Tell Me About the Last Time You Were Embarrassed

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In 1985, Simon Baron-Cohen published his now-famous study of emotional perspective-taking among children with Autism Spectrum Disorder[1]. In it, he and his coauthors found that children on the Autism Spectrum were unable to impute beliefs to puppets in pretend play. They saw this a failure of "Theory of Mind," which can basically be described as the knowledge that other people have thoughts and feelings of their own. Subsequent research has sported their argument, elaborated upon it by proposing other emotional problems in ASD[2], and provoked some people to disagree[3] - and those links only constitute a very, very small percentage of the number of words spent discussing it.

Recently, I spoke to a seasoned clinician with 40 years of experience working in special education in public schools. She has been assessing and treating children with Autism Spectrum Disorder since before that term was even conceived. I asked her what her most powerful clinical tool was, and she told me the one question she asks every kid on her caseload: *Tell me about the last time you were embarrassed*.

We spend a lot of time talking about superheroes with kids on the Autism Spec-

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trum. This is partially because of Michelle Garcia Winner's SuperFlex curriculum[4], which sees widespread use in the schools, but of course also because children like talking about superheroes. It's only fitting that when we start talking about embarrassment, we should talk about superheroes too.

Superheroes, by definition, have superpowers. Some of them can even read minds. In comics, magic waves can shoot from the superhero's brain to represent this power as the superhero stares intently at the his nemesis, the archvillain, to determine what nefarious plans have been set in motion. As readers, we look at this ability and see it as enviable, as fantastic. The funny thing is, we attempt to read each other minds with every single social interaction, every single day. Having read someone's mind successfully can result in a positive social interaction - but it also can result in embarrassment, as you come to realize how some flaw or failure is perceived by others.

I've been using that question - *Tell me about the last time you were embarrassed* - with the kids I work with recently, and I've found out something very interesting: The kids who are diagnosed with Autism Spectrum Disorder frequently don't have an answer. If they do, it feels mechanical, as though they've been trained to identify and describe emotions - as, of course, they often have. Embarrassment, perhaps more than any other emotion, relies upon our ability to take the perspective of others, identify their feelings, and reflect upon ourselves. In the absence of this "Theory of Mind," there's no understanding of others' thoughts and feelings - and no motivation to learn.

This, of course, is all a dramatic oversimplification. I have no research evidence to support whether this question,

in this context, phrased that way, is in any way diagnostic of Autism Spectrum Disorder. However, when it comes to translating theoretical concepts into clinical practice, sometimes the best information can come from the simplest things. If you ask a child about the last time they were embarrassed, they might not have an answer because they don't know the word, don't want to answer, or genuinely don't remember. No matter what, their response gives you a data point that can contribute to planning your therapy. All of the information coded into the potential answers above (lack of theory of mind, knowledge of vocabulary, social anxiety, etc.) is therapeutically relevant for Speech-Language Pathologists and other special educators. If you get a *great* answer about a specific time your student was embarrassed, that will also give you a ton of information about that kid's social motivations that you can use when working toward goals. It's a mutual gain no matter what.

Embarrassment is one of many feelings that lie across the vast spectrum of human emotions. We don't talk about embarrassment much – probably because reliving those moments is uncomfortable. Embarrassment involves a complex analysis of our behavior and how it does not match the social expectation of a specific setting. Even the memory of embarrassment can trigger a powerful physical reaction that

Addressing the Lack of Attention Given to Autism and Mental Health Services in the South Asian Community

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As the South Asian community is growing in the United States, so is the focus on the community's needs and concerns, with mental health being one of the major needs. Such needs often go unspoken due to social taboos and hesitation. The same holds true for the issues related to developmental disabilities, especially in multicultural groups like the South Asian community. The South Asian immigrant group is often grouped together with Asians and Pacific Islanders. South Asians are people from India, Pakistan, Bangladesh, Nepal, Sri Lanka, Afghanistan, Maldives and Bhutan. They are recognized as a model minority and often parents have extremely high educational and professional expectations of their children. While the community holds its superstitious ideas about developmental disabilities, many try to justify that developmental disabilities, especially Autism Spectrum Disorders (ASD), are non-existent.

According to the Centers for Disease Control and Prevention (CDC), "In 2010, 370,011 children 6 through 21 years of age and 49,251 children 3 through 5 years of age were served under the 'autism' classifi-

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cation for special education services," and recently, "[a]bout 1 in 68 children has been identified with Autism Spectrum Disorder" (www.cdc.gov) based on the IDEA database. However, not all children get special education services and furthermore, IDEA data raises questions based on the way these numbers are categorized. The ques-

tion is, do these numbers represent the children who went for an evaluation, got a diagnosis or are the ones actually enrolled in services? Also races are grouped together when IDEA presents the statistical data by races and by the states. South Asians and other Asians races are listed under one category, though they have significant differences in cultural ethnicities and languages. Thus, there is no segregated data on South Asian children with ASD and the kind of services that are offered to them. Researchers (Dyches, Wilder, Sudweeks, Obiakor & Algozzine, 2004) agree that "there is a dearth of quality work on multicultural issues regarding [ASD]." Dyche et al., questioned how ethnicity and race affects family adaptations towards raising a child with autism. Using the Resiliency Model, these researchers focused on the social support of multicultural families that aide in raising a child with autism. Dyches et al., in 2004 recommended that "…students with multicultural backgrounds and autism are challenged on at least four dimensions: communication, social skills, behavioral repertoires, and culture. Future research in these areas is clearly warranted."

