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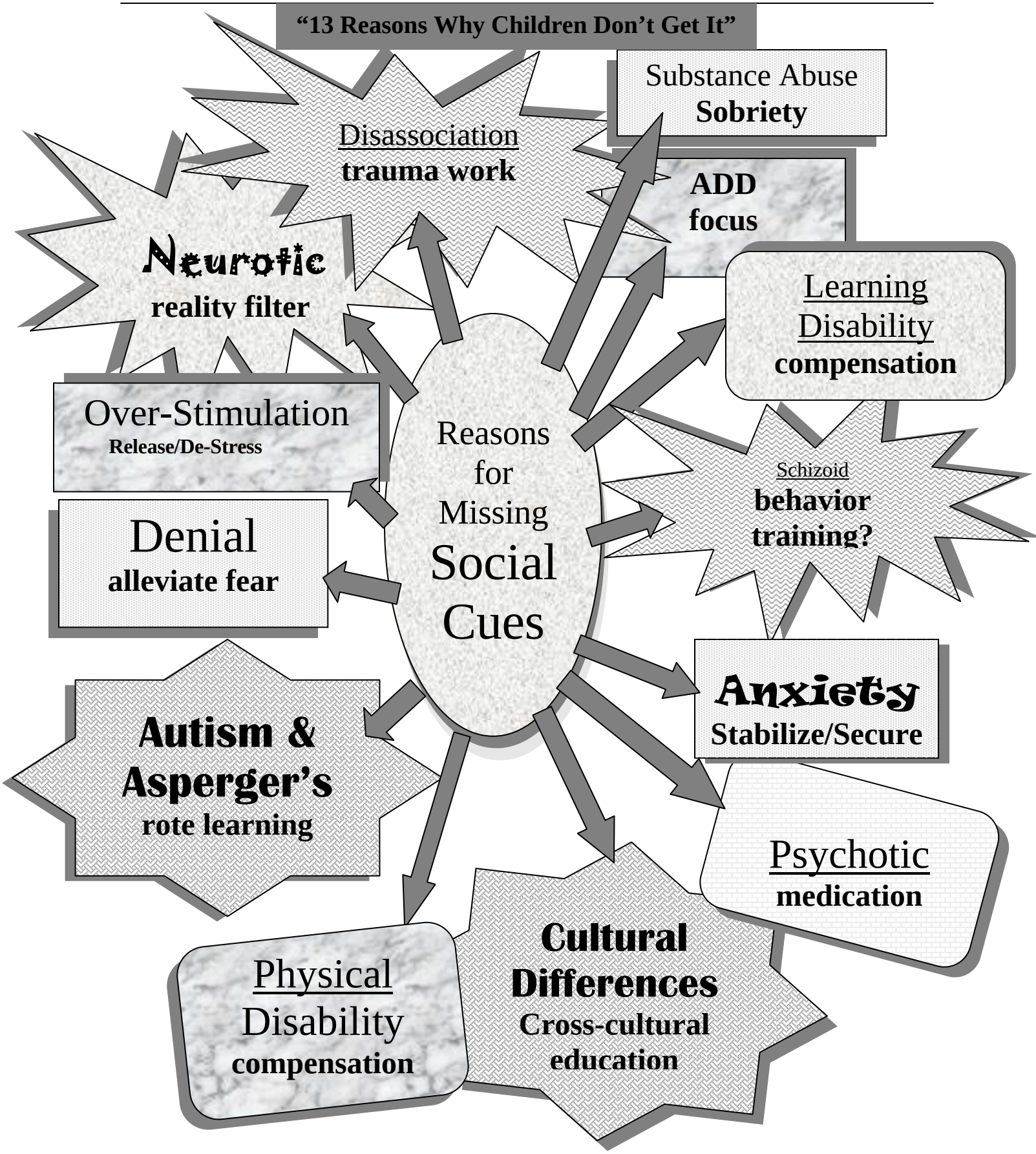
"13 Reasons Why Children Don't Get It"



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One of 13 Reasons Why Kids Don't Get It

Many years ago, in my school there was a five-year-old, who I will call Jerry who was about to go to kindergarten. At least that's what his parents thought should happen. However, he had a lot of odd behaviors that did not fit into my experiences with kids his age. He would startle suddenly with the quietest noise around him. He seemed to be mystified a lot of times about what the other kids wanted. Something was off. At that time, I wasn't sure what it was all about. However, I was sure that something was off. I arranged a meeting with the parents, and gave them a list- a list of the things that I had observed over the year. I asked them if they had observed any of these things at home. They were vague, but it seemed that it was not really new to them.

