you lady?" This is an example of not taking the basket while having a clear and clean response to a negative basket.

### **Compartmentalizing**

Being able to defer something to deal with later can be used as an old avoidance defense mechanism or a present useful tool. Get rid of the negative way of compartmentalizing but save the useful way to do it by allowing someone to put something aside when they need to deal with it later.

### **Negative Collection Devices and Exposure Response Therapy**

Check for negative collection devices such as comorbid obsessive-compulsive disorder or Mood Disorders and use thought challenging to check the validity of what the person is thinking. Separate out the neurological voices and negative patterns from one's own voice and use Exposure Response Prevention Therapy (ERPT) to break the habit and decrease the negative thoughts.

## **When the Family System Is in Trouble**

Try to help the family system heal to support new learning about Theory of Mind and create better relationships through medical education, teaching strategies, and family therapy.

### **Premeditated Resentments**

Teach that expectations are premeditated resentments and judgments. Don't assume!

### **Repairing Damage**

Teach reparations. as taking responsibility for one's actions. "You break it, you bought it!" is a wise saying that works well for teaching responsibility. "If you break it, you fix it!" Holes in the walls requiring sheet rock or dry wall repair are one of the "family secrets" of many families with children with these disorders. Repairing damage can be used to deal with the impact of the behavior.

This is one of the most effective tools in the family's behavioral arsenal; reparations can be done by earning money or doing chores if the actual repair is too difficult for the child. This teaches responsibility and allows the person to regain their self-respect by cleaning up the mistakes that they have made. Reparation also needs to be thought of when verbal mistakes are made. No matter what, it is not okay to make a mess and expect someone else to clean it up. Apologizing is not sufficient! For example, a chore should follow the apology to make up for the time wasted during an argument with the parent.

The chore should be work that is normally done by the person who was inconvenienced during the argument. If the argument took 45 minutes, then the parent assigns a chore that the parent was going to do that will take the child 45 minutes to complete. One of the most frequently asked questions is, "How do I know if it is caused by neurology or is just naughty behavior?" If you use reparation, it does not matter, as long as one does not lose one's temper while stating expectations. You are teaching the neurologically impaired individual to understand and take responsibility for actions and decisions.

### **Locus of Control**<sup>23</sup>

People tend to believe that either they have control over their lives or that others do. This concept is termed "locus of control." The goal should be taking responsibility for one's actions and not blaming others. Very young children, naturally, see this concept as being outside of their control. As the child matures, they learn how to take control and responsibility for their actions. If the child does not understand this and blames others for everything that occurs, that individual is delayed in maturing and developing a positive self-concept.

The ability to take control and be successful is an important confidence builder; success in this arena gives one the sense that they are in charge of their destiny. Without this, it is easy to blame others for all the difficulties one has. Taking responsibility is supposed to be well established by the time a person leaves home and goes out in the world. This is frequently not the case.



## **Instant Replay** <sup>28</sup>

We have all heard sportscasters say “Let’s look at the replay” so what happened can be reviewed. The “Instant Replay” technique is similar in meaning and usage to this sports check to see what happened. It is used to determine what worked, what needs to be learned, or what needs to change in the future. An Instant Replay does not have to be immediate but is most effective closest to the event.

*This technique is most successfully used without strong emotion and is informative in tone.* An Instant Replay might occur after a child has attempted to have a playdate with his buddy to play a new video game together. The adult goes up to the child to ask him if he noticed that his friend had gone home and that his friend was angry when he left. The child did not understand that when he started the game to show his friend how it was played, that he was still playing an hour later. He did not notice his friend became hurt and left. The child was not alert to his friend’s feelings and not taking turns. He had not noticed what impact it had on his friend. The adult needs to point out that his friend left because his feelings were hurt. Together you can think of ways to make it up to his friend and agree that a good rule would be for the friend to play the game first and set a timer for them to alternate playing the game.

An Instant Replay can also be used to immediately address and correct social blunders where there had been no plan, i.e., where the child impulsively does something that creates social difficulties. It should also be used to follow up with a cooperative problem-solving intervention. As an example, if the parent or therapist has been working with a child to develop a P.L.A.N. to handle a particular situation with their sibling, the child may identify the problem (P), lay out the options (L), act on one (A), now evaluate (N), and then go back home or to the therapist at the next session to review how the PLAN worked out. <sup>20</sup>

Dining out can be a golden opportunity to do an Instant Replay without the child being the subject. If a child in the restaurant does something wrong, the adult can quietly point it out and guess the predicted outcome of the behavior. The adult can then predict what would be a good way to repair the problem and see what happens. Then discuss how the child might have handled it in a better way if the outcome was not good.