Similar recommendations were made by the author at the conclusion of her doctoral research in 2012. The author used contemporary Social Capital Theory to analyze the social support families get that aides

their response to raising their autistic children, especially during the transition years during their young adulthood. The author had conducted research as a doctoral candidate in Yeshiva University's Wurzweiler School of Social Work, New York. The research focused on the transitional challenges faced by parents and care givers of young adults with autism. Participating parents were asked to review the time they first heard their child's diagnosis and compare the feelings with the current response to the transitioning challenges. Thus answering to one of the primary research questions: How did the parents address their initial stress and/or confusion related to their child's diagnosis as they started their career as a parent compared to their coping strategies now at this transition stage?

South Asian participants of the study stated that they faced significant problems at the initial stages of their child's diagnosis as they did not know what Autism is and its impact on their lives. They shared that they had never heard about ASD in their home countries. Additionally, cultural disconnections and language barriers further caused the discloser of the diagnosis to be challenging for the parents; that is, it was very difficult for these parents to understand the diagnosis and prognosis

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is the result of a very high-level metacognitive understanding of one's social behavior. We feel embarrassed because we recognize that another person thinks our actions are inappropriate, or incompetent, or otherwise flawed. We know that we have made a social mistake. We have read the minds of the other people in the room and feel their disapproval. For children with Autism Spectrum Disorder, that concept may be foreign. Clinically, we can

start to ask them that question - and we can also start to tell our *own* stories, to help the development of this higher-level emotion for children with *any* learning profile. Even Superheroes make mistakes.

One unifying fact about embarrassment is that it teaches us a lesson. When you talk about your own feelings, talk about what you learned. The most formative lessons on cultural norms come from our errors. Embrace your mistakes, embrace your embarrassment, and share your perspective with your kids. In doing so, you can do

your part as a clinician to give your students superpowers.

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the Autism Spectrum with accommodations, especially when it comes to the specific social skills it takes to interview for a job there, and to keep it. I am also working with two other potential employers, Specialisterne and Ultra Testing, that specialize in only hiring individuals on the spectrum. I hope to find the same success again.

One of our biggest goals is to create a more inclusive community; one that accepts not only individuals diagnosed with Asperger's or another Autism Spectrum Disorder, but also accepts those individuals without a diagnosis who, for any reason, have difficulty with social communication, sensory processing or executive function (e.g. Non-Verbal Learning Disability and Social Anxiety). I think that it is also extremely important to recognize that these issues do not occur in a vacuum,

and that we must accept that individuals in our community may have co-morbid conditions. Vive la difference!

Reaching Beyond Neurodiversity

Inspired by Dr. Irmi, we are planning a special event where we will be inviting people of all cultures and races to discuss the issues of living in a neurodiverse world, and on how to transcend all borders and barriers in building a more inclusive community.

Looking to the future, we are working towards non-profit status so that we can participate in fundraising and offer our community even more. Perhaps someday we will have a brick and mortar community center where people on the autism spectrum can go for support and for engagement in social and cultural groups and events.

As an organization and a community, we will continue to be a work in progress.

Stephen Katz facilitates a variety of support, social and cultural groups for adults with Asperger's Syndrome, including those who are on the autism spectrum or have difficulty with social communication. In the past, this included the GRASP Manhattan support in New York City. He has also worked on a variety of projects for GRASP including, "Persons on the Autism Spectrum in Their Communities of Faith," a ground breaking seminar moderated by GRASP founder Michael John Carley.

Additionally, Stephen's background includes training with the Miracle Project, the musical theatre arts program for special needs kids, as seen in the HBO Documentary, "Autism the Musical." He has co-led socialization groups for 16-21 year olds with a variety of special needs, including those on the high functioning end of the autism spectrum and those with varied communication and learning differences at The Manhattan JCC. Stephen

was also employed by YAI/NIPD, where he worked with individuals of all ages and abilities in their homes, creating and implementing teaching strategies that increased language and improved academic, vocational and life skills, helping them lead more independent and productive lives.

Previously, Stephen has worked in advertising, marketing and finance. He is also an artist and has studied at the prestigious Art Students League and Parsons School of Design. His education also includes a Certificate in Human Resource management from New York University and a certificate in Learning Theory and Applied Behavior Analysis from The New York League of Early Learning (NYL) with additional classroom and hands on training and experience in Verbal Behavior, DIR/Floortime and Son Rise. For more information, please contact Stephen at Steveck42@aol.com.