I asked if I could have my neighbor, a special education teacher observe and give some feedback informally. They agreed. My neighbor did not venture a specific diagnosis, but she agreed that something was going on that needed to be examined more closely. I gave Jerry's parents this information. I strongly encouraged them to get further diagnosis from other professionals who might be more proficient in this issue. They said, that they would look into it, but that they also felt that Jerry would "grow out of it." I responded, that in my experience his behavior is not something that was grown out of, but more indicative of some other issues. A week later, I asked them if they had looked into it. They hadn't. Two, three, and four weeks later, I asked them again and again if they had looked into it. They hadn't. I insisted that this was very important for them to do. They withdrew Jerry from my school.

Jerry missed social cues, especially non-verbal social cues that are critical to interpersonal communication. There are many nuances of facial expressions: muscle tension or relaxation around the eyes and mouth, tilting or leaning the head sideways, forward, or backwards, nodding ones head, that indicate important communication. Additional communication comes from changes in breathing, expansive to very slight movements of the hands, arms, body, and legs. These mix and match in a multitude of combinations.

1) Aspergers Syndrome – Rote Learning

Six years later, I got a phone call from Jerry's mother. She said that the school district had just diagnosed Jerry as having some autistic issue. She wanted me, as the first person to bring up the concern, to write about what I had observed six years before. On the one hand, professionally I was somewhat gratified to have what I had observed and spoken out about six years before, finally confirmed by others and attended to by Jerry's parents. On the other hand, I was furious that it took six years -- six years of failure and frustration, six years of lost opportunities for intervention, and six years of damage to self-esteem of his little boy. Also, I was also furious that although I was the first to have brought up something, that I should have been the fourth. Before me, an infant toddler caregiver, another preschool teacher, and Jerry's pediatrician were three professionals who failed to intervene and give professional feedback to the parents. Jerry's behavior

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was clearly out of the norm and was easily observable by any professional with integrity. How many other teachers and professionals did not give the feedback and make the intervention in the last six years, before enough finally did to get the parents to seek help? If every single one had given honest professional feedback, perhaps the intervention and to help that Jerry needed would have occurred long ago.

With further training and experiences, as an early childhood educator and as a Licensed Marriage and Family Therapist, my best guess is that Jerry had Asperger's Syndrome, a form of high functioning autism.

This is one of the 13 reasons that children miss social cues -- the social cues that are critical to interpersonal relationships and social success. There are many reasons why social cues are missed. It is important to distinguish why they are missed, as it will help you lead to more successful interventions to support children.

13 reasons individuals miss social cues.

1) Aspergers Syndrome
2) Physical Disability
3) Cross-cultural Issues
4) Overstimulation
5) Denial
6) Anxiety
7) Neurosis
8) Disassociation
9) Learning Disabilities
10) Attention Deficit Disorder (and Attention Deficit Hyperactivity Disorder)
11) Intoxication/Substance Abuse
12) Schizoid Personality Disorder
13) Psychosis

2) Physical Disability - Compensation
How many children have instinctively crept up closer to the front of the classroom to read the instructions on the front board? How many children never realized that it was possible to see sharp images clearly only when they got their first glasses? Individuals often have intuitive compensations to make up for a physical disability or challenge. Holding the paper closer so that one can read the small print. Tipping your head to position your better ear towards the sounds. Leaning towards the speaker to catch his/her words. Scanning left to right to compensate for limited peripheral vision. Taking a deeper breath to distinguish the olfactory cues. As young children develop intuitive strategies, however, their compensation may involve high stress and effort, as well as risk misinterpretation by adults. Creeping up to the front of the classroom to read the instructions on the front board may be interpreted by a teacher as a fidgeting child unable to sit still. A hidden disability may be a source of shame as well. A vision problem or a