Instant Replay is not confined to reviewing negative behaviors or outcomes. Adults can use it effectively to positively reinforce spontaneous behaviors.

## **Graceful Exit**

Practice storm (rage) drills to promote “graceful exits.” The child is given permission to exit a conversation at any time (even if a parent is in mid-sentence). They can go to their room to use their angry pillow or time themselves out. Reward the child who “gracefully exits” on their own (e.g., privileges, bonus allowance).

Each family member should have an “angry pillow,” a sturdy pillow that they can beat with their fists, a tennis racket, or plastic baseball bat to calm their anger. Picture the face of the person you are angry at and beat the pillow to vent your anger, but you can never put your own face on the

pillow. Take the bat or racket and hold it over your head while bending your knees and hit the pillow ten times. Sometimes after this the person may cry because hurt is frequently masked by anger. Crying is not a problem.

### **Coke Machine**

The Coke Machine is a great analogy for when a person is trying to get something from someone and when they cannot get it, they take it personally. When you put your money in the coke machine you expect a coke to come out. You may get mad when it does not come out and kick the coke machine. You may think it is your fault, that you are doing something wrong and that is why the machine does not give you a coke. You may think the coke machine does not like you. What does not occur to you is that the machine is either out of soda or is broken.

### **The Pot**

Teach the Pot and the Lid. You may think the thought inside your brain is what is going to comfort you when something goes wrong. Negative thoughts and beliefs are like landing on barbed wire. Positive thoughts and beliefs are like landing on pillows. Humans seem to have an automatic opener to make sure negative thoughts are taken into the brain. Many times, you must consciously train yourself to take in positive thoughts and beliefs. Do not forget to open your lid when something positive is said, *let it in* and say "Thank you." Teach and be aware of the Haim Ginott quote, "Praise consists of two parts: What we say to the child and what he in turn says to himself."

### **No, No, No Syndrome**

Sometimes an anxious or depressed person's automatic response is NO. Make sure that is the response they really want to give.

### **Conversational Starters**

It is important to teach several topics that are good when nervous about starting a social conversation (e.g., sports events, movies, hobbies, a job).

### **The NO! NO! List**

Is a list of topics that are "NOT" good to bring up in a social setting, e.g., religion and politics.

### **The Moral Policeman**

The Moral Policeman makes friends with the Vengeful Angel (a match made in Hell!). Teach about the Moral Policeman and the Vengeful Angel that make Theory of Mind deficits have a more negative outcome in social relationships.

The Moral Policeman frequently lives in the brain of the person with Obsessive-Compulsive Disorder (OCD). It can make the person negatively judge themselves and negatively judge others when they make a mistake, no matter how small or how large.

Sometimes if someone has a really bad case of the Moral Policeman, they may also have a Vengeful Angel that encourages them that they must tell the person who made the mistake or tell an authority figure who could seek a consequence for the perpetrator. This is a very destructive behavior in a school, workplace, social setting, or primary relationship.

Both the Moral Policeman and the Vengeful Angel can be changed by recognizing when this is a symptom of OCD and by using a specific cognitive behavioral strategy (Exposure Response Prevention Therapy) to change and break this habit.

### **The Eye-Contact Trick**

When looking into someone's eyes is too overwhelming from a sensory or anxiety point of view, look at the person's nose between the eyes and not directly into the person's eyes to allow you to appear that you are respecting them while looking at them.

### **Personal Space**

Use an arm's length as a measure for how close to get to people during a social interaction. This is as close as you should be to someone without entering their personal space.

### **“Oops” vs. “Blame” Strategy**

There is no need to blame yourself or others when something negative happens. It does not help anyone to be told it is their fault. Teach that mistakes are an opportunity to learn something and correct any negative impact the “oops” caused.

### **Truth vs. Kindness**

Aristotle vs the Sophists...Truth vs. Kindness. In ancient Greece there were two political parties at one time., the Aristotelians and the Sophists. The Aristotelian's believed truth was the highest good. The Sophist's believed kindness was the highest good.

