It’s a Girl Thing…Right?
Social Thinking and Social Skills in Girls, Teens and Women with Social Learning Issues

BY MICHELLE GARCIA WINNER, M.A., CCC-SLP, PAMELA CROOKE, PH.D., CCC-SLP, AND STEPHANIE MADRIGAL, M.A. CCC-SLP

In fact, these billion-dollar industries are often the “go-to” place for information about how teens and young women can survive and thrive in the social scene that is life. Females, we are told, are from a different planet than males. Yet a recent bestselling book also tells us to Act like a Lady, Think like a Man. Huh? For females with neurotypical development, the ability to sift through the forest of social suggestions comes from a combination of innate social sense and cultural learning over time. But what happens to those girls and women born with social learning challenges? The
game is exactly the same, but the rules are hidden, vague and just plain confusing.

**Typical Social Development**

Social development for neurotypical learners is intuitive at birth and usually manifests differently among the sexes with gender-driven and cultural nuances that develop over time. Anyone familiar with toddlers can give a multitude of examples of how boys, at times, play and think differently than girls. While girls and boys play together and co-exist easily in their early childhood years, developmental advances in emotional and sexual development lead to different types of relationships between boys and girls starting roughly in third grade.

In later elementary school, cliques begin to form that are increasingly defined as either girl or boy groups. By middle school, most, but certainly not all, kids hang out in gender-driven groups as boys and girls are actively noticing each other's sexuality and recognizing the emerging feelings of having crushes and desiring a “boyfriend” or “girlfriend.” At this stage, most girls tend to create strong social-emotional support networks as they hang out in groups and explore their emerging feelings and emotions. As they develop a sense of belonging within a social group, they spend more time talking than playing and begin to practice relating to each other.

For most girls and women, the activity of forming peer networks mostly made up of other females is considered a critical “lifeline.”

For most girls and women, the activity of forming peer networks mostly made up of other females is considered a critical “lifeline.”

**Social Learning Differences**

For those girls born with social issues, the inability to simply join a group in the early years may spiral over time into issues establishing and maintaining social relationships on any level. However, the vast majority of our clients yearn to have social connections with select peers and may feel ultimately frustrated, depressed and anxious about their lack of ability to be accepted. A middle-school girl with Asperger Syndrome succinctly summarized this by saying (in a somewhat exasperated voice), “You have to teach me how to get into a group. When the bell rings at school, all the girls pop into groups as if it was magic.”

For many years, our clinic in San Jose, Calif., has designed Social Thinking groups for girls in middle and high school. By the end of high school, however, we often co-mingle the sexes in a group setting similar to how neurotypical students group themselves on high school and college campuses. However, we also find it is critical not to group students based on their age and sex alone. In fact, the range of differences in social learning in this population is vast and not well described by a person’s diagnostic label or even intelligence or language level. Instead, we use a scale to help determine the most appropriate Social Thinking group based on what we describe as a “perspective-taking level.”

**Social Thinking Perspective-Taking Scale**

The purpose of this scale is to determine where a person with social learning challenges functions without making assumptions based on high-level language or cognition. Services are then tailored to the individual’s social functioning. We
believe that treatment for social skills has historically been “one size fits all” by targeting superficial skills (e.g., greetings, politeness, etc.) for this population, which is especially problematic for those expected to function independently and with nuance in the adult world.

The scale summarized below is part of our clinical tool determining the level of the social mind, which in turn guides group placement and the intervention approach used. It is designed for use with children in third grade and up. This scale is not sex specific nor is it intended to be a developmental scale where children move “up” or between categories. Instead, improvement is noted within the category as the individual makes gains. An article that describes this scale can be found on our website (www.socialthinking.com/what-is-social-thinking/published-articles/99-perspective-taking-across-the-school-and-adult-years-for-persons-with-social-cognitive-deficits). There are three broad categories that are represented on the scale, but for the purposes of this article, only the two categories that would benefit from a social cognitive approach will be described.

Emerging Perspective-Taker (EPT)
Social challenges may include:
• History of a language delay or disorder, but later active language users (may be less sophisticated than their same-aged peers);
• Very literal, struggle with paying attention in a group larger than themselves;
• Very weak ability to read social cues;
• Very sluggish in understanding that your thoughts are different from their own thoughts and that we manipulate each others’ thoughts;
• Challenges with reading comprehension of literature;
• Predictable and related challenges with reading comprehension and written expression, and may appear “odd and awkward” socially when compared to their peers;
• Very high intelligence, as well as provide unique scientific contributions to the world. However, are easily recognized by their peers as having social learning problems;
• Failure to demonstrate social nuance or sophistication;
• Poor social awareness of their own behavior and how they are perceived by others;
• Generalized anxiety about the lack of predictability about the world around them; and
• Significant sensory integration issues that also require active therapy.