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hearing problem can make an individual miss or misinterpret a social cue from other. When a physical disability or difficulty is identified, then it can be compensated for. Crutches or a wheelchair help a lame individual get around. Glasses or hearing aids can compensate for visual or auditory disabilities not only for simple communication concerns, but also for the more subtle but critical recognition of social cues.

3) Cross-cultural Issues - Cross Cultural Education

"Don, do you want the last piece of pie?" "No thanks," he replied. So, I ate the last piece. Later, back at his place with his girlfriend, he admitted, "Actually, I wanted that last piece of pie. I thought Ronald was going to offer it to me again. I thought he was going to insist that I take it." His girlfriend responded, "Nope, with Ronald, you only get one chance!" Don was used to a social interaction that called for polite refusal by the guest, polite insistence by the host, another polite refusal by the guest followed by repeated polite insistence by the host. And so forth, for a couple of additional rounds, before the guest would graciously accept the pie as the host graciously insisted. This type of propriety expressing social courtesies and cues occurs in many cultures, whether from specific countries or families. I had misread his cue that he really wanted the last piece of pie. I had taken his words literally. He had misread my words as social courtesies of a ritual leading to his accepting the last piece of pie, rather than a literal question. So, I literally ate the last piece! Cross-cultural differences, if identified can lead to cross cultural education, so that social cues, courtesies, and rituals are presented and received accurately. The next time Don was over and I offered him the last piece of the chocolate cake, he immediately responded, "Yes!" Cross cultural education and connection!

Differences in social cues may be identified among the diverse ethnicities, race, nationalities, generation from immigration, classes, and communities of the children in the classroom community. These run the risk of stereotyping children and misreading social cues, habits, or customs. Differences in social cues may also derive primarily from the dynamics of individual family experiences. In addition, cross cultural education and experiences also lead to multi-cultural proficiency in recognizing and responding to social cues. Don inadvertently got his version of cross-cultural education from a piece of pie. He may still decline a gracious offer from another host, especially one from his family, but in the cross-cultural situation of Ronald's dessert, he was multi-culturally proficient. Purposeful cross-cultural education promotes multi-cultural proficiency reading social cues among many other challenges of diversity.

4) Overstimulation – De-Stress

"I'm tired. I don't want to have fun!" It's a go go world for many people. Many parents felt that their children should be kept active: piano lessons, three sports, dance, Kumon tutoring, and more. They end up not only keeping their children busy, but also making themselves over-stressed. Enrichment activities can become overwhelming. Too much fertilizer doesn't help a plant grow, but can burn it out, cripple it, and even kill it. Teachers are familiar with children who rush from school every day to make soccer practice, music lessons, tutoring, and more. Weekends are filled with additional sports, performances, and other time consuming activities intended to foster development,

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opportunities, and growth. Then there's the MP3 players, computers, video games, television, and more. The activity of the classroom, especially an excited learning environment adds to the stimulation. Children often accumulate stress readily, without adults being aware of it. In addition, there may be family or classroom issues that create additional stress, plus cultural rules to hold stress. The consequence of not recognizing accumulated stress, not releasing it or not knowing how to release it appropriately creates a very overwhelmed or over-stimulated child.

When an individual is "full," new or additional social cues can be missed. Preoccupation with stress or issues already demanding attention may preclude noticing facial, tonal, or body language cues from others. De-stressing may help some individuals catch social cues they may otherwise miss. Adults can reduce stimulation through cutting back on activities and allowing for release through various behaviors (relaxation, cathartic activities) exercise- not necessarily, team sports!). In the classroom, this may mean changing the tone and atmosphere of certain periods, and/or incorporating quiet meditative times during the daily schedule.