The Sophists lost and western civilization has held truth as the higher good. Nowhere does this address the importance of kindness. Luckily, most people found it too unkind to always tell the truth when it was going to hurt someone, and they invented the kinder “white lies” to modify this. For example, if Mary is asking at church if someone likes her new dress, that person can be kind rather than tell the truth if they do not like the dress by saying, “What a dress, Mary!”

## Boundaries

Boundaries are the safe “fences that make good neighbors <sup>3</sup>.” Do I know where my boundaries are? Is this interaction coming on to my land? Where does my land end and theirs begin? Is it an arm’s length away from me or is it up at my throat? Is my personal space being respected? Are my personal values being respected? Am I treated well? Is my opinion being honored?

For example: When a child asks his mother to do something the child can do himself just because he does not want to do it. The mom replies: “This is actually one of your jobs and I know how good you are at doing this job.” Mom has set clear boundaries of what her jobs are and what the child’s jobs are.

## The Dating Test

The Dating Test is for people who may not be able to judge if this is a good relationship. It goes like this:

1. Do I feel better about myself after being with this person?
2. Would I be okay if my child were to marry someone just like this person with no changes?
3. Does this person make my life feel happier, healthier, and more successful?
4. Do my healthy family members and close friends think this is a good relationship for me?
5. Is this person my best friend?
6. Are my family or friends happy about how I am treated by this person?

## Selling Yourself

Use the idea that if you think of social interactions as selling a product what would be your commercial about yourself? Make sure it is something that someone would want to buy.

## Being Present

Anxiety disorders and OCD like to worry about the future and regret the past. Mood disorders like to live in the past. Living in the present is the healthy way to keep automatic negative thoughts out of your brain. Only think about what you can do at the present and only think about other things when you can do something about it or process it in a healthy way.

## The Brightest Spirits

“The brightest spirits live in the densest pots” *Hindu Proverb*. Sometimes children with ToM deficits have trouble being open to new information. This concept is very helpful when talking to someone who is either living with or is a “clueless kid.”

## Supportive Statements <sup>20</sup>

We use this to help teach our kids how to stay positive when parents set limits. This also helps teach our children how to use constructive sentences when having hard conversations with other people such as friends and family.

### 1. *Acknowledge the Emotion*

Start with simple emotions, e.g., mad, sad, glad, and scared.

Example: "I know you are mad, and that is okay."

### 2. *Reflect the Reality of the Situation*

This is the statement of the limit or the rule that triggered the emotion. You can think of this as the part the child will not want to hear but that they need to understand.

Example: "When we bought your last game, I told you that this was the last game we would buy until your birthday."

### 3. *Statement of Confidence*

This is the part that bolsters the child's confidence because you are reminding them that you have faith in their abilities. This has the benefit of always being true.

Example: "I know that you will get through this."

## Discomfort as is a Learning Opportunity

When a child experiences pain and discomfort, consider this an opportunity for them to learn something and create a positive change. It is common when something is hard or uncomfortable, the experience is avoided. When we look back, the best learning experiences in our life frequently began as the most uncomfortable ones.

Facing a deficit such as a lack of Theory of Mind can be such an experience. It is one that a therapist can help a child go through to get the skills they need. It is worth the trouble to learn how not to have ToM deficits interfere with the importance of positive human relationships such as having a mate, friends, and a job.

## Resource Materials

*Some of the resources say they are for people on the Autism Spectrum Disorder but they are still valuable to teach Theory of Mind to anyone with any diagnosis.*

### **Comic Strip Conversations**, by Carol Gray

Comic strip conversations use visual supports to improve the understanding and comprehension of social situations.

### **Emily's Tiger**, by Miriam Latimer

Watch out - Emily is off and running again! This little girl has a problem with her temper, and every time she gets angry, she turns into quite the little tiger. This quirky picture book addresses behavioral issues with humor and an emphasis on intergenerational relationships. Reading age. 3 - 7 years.

### **Navigating the Social World: A Curriculum for Individuals with Asperger's Syndrome, High Functioning Autism and Related Disorders**, by Jeanette McAfee

Pediatrician Jeanie McAfee originally created this user-friendly social curriculum for her daughter Rachel, who was diagnosed with Asperger's at age ten. Since then, it has become a staple for parents and educators. It addresses the most urgent problems facing those with Autism Spectrum Disorder, and associated disorders.