This group benefits from a combination of relationship development, Applied Behavior Analysis and Social Thinking. The Social Thinking treatment should focus heavily on sorting out and identifying others’ thoughts and manipulations.

Impaired Interactive Perspective-Taker (IIPT)
Social challenges may include:
• Blending in with peers on first inspection and “looking neurotypical” (from an adult’s perspective);
• Intellectually understanding that your thoughts are different from their own thoughts and that we can manipulate each others’ thoughts;
• Not as literal and not faced with many academic learning challenges. Many are considered “good students” even if they don’t participate well in the classroom or structured peer work groups. Most struggle to find a peer group with whom they can hang out;
• Having a social executive function learning challenge in that they are able to tell you the rules for a social interaction, but can’t actually follow the rules as they get “flooded” by too much social information that must be processed and responded to simultaneously;
• Acute awareness of how they are perceived by peers, and most have some level of social anxiety; and
• Likelihood to feel depression as they age. While they look “neurotypical” to adult eyes, peer groups notice the differences in social fluency and tend to more actively tease and bully this group.

Treatment is all about teaching the social interpretation of nuances and increasingly sophisticated response patterns when relating to their peer group.

Treatment for the IIPT Girl
Our sessions focus on developing the connection between Social Thinking and social skills, and how they link directly to emotional responses, emotional memory and the development (or lack thereof) of longer term relationships. We do not believe that girls in this group benefit from being put in social groups with neurotypical peers to model “normal” social behavior. In fact, this is an overly simplistic model that assumes that participants just need to “see it” to “do it,” and dismisses the normal feelings of embarrassment and social inadequacy.
believe that treatment for social skills has historically been “one size fits all” by targeting superficial skills (e.g., greetings, politeness, etc.) for this population, which is especially problematic for those expected to function independently and with nuance in the adult world.

The scale summarized below is part of our clinical tool determining the level of the social mind, which in turn guides group placement and the intervention approach used. It is designed for use with children in third grade and up. This scale is not sex specific nor is it intended to be a developmental scale where children move “up” or between categories. Instead, improvement is noted within the category as the individual makes gains. An article that describes this scale can be found on our website (www.socialthinking.com/what-is-social-thinking/published-articles/99-perspective-taking-across-the-school-and-adult-years-for-persons-with-social-cognitive-deficits). There are three broad categories that are represented on the scale, but for the purposes of this article, only the two categories that would benefit from a social cognitive approach will be described.

**Emerging Perspective-Taker (EPT)**

Social challenges may include:

- History of a language delay or disorder, but later active language users (may be less sophisticated than their same-aged peers);
- Very literal, struggle with paying attention in a group larger than themselves;
- Very weak ability to read social cues;
- Very sluggish in understanding that your thoughts are different from their own thoughts and that we manipulate each others’ thoughts;
- Challenges with reading comprehension of literature;
- Predictable and related challenges with reading comprehension and written expression, and may appear “odd and awkward” socially when compared to their peers;
- Very high intelligence, as well as provide unique scientific contributions to the world. However, are easily recognized by their peers as having social learning problems;
- Failure to demonstrate social nuance or sophistication;
- Poor social awareness of their own behavior and how they are perceived by others;
- Generalized anxiety about the lack of predictability about the world around them; and
- Significant sensory integration issues that also require active therapy.

This group benefits from a combination of relationship development, Applied Behavior Analysis and Social Thinking. The Social Thinking treatment should focus heavily on sorting out and identifying others’ thoughts and manipulations.

**Impaired Interactive Perspective-Taker (IIPT)**

Social challenges may include:

- Blending in with peers on first inspection and “looking neurotypical” (from an adult’s perspective);
- Intellectually understanding that your thoughts are different from their own thoughts and that we can manipulate each others’ thoughts;
- Not as literal and not faced with as many academic learning challenges. Many are considered “good students” even if they don’t participate well in the classroom or structured peer work groups. Most struggle to find a peer group with whom they can hang out;
- Having a social executive function learning challenge in that they are able to tell you the rules for a social interaction, but can’t actually follow the rules as they get “flooded” by too much social information that must be processed and responded to simultaneously;
- Acute awareness of how they are perceived by peers, and most have some level of social anxiety; and
- Likelihood to feel depression as they age. While they look “neurotypical” to adult eyes, peer groups notice the differences in social fluency and tend to more actively tease and bully this group.

Treatment is all about teaching the social interpretation of nuances and increasingly sophisticated response patterns when relating to their peer group.