5) Denial – Alleviate Fear

"Nah, nah, nah, nah!" with fingers in the ears, eyes closed, and chatting, children sometimes try to block out the intolerable. If it can't be seen or hear, then it doesn't exist. Individuals often find that the painful ugly things in the world are too much to handle. Children may experience losses and pain that are emotionally or psychologically devastating. Sometimes, adults recognize the fear, while other times it is a childlike perspective incomprehensible to them. The experience of the fear may be that it will be too much… too intense… and that one cannot survive it. Denial is one of the primary defense mechanisms. Each of the three primary defense mechanisms revolves around the mouth. Projection- "You're the one who's angry! Not me!" involves spitting out onto the other person the thought or idea that is unbearable. Introjection- "Yes, I am a horrible person." involves swallowing the as true the condemnation. Denial- "NOOO! Yuck! I'm not swallowing that!" involves refusing to take in the poison of the feeling, idea, or perspective. People often deny the intensity or existence of fear or pain, because it is intolerable. Social cues that are recognizable are purposely ignored or denied. Recognizing that someone is uncomfortable or unhappy with you may require action that is too challenging. To change habitual behavior. To feel and deal with embarassment. To realize that you can please everyone. To risk being wrong or getting into trouble. To know that you aren't cool… or the smartest… or liked, and feel the pain. Children can acknowledge such issues when they no longer feel overwhelming fear that they cannot handle the feelings. Adults help children paralyzed by fear by alleviating the fear. Reassurance, reality check, unconditional regard, problem solving, support, guidance, training, and more can reduce the fear debilitating children. With more confidence, they can respond to the social cues critical to communication and relationships.

6) Anxiety – Stabilize/Secure

"What? Where? Watch out? Where? Now?" Anxiety develops despite the lack of a specific source or object for anxiety. Anxiety is fear without specific cause and thus,

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without specific remedy. Reassurance and other interventions, plus frequent experiences of safety and positive outcomes do not relieve a habitually anxious person. Normal anxiety tends to be momentary or confined to a time period, and may facilitate identifying and responding to social cues. As children tries to anticipate possible and foreseeable issues with other children, they are more likely to scan for social cues. Anxiety serves the individual to be aware, sensitive, and vigilant just in case there may be a potential problem. However, an over-anxious child stays in a constant state of anxiety, and become not just sensitive and vigilant, he/she is hypersensitive and hypervigilant. The hypersensitivity and hypervigilance comes from a deep sense of vulnerability to a chaotic and unpredictable life. When an individual is hypersensitive, he/she is drawn to minor triggers as well as more compelling triggers as if all are highly dangerous. When hypervigilent, an individual expends disproportionate energy scanning for potential problems in circumstances, than a more secure individual would determine as benign or safe. In addition, hypervigilent individuals negatively misinterpret benign or neutral social cues, or sensationally interpret cues more severely than is intended. Since they fear that they suffer harm from missing social cue indicating upset or displeasure, they err by being over cautious and over negative. Children who are chronically anxious may have first, consistent caregiver anxiety giving them messages of their innate vulnerability. Secondly, life is full of unpredictability and they experience a lack of power and control, which has resulted in frequent negative consequences. The first experience and message is that bad things will happen. The second experience and message, bad things often happen unpredictably. Creating a highly predictable, stable, and secure classroom environment and facilitating predictable interactions and relationships reduce anxiety. The more stable the classroom, home, or group is, the more likely individuals will feel secure, and then calm down and function reasonably, including reading social cues.