### **The New Social Story Book**, by Carol Gray

These short stories describe different scenarios which allow individuals to better understand themselves and others. These stories may motivate them to start asking questions about other people and at least recognize that different individuals think in unique ways and have different abilities.

- Demonstrate different social situations.
- Utilize events to teach one's own perspective.
- Show the perspective of others.
- Try to train curiosity towards social situations.
- Allow for demonstrations of others thinking differently.
- Help them learn to predict some outcomes of their own behavior.
- Assist with learning to predict the behavior of others.

### **Playing It Right! Social Skills Activities for Parents and Teachers of Young Children with Autism Spectrum Disorders**, by Rachael Baret

The book, intended for use by parents, teachers and others working with young children of varying ages, contains a series of activities designed to help children on the autism spectrum develop basic social skills by focusing on elements of social interactions in a variety of settings - home, preschool, kindergarten and elementary school. The appendix includes materials such as rewards cards, schedules, choice boards and worksheet templates.

Things My Friends Do for Me	Things I Can Do for My Friends
<p data-bbox="321 1507 418 1533">Listen to me</p> 	<p data-bbox="662 1507 760 1533">Listen to them</p> 
<p data-bbox="289 1701 451 1726">Talk about what I like</p> 	<p data-bbox="630 1701 792 1726">Talk about what they like</p> 

**Superflex...A Superhero Social Thinking Curriculum Package**, by Stephanie Madrigal and Michelle Garcia Winner.

Looking for an engaging way to teach social awareness and self-regulation? Superflex, to the rescue! Kids around the world are having fun learning strategies and practicing new skills to boost their “Superflex powers,” so they don’t realize they’re improving their self-regulation and flexible-thinking abilities! This curriculum depersonalizes the impact of our behavior due to our neurological symptoms, e.g., rock brain stops me from taking information in when I need it.

**TalkAbility: People Skills for Verbal Children on the Autism Spectrum - A Guide for Parents**, by Fern Sussman.

A research-based guidebook and intervention program aimed at promoting the social and special language abilities necessary for conversations and friendships. An excellent source for social skills training.

**Thinking About You, Thinking About Me**, by Michelle Garcia Winner.

Ground zero for understanding and applying the Social Thinking® Methodology, this explores in depth the social learning process and how the social brain works.

**Thinking About YOU Thinking About ME, 2<sup>nd</sup> Edition**, by Michelle Garcia Winner.

This book weaves together research and cutting-edge clinical practice with innovative frameworks, loads of concrete treatment and learning strategies, case examples and scenarios, user-friendly tools, templates, diagrams, hands-on worksheets, and a touch of humor for teaching the what, why, and how of specific social competencies to all ages of students and clients with social thinking and learning challenges.

**“Tuning in” to Others: How Young Children Develop Theory of Mind**, by Lauren Lowry, SLP

The way parents talk to and play with their child can help children’s understanding of others’ thoughts and feelings. In fact, studies have shown that when mothers use words that refer to thinking and feeling when they talk to their child, it helps their child’s theory of mind development.

**What-To-Do-Guides for Kids Series, e.g., When ...Your Temper Flares: A Kid's Guide to Overcoming Problems with Anger**, by Dawn Huebner

Engaging examples, lively illustrations, and step-by-step instructions teach children a set of "anger dousing" methods aimed at cooling angry thoughts and controlling angry actions, resulting in calmer, more effective kids.

**Willamena Picklepants and the Case of the No-good Really Mean Words**, by Lauri Garretson

Willamena is an endearing character who learns that life can be hard but how we overcome our difficulties is what is most important. Filled with precious illustrations and thoughtful and rhyming words, Lauri Garretson does an outstanding writing job on her first children's book.

**You Are a Social Detective! Explaining Social Thinking to Kids, 2nd Edition, By Michelle Garcia Winner and Pamela Crooke**

The social world is a big, complicated place where we are all social detectives as we observe, gather, and make sense of the clues in different social contexts (settings, situations, and the people in them) to figure out the hidden rules for expected behaviors, as well as to understand how we each feel and think about what others say and do in a situation. This edition teaches social learners the power of observation, reading context, and interpreting clues to then choose how to respond in ways that meet their social goals which builds social awareness—the foundation of self-regulation.