**Treatment for the IIPT Girl**

Our sessions focus on developing the connection between Social Thinking and social skills, and how they link directly to emotional responses, emotional memory and the development (or lack thereof) of longer term relationships. We do not believe that girls in this group benefit from being put in social groups with neurotypical peers to model “normal” social behavior. In fact, this is an overly simplistic model that assumes that participants just need to “see it” to “do it,” and dismisses the normal feelings of embarrassment and social inadequacy.
We teach that every one of us has to literally “work” at friendship.

when neurotypical peer behavior is the standard to achieve. This approach also prevents group members from forming their own true social relationships with others in the group who are not their assigned peer buddies.

Treatment groups for IIPs are comprised of 3-4 females who all have similar issues. The focus is not so much on how to use social skills when relating in the mainstream classroom or during break, but instead on how to understand the thoughts and emotions of those sitting around the table in the moment. We work to make the implicit explicit. All are encouraged to learn about the social mind, the hidden social rules (“hidden curriculum”), how our thoughts relate to the social skills we are expected to produce, and how those behaviors impact what people think and feel about us.

We explore social behavioral nuances by having each person in the group actively study the impact they have on others in the group. They form their own sense of a group, and from this they learn how it feels to be included. They often develop their first genuine group-based friendships. We teach that every one of us has to literally “work” at friendship. Social Thinking groups are not social performances of practicing and memorizing social skills in order to “look more normal”; they are experiential dynamic learning groups.

MY SOCIAL WORLD:
INSIDE AN ASPIE’S PSYCHE

BY TAYLOR MORRIS

Just before class I hear a necklace jingle around the neck of a pretty girl. She is gossiping with another pretty girl, who is twirling her pretty hair and talking about the awesome party where some other pretty girl ruined her dress with a beer stain. At the other end of the class, I listen to yet another pretty girl complain to her pretty best friend about how her make-up wasn’t done just right — she is not pretty enough. Meanwhile I’m on my own, at my desk, looking at my calloused hands and unkempt nails thinking: “The jewelry, the hair, the clothes and the make–up — it’s all their social games. Their value, their conversations, their lives. How do they devote so much time and money to that? How do they know just what to say to get “groupies” to follow them?” I sigh and shake my head, thinking of how I don’t own a dress, how I wear the same earrings every day, and how I never seem to understand when they speak in what seems like code. With this, I’m once again reminded of how I’m an unwitting member of a social “game” I don’t really know how to play. Having an Aspie
mind is a hard-enough social challenge; add to that the complexities of a high school girl’s social world and hierarchy and you have just added insult to injury.

Over the years I have learned to associate the word “social” with scenes like these. I never have understood the social culture people practice. I just don’t have the ability to “sense” like neurotypicals because my thoughts are literal, not intuitive. My mind is heuristic, so I behave in accordance with what I see and directly experience. I can’t “sense” whether or not I’m winning over a person. I have to wait and see how they treat me in the weeks after I have met them. This creates a whole new challenge in meeting people and making friends, especially girlfriends.

However, I have learned to use my style of mind to my advantage. For example, I use heuristics to decide which people I should and should not try to befriend. I know from experience that girls who hang out in large groups of other girls tend to be mean to me. Because of this, I know to not try to connect with them. Same goes for girls who wear shirts worth more than my earrings, girls who wear more make-up in a day than I do in a year, and those who match their entire outfit a bit too perfectly. This may seem ridiculous because everyone knows someone who wears a mountain of make-up but is still very nice. Even so, over the years I have found that these heuristics work well. Many of the people I have excluded often did end up being the exact kind of people I want to avoid. I know these “rules” in deciding who I will try to interact with are polarizing to an extent, but they are how I have used my mind to find my way through a social game. Using this method, I have successfully identified girls who became my best friends. They don’t judge me for being slightly different and don’t hold it against me for not having the best sense of style. They have judged me by my character, and that is all I ever really wanted.

About the Author TAYLOR MORRIS

Taylor Morris is a high school junior and an advocate for autism and Asperger’s Syndrome. Diagnosed as on the spectrum at age 2, today she no longer has a diagnosis or receives any special services, though she loves having an “Aspie mind.” Find her videos at www.MeetTaylorMorris.com.

Friendship Pyramid (aka “Peer-a-mid”)

How do you get a friend? Our students pushed us to teach them the process of friendship. Based on how neurotypical females progress, combined with input from our students, we developed a friendship pyramid (see figure on next page) that helps to show the gradual progression from “being friendly” to having a friend. Given the Facebook phenomenon, where everyone on your list is called a “friend,” we feel the need to describe this process. The core components of friendship in adolescence through adulthood involve trust, shared experiences, interests and/or values, and a gut reaction that you simply “like” this person.