7) Neurosis – Reality Filter/Check

"Here we go again." A kind stranger sees the dog, and smiles and calls "Here puppy puppy in a warm gentle voice." Pheromones emit. He bends down slowly, "Hi puppy." The stranger slowly reaches a hand to pet the dog on the head. The dog cringes reflexively, or snaps snarling at the hand. The stranger is startled. All the intentions and cues said that he was not dangerous or intended to hurt the dog. How did he know that when the dog's master reached his hand towards the dog, a smack across the top its head follows. Over and over, the dog got smacked. The dog didn't see the kind stranger or the gentle cues, but instead though, "Here we go again," another smack on the head. Recognizing social cues comes from experiences. If the cues experienced were consistent and appropriate, without mixed messages, then the interpretations should be relatively accurate. Instincts and intuition are often accurate. Instincts and intuition, which are based on prior experiences help predict current or future experiences based on the assumption of repetition. They are however, not necessarily an abundance of previous experiences. Or, a clear conceptualization of the meaning of the experiences, that is, why it happened. Neuroses are also based on prior experiences- often very negative experiences. Neuroses are assumptions that the previous experiences and consequences are applicable to a new situation. For example, a child with experiences with severe punishment from adults who had gotten upset may anticipate severe punishment from a teacher who gets upset. A frown

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and terse voice from one authority figure is interpreted correctly as a major cue of harshness to come. A similar frown and terse voice from a new authority figure, such as a teacher is interpreted through the neurotic filter incorrectly as more harshness to come. Similar dynamics occur in interpreting the social cues of aggression, discomfort, anger, and so on from other children in the classroom. Children need an abundance of new consistent experiences to countermand old negative experiences, along with frequent reality checks regarding the intent and consequences of cues and behaviors, teachers and classmates. Teachers need to teach and facilitate a reality filter to counter the neurotic filter for children to recognize social cues accurately.

8) Disassociation – Trauma Work

"Click… This station is no longer broadcasting…or receiving." When an experience or feeling is fundamentally intolerable emotionally, cognitively, and psychologically, a deeper and more profound form of denial occurs. Denial, as discussed earlier is a cognitive blocking of intolerable experiences or feelings. However, the individual is still connected to the experience. When an experience is too devastating to be endured, an individual may turn off the memory, disconnect from feelings altogether, or completely fail to respond to triggers or stimulation. Disassociation is the organism's way to protect itself from the experiences or feelings that would destroy it. If the feelings are beyond what can be humanly endured, connection between feelings and consciousness may break. If inhumane horrific memories are beyond one's emotional or psychological capacity, then connection to memories may break. When individuals experience triggers similar to those associated with an original trauma, the emotional, cognitive, and psychological circuit breaker switch turns off or mutes against anticipated re-traumatization. It is as if the lights are on, but no one is in. In this disassociative state, social cues and much more obvious communications are missed. Teachers need to be aware of potential traumatic experiences of their students that they may bring into the classroom.

9) Learning Disabilities – Compensation

What is said:

> "First, pick a partner. Second, get the blocks from the tub. Third, open your workbook to page 3. Then, make a structure that copies the picture on page 3. After that, make a structure of your own creation. Last, make a picture of your creation."

What is heard:

> "First, pick a partner. Second, tick tick tick tick (from the clock). Tick, open your workbook (rustling pages). Then, make a…stop it, Bill… on page 3. After that, make a structure of your (giggling from the back of the room). Last, (rustling pages) tick tick tick… creation."

Individuals can have stronger and weaker ways of learning depending on their learning styles. Auditory learning, visual learning, and motor-kinesthetic are common ways to look for strengths and weaknesses in a child's learning style. When the style is more extreme, it may be designated as a learning disability. When adult learning/teaching styles, which can also be auditory, visual, or motor-kinesthetic oriented, mismatch the learning style of the