**Zones of Regulation**

by Leah Kuypers

The Zones of Regulation is a curriculum geared toward helping students gain skills in consciously regulating their actions, which in turn leads to increased control and problem-solving abilities. This curriculum brings awareness to the whole family to understand what your brain is trying to do to you when you get upset. Is my brain headed toward the red zone? Am I in the yellow zone and need to remember the strategies I have for getting back down into the green zone where I can control my behavior?

**Citations References**

- [1] Andreou, M. and Skrimpa, V., (2020). Theory of Mind Deficits and Neurophysiological Operations in Autism Spectrum Disorders: A Review. *Brain Sciences*, 10 (6), 393. <https://doi.org/10.3390/brainsci10060393>
- [2] Denham, S.A., (1986). Dealing with Feelings: How children negotiate the worlds of emotions and social relationships. Goerge Mason University, Department of Psychology. [Denham 2007.pdf \(gmu.edu\)](#)
- [3] Frost, R., (1914). Adapted from “Mending Wall,” *North of Boston*. London, England, page 9. [Mending Wall by Robert Frost | Poetry Foundation](#)
- [4] Denham S.A., Blair, K.A., DeMulder, E., Levitas, J., Sawyer, K., Auerbach-Major, S., Queenan, P., (2003). *Preschool Emotional Competence: Pathway to social Competence?* PubMed Central. [Preschool emotional competence: pathway to social competence? - PubMed \(nih.gov\)](#)
- [5] Eddy C.M., Cavanna A.E., (2003). *Behav Neurol.* 27(1):15-2.doi:10.3233/BEN-120298. PMID: 23187149 Free PMC article. Review. [Altered social cognition in Tourette syndrome: nature and implications.](#)
- [6] Fuster, J.M. (2015). *Human Neuropsychology, in The Prefrontal Cortex (Fifth Edition)*. Amsterdam, Boston, Heidelberg, London, New York, Oxford, Paris, San Diego, San Francisco, Singapore, Sydney, Tokyo: Academic Press. [The Prefrontal Cortex - 5th Edition | Elsevier Shop](#)



- [7] Hamilton, J., Radlak, B., Morris, P.G., Phillips, L.H., (2017). Arch Clin Neuropsychol. Aug 1;32(5):507-518. doi: 10.1093/arclin/acx035. PMID: 28453602. [Theory of Mind and Executive Functioning Following Stroke.](#)
- [8] Kerr, N., Dunbar, R., Bental, R.P., (2003). Theory of mind deficits in bipolar affective disorder, *Journal of Affective Disorder*, Volume 73, 2-2003 pp. 253-259. [Theory of mind deficits in bipolar affective disorder - PubMed \(nih.gov\)](#)
- [9] Konstantakopoulos, G., Ioannidi, N., Patrikelis, P., Gonidakis, F., (2020). J Clin Exp Neuropsychol. 2020 Aug;42(6):611-621. doi: 10.1080/13803395.2020.1786504. Epub 2020 Jul 7. PMID: 32633184. [The impact of theory of mind and neurocognition on delusional in anorexia nervosa.](#)
- [10] Kumar, P., Dourish, C.T., Harmer, C., (2013). Neuroimaging approaches to the understanding of depression and the identification of novel antidepressants. Translational Neuroimaging pp. 343-411. [\(PDF\) Neuroimaging Approaches to the Understanding of Depression and the Identification of Novel Antidepressants \(researchgate.net\)](#)
- [11] Lenton-Brym, A.P., Moscovitch, D.A., Vidovic, V., Nilsen, E., Friedman, O., (2018). Anxiety Stress Coping. Sep;31(5):487-499. doi: 10.1080/10615806.2018.1483021. Epub 2018 Jun 25. PMID: 29940803. [Theory of mind ability in high socially anxious individuals.](#)
- [12] Lindinger, N.M., Malcolm-Smith, S., Dodge, N.C., Molteno, C.D., Thomas, K.G., Meintjes, E.M., Jacobson, J.L., Jacobson, S.W., (2016). Alcohol Clin Exp Res. Feb;40(2):367-76. doi:10.1111/acer.12961. PMID: 26842255. [Theory of Mind in Children with Fetal Alcohol Spectrum Disorders.](#)
- [13] Lowery, L., (2015). "Tuning in" to Others: How young children develop Theory of Mind, Hanen Early Language Program. [Tuning In to Others: How Young Children Develop Theory of Mind \(hanen.org\)](#)
- [14] Martín-Rodríguez, J.F., José León-Carrión, J., (2010). Theory of mind deficits in patients with acquired brain injury: A qualitative Review. Author links open overlay panel., *Neuropsychologia* Volume 48, Issue 5, Pages 1181-1191. [Theory of mind deficits in patients with acquired brain injury: a quantitative review - PubMed \(nih.gov\)](#)
- [15] Mary, A., et al (2016). Executive and attentional contributions to Theory of Mind deficit in attention deficit hyperactivity disorder (ADHD). *Child Neuropsychology*: 23(3):345-65. [Executive and attentional contributions to Theory of Mind deficit in attention deficit/hyperactivity disorder \(ADHD\) - PubMed \(nih.gov\)](#)
- [16] Morozova, A., Garakh, Z., Bendova, M., Zaytseva, Y., (2017). Psychiatr Danub. Sep;29(Suppl 3):285-288. PMID: 28953779. [Comparative Analysis of Theory of Mind Tests in First Episode Psychosis Patients.](#)