The base is the widest part of the pyramid. It represents something done regularly with many people during any given day. The narrower portions of the pyramid represent something done less frequently with fewer people. The evolution in friendship ultimately leads to the top of the pyramid and, ideally, one or two close friends in our lifetime. As we created these categories, we then began to define specific nuanced behaviors (social skills) students would use to advance from one level of the social relationship to the next. For example, there are explicit social behaviors we use to move from being an acquaintance to developing a friendship. As these categories were developed and shared with our students, the treatment sessions took a very different turn. Students began to set explicit goals for themselves. The first step was to recognize where they should place their peers on the peer-a-mid. A teen who looked at the peer-a-mid for the first time said, “I don’t look or talk to anyone all
FROM FRIENDLY TO FRIENDSHIP:
The Peer-A-Mid: The progression into the development of different types of friends

Level 1. Friendly – Greeting
Friendly to this person (look, smile, greet) but don’t really know him/her or talk to him/her. May have short verbal exchanges on a regular basis because you share a class or work with him/her. May be a “friend” on Facebook but don’t really hang out with him/her. Someone with whom you use “small talk.”

Level 2. Acquaintance
May have short verbal exchanges on a regular basis because you share a class or work with him/her. May be a “friend” on Facebook but don’t really hang out with him/her. Someone with whom you use “small talk.”

Level 3a. Evolving Friendship
Connection with this person is based on circumstances (class, club, stage in life, sport, job, family friend). May “hang out” with them a lot during that common time but connection may taper off as activity or event ends.

Level 3b. On Again-Off Again Friend
May begin to seek out this person to talk with, have lunch with or hang out at school. Will text, FB or call occasionally.

Level 4. Bonded Friend
Will spend time with this person outside of more structured times. Bonded friends “look out” for each other and spend time together often. It’s expected that both people will initiate planning time together.

Level 5. Close Friend
This is a VERY close friend with whom you may share deeper thoughts and conversations. Not EVERYONE has a close friend ALL of the time and we may only have 1 or 2 in our entire life. Spouses, partners and romantic connections are often these.

day long, so I guess they don’t think I’m friendly. I didn’t know that.” This girl has spent the last several months increasing the number of people with whom she is friendly (the base of the peer-a-mid) by smiling, greeting and responding to peers over the course of the day. She now states, “I think I’m ready to move up to the next level.” A more detailed version of this information is available in our book for teens and young adults called, Socially Curious, Curiously Social: A Guidebook to Social Thinking for Teens and Young Adults (Think Social Publishing, 2009).

At the end of the day, girls and young women need not only core social skills, but an emotional understanding of their peer group and their own emotional expectations for others. They need to know how to communicate to peers in a way that uses their entire body as well as the emotional vocabulary of friendships and relationships. Guys also desire friendships and belonging to a social group, but do not necessarily use emotional vocabulary as a way to relate to one another. That said, many of the same lessons that focus on the thinking underlying the expression of the skill are beneficial for both sexes. So while we say, “Men are from Mars and women are from Venus,” in Social Thinking everyone is learning thinking and skills for living together on the same planet.

About the Authors

MICHELLE GARCIA WINNER, M.A., CCC-SLP
Michelle Garcia Winner, M.A., CCC-SLP, is a speech language pathologist who pioneered the concept of Social Thinking that she shares through her continued clinical work, international trainings and numerous publications.

PAMELA CROOKE, PH.D., CCC-SLP
Pamela Crooke, Ph.D., CCC-SLP, is a speech language pathologist who is an active Social Thinking therapist as well as clinical faculty at San Jose State University. She published a study on the effectiveness of Social Thinking in 2008 and co-authors books with Michelle Garcia Winner.

STEPHANIE MADRIGAL, M.A., CCC-SLP
Stephanie Madrigal, M.A., CCC-SLP, is a speech language pathologist who has done clinical work with Michelle Garcia Winner for over 10 years, providing trainings and co-authoring books.

MICHIGAN GARCIA WINNER, M.A., CCC-SLP, PAMELA CROOKE, PH.D., CCC-SLP, AND STEPHANIE MADRIGAL, M.A., CCC-SLP
Michelle Garcia Winner, M.A., CCC-SLP, is a speech language pathologist who pioneered the concept of Social Thinking that she shares through her continued clinical work, international trainings and numerous publications.

Pamela Crooke, Ph.D., CCC-SLP, is a speech language pathologist who is an active Social Thinking therapist as well as clinical faculty at San Jose State University. She published a study on the effectiveness of Social Thinking in 2008 and co-authors books with Michelle Garcia Winner.

Stephanie Madrigal, M.A., CCC-SLP, is a speech language pathologist who has done clinical work with Michelle Garcia Winner for over 10 years, providing trainings and co-authoring books.