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child or not compensate for a learning disability, then potential for difficulty in learning and communication increases. Between peers, there is also potential for problems with social interactions or relationships. As the child is frustrated by not "getting" the communication, the peer is frustrated or even offended by the child's failure to understand and respond appropriately. The child becomes labeled as "rude" and/or "mean" and/or "weird. In the above example, the child has an auditory listening disability where attention is drawn to the background sounds (clock ticking, paper rustling, other kids making noises, etc.) rather than staying focused on the "foreground" sounds (the teacher's voice). As a result, the child misses the instructions, which can lead to numerous problems: doing the project incorrectly, acting out to hide ignorance, being perceived negatively, and so forth. Any emphases indicated by non-verbal facial, tonal, or body language cues can be missed. Other learning disabilities can also complicate reading social cues. For example, a child may clearly hear instructions but is inefficient in processing the information into short-term memory. The cues may be identified but not internalized. He/she then "forgets," and gets in trouble. Another child who is not as efficient as other children in retrieving information from his/her cognitive storage, and takes more time to find the answer to a question. While searching cognitively for the answer, he/she may be oblivious to other activities and cues from others. A dyslexic child who is a very slow reader struggles mightily to letters that are "mirrors" of each other: "b" & "d", "p" & "q", "M" & "W", "Z" & "N". By working so hard, the child's ability to notice and recognize social cues from others is compromised. Children need to be taught compensations for learning disabilities. Auditory challenges can be met with visual compensations. Visual difficulties can be compensated for through emphasizing auditory strengths.

10) Attention Deficit Disorder (and Attention Deficit Hyperactivity Disorder) - Focus

"…and he gets involved with his guitar…" complains Debra. Marc watches and listens to her. After a couple of minutes, his gaze is drawn to the window where he can see a tree branch swaying in the wind. "And, it's just so hard," Debra says in a quiet painful voice, as tears form in her eyes, and she bows her head and clasps her hands tightly. March watches the branch scrap against the window. "And, he just doesn't care!" Debra snaps angrily, while giving Marc a death stare! You can see it in his eyes, "Huh? What?" Marc is surprised and busted. But he does care. It's just that he's Attention Deficit Hyperactivity Disorder (ADHD) and his attention wanes despite his best intentions with Debra's expansive discourse. Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder share the common issue of high distractibility. Marc was hyperactive, but it was his distractibility that caused him problems with Debra. When his attention wandered, he would miss subtleties of cues that he was thus, unable to respond to. The tears forming in Debra's eyes, bowed head, clasping hands, and especially the quaver in her voice were missed. The golden rule of couplehood was violated- "If you really love me, you would be so attentive and completely responsive to my every need, no matter how subtle they may be." Unfortunately, the golden rule of couplehood doesn't have any addendums for ADD or ADHD. Except perhaps, that "because will automatically compensate and overcome any obstacles or issues that make attention or response difficult!" Children may not be as demanding, but attention and responses are

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also expected from peers. When Debra accepted that focusing and refocusing Marc facilitating keeping his attention, he was able to recognize and integrate her deeper thoughts and feelings conveyed by non-verbal cues. Physical touch, such as holding hands or touching the shoulder or even the desk or table someone is seated at, also improves focus and attention.

11) Intoxication/Substance Abuse – Sobriety
The eleventh reason for missing social cues tends to be relevant to adults and perhaps, teenagers. However, adults should be aware when children are under medication. In particular, medication that has either a sedative or a stimulant effect prescribed for physical issues or illness may also affect alertness and focus. Intoxication from alcohol or recreational and/or prescription drugs alters perceptual processes which may distort identification and recognition of social cues. In addition, mind-altering drugs further compromise cognitive, emotional, and psychological processing and interpretation. Maintaining or restoring sobriety would be the intervention.

12) Schizoid Personality Disorder – Behavior Training
A person with schizoid personality disorder may actually identify and recognize social cues, but not care to respond to them. Indifference is the response or lack of response to not only social cues, but to common reciprocal social processes. He/she does not care to have relationships and seems not to miss personal intimacy. Since a person with this disorder does not seem to enjoy or desire close relationships or have interest in others, the only compensation may be behavior training that rewards or punishes more social behavior. Such an individual may not be otherwise available to be motivated.

13) Psychosis – Medication
When an individual is psychotic, he/she is responding to internal cues rather than or in addition to cues from the physical environment or community. Extreme stress, depression, anxiety, fear, mania, or trauma can cause temporary psychosis. In such cases, the individual may stabilize back to reality with or without medication depending on particular circumstances. Psychosis that includes paranoia such as paranoid schizophrenia may cause individuals to grossly misinterpret non-verbal cues, behaviors, and anything else. Psychopharmacological treatment- medication may be the only intervention for long term or ongoing psychosis.