- [17] Neitzel, I., Penke, M., (2021). Res Dev Disabil. Jun; 113:103945. doi: 10.1016/j.ridd.2021.103945. Epub 2021 Apr 14. PMID: 33862539. [Theory of Mind in children and adolescents with down syndrome.](#)
- [18] Newman, M.G., Zainal, N.H., (2018). Worry amplifies theory-of-mind reasoning for negatively valenced social stimuli in generalized anxiety disorder. *Journal of Affective Disorders*, 227, 824-833. <https://doi.org/10.1016/j.jad.2017.11.084>.
- [19] Premack, D., Woodruff, G., (1978). Does the chimpanzee have a theory of mind? *Behav. Brain Sci.* 1, 515–526. [Does the chimpanzee have a theory of mind? | Behavioral and Brain Sciences | Cambridge Core](#)
- [20] Pruitt, S.K., Ashlock, A., (2023). *Theory of Mind Checklist*, Parkaire Consultants, Inc.
- [21] Pruitt, S.K., Pruitt, D.G., (2001). *P.L.A.N*, Parkaire Consultants, Inc.
- [22] Raimo, S., d'Onofrio, F., Gaita, M., Costanzo, A., Santangelo, G., (2022). Neuropsychology. Nov;36(8):753-763. doi: 10.1037/neu0000852. Epub 2022 Sep 1. PMID: 36048070. [Neuropsychological correlates of theory of mind in chronic migraine.](#)
- [23] Rotter, J.B., (1965). Locus of Control. *Psychological Monographs*. [Locus of Control Theory In Psychology: Internal vs External \(simplypsychology.org\)](#)
- [24] Sabbagh M.A., 2004. Understanding orbitofrontal contributions to theory-of-mind reasoning: implications for autism. *Brain Cogn.* 55, 209–219. [PubMed](#)
- [25] Samson, D., (2009). Reading other people's mind: insights from neuropsychology. *J. Neuropsychol.* 3, 3–16. 10.1348/174866408x377883. [PubMed](#)
- [26] Trotti, M.J., Born, G., (2005). *FEVER*, Parkaire Consultants, Inc.
- [27] Trotti, M.J., (2008). *The Gingerbread Man*, Parkaire Consultants, Inc.
- [28] Verna, T., (1963). "Instant Replay," CBS 12/7/1963 Army Navy annual football game. [The Invention of Instant Replay | Lemelson Center for the Study of Invention and Innovation \(si.edu\)](#)
- [29] de Villiers, J. G., de Villiers, P.A. (2014). The role of language in theory of mind development. *Topics in Language Disorders*, 34(4), 313-328. [The role of language in theory of mind development. \(apa.org\)](#)
- [30] Wellman, H.M., Liu, D., (2004). Scaling of theory-of-mind tasks. Society for Research in Child Development. [Scaling of Theory-of-Mind Tasks - Wellman - 2004 - Child Development - Wiley Online Library](#)
- [31] Winner, M.G., Various Books.

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