

**Theory of Mind:
Going to the Heart of Autism and Social Communication Disorders**

Carol Westby, PhD

Bilingual Multicultural Services, Albuquerque, NM and Brigham Young University, Provo, UT
mocha@unm.edu or carol_westby@att.net

Disclosure: Carol Westby provides continuing education programs on Theory of Mind

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders, 5th edition*. Arlington, VA: American Psychiatric Association.

Criteria for Language Impairment

- A. Persistent difficulties in the acquisition and use of language across modalities (i.e., spoken, written, sign language, or other) due to deficits in comprehension or production that include the following:
 - 1. Reduced vocabulary (word knowledge and use)
 - 2. Limited sentence structure (ability to put words and word endings together to form sentences based on the rules of grammar and morphology)
 - 3. Impairments in discourse (ability to use vocabulary and connect sentences to explain or describe a topic or series of events or have a conversation).
- B. Language abilities are substantially and quantifiably below those expected for age, resulting in functional limitations in effective communication, social participation, academic achievement, or occupational performance, individually or in any combination.
- C. Onset of systems is in the early developmental period.
- D. The difficulties are not attributable to hearing or other sensory impairment, motor dysfunction, or other medical or neurological condition and are not better explained by intellectual disability (intellectual development disorder) or global developmental delay.

Criteria for Social (Pragmatic) Communication Disorder

- A. Persistent difficulties in pragmatics or the social uses of verbal and nonverbal communication as manifested by all of the following:
 - 1. Deficits in communication for social purposes, such as greeting and sharing information, in a manner that is appropriate for the social context.
 - 2. Impairment of the ability to change communication to match context or the needs of the listener, such as speaking differently in a classroom than on a playground, talking differently to a child than to an adult, and avoiding the use of overly formal language.
 - 3. Difficulties following rules for conversation and storytelling, such as taking turns in conversation, rephrasing when misunderstood, and know how to use verbal and nonverbal signals to regulate interaction.
 - 4. Difficulties understanding what is not explicitly stated (e.g., making inferences) and nonliteral or ambiguous meanings of language (e.g., idioms, humor, metaphors, multiple meanings that depend on the context for interpretation).

- B. The deficits result in functional limitations in effective communication, social participation, social relationships, academic achievement, or occupational performance, individually or in combination.
- C. The onset of symptoms must be present in the early developmental period (but deficits may not become fully manifest until social communication demands exceed limited capacities).
- D. The symptoms are not attributable to another medical or neurological condition or to low abilities in the domains of word structure and grammar, and are not better explained by autism spectrum disorder, intellectual disability (intellectual development disorder) and global developmental delay, or another mental disorder.

DSM-5 criteria for Autism Spectrum Disorders

- A. Persistent deficits in social communication and social interaction across contexts, not accounted for by general developmental delays, and manifest by all 3 of the following:
 1. Deficits in social-emotional reciprocity; ranging, for example, from abnormal social approach and failure of normal back and forth conversation; to reduced sharing of interests, emotions, and affect; to failure to initiate or respond to social interaction.
 2. Deficits in nonverbal communicative behaviors used for social interaction; ranging, for example, from poorly integrated- verbal and nonverbal communication; to abnormalities in eye contact and body-language or deficits in understanding and use of gestures; to total lack of facial expression and nonverbal communication.
 3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

Specify current severity. Severity is based on social communication impairments and restricted, repetitive patterns of behaviors.

- B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):
 1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
 2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns or verbal nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat food every day).
 3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interest).
 4. Hyper- or hyporeactivity to sensory input or unusual interests in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

Specify current severity. Severity is based on social communication impairments and restricted, repetitive patterns of behaviors.

- C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).
- D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.
- E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

Note: Individuals with a well-established DSM-IV diagnosis of autistic disorder, Asperger's disorder, or pervasive developmental disorder not otherwise specified should be given the diagnosis of autism spectrum disorder. Individuals who have marked deficits in social communication, but whose symptoms do not otherwise meet criteria for autism spectrum disorder, should be evaluated for social (pragmatic) communication disorder.

Specify if:

With or without accompanying intellectual impairment

With or without accompanying language impairment

Associated with a known medical or genetic condition or environmental factor

(Coding note: Use additional code to identify the associated medical or genetic condition.)

Associated with another neurodevelopmental, mental, or behavioral disorder

(Coding note: Use additional code[s] to identify the associated neurodevelopmental, mental, or behavioral disorder[s].)

With catatonia (refer to the criteria for catatonia associated with another mental disorder, pp.

119-120, for definition) (Coding note: Use additional code 293.89 [F06.1] catatonia associated with autism spectrum disorder to indicate the presence of the comorbid catatonia.)

Severity levels for autism spectrum disorder

Severity level**Social communication****Restricted, repetitive behaviors**

Level 3

"Requiring very substantial support"

Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches

Inflexibility of behavior, extreme difficulty coping with change, or other restricted/repetitive behaviors markedly interfere with functioning in all spheres. Great distress/difficulty changing focus or action.

Level 2

"Requiring substantial support"

Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal responses to social overtures from others. For example, a person who speaks simple sentences, whose interaction is limited to narrow special interests, and how has markedly odd nonverbal communication.

Inflexibility of behavior, difficulty coping with change, or other restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action.

Level 1

"Requiring support"

Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful response to social overtures of others. May appear to have decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages in communication but whose to-and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful.

Inflexibility of behavior causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence.

Articles with Ideas for Assessing ToM

These research articles include the tasks that were used.

- Baron-Cohen, S., O'Riordan, M., Stone, V., Jones, R., & Plaisted, K. (1999). Recognition of faux pas by normally developing children and children with Asperger Syndrome or high-functioning autism. *Journal of Autism and Developmental Disorders*, 29, 407-418.
- Brinton, B., Spackman, M., Fujiki, M., & Ricks, J. (2007). What should Chris say? The ability of children with specific language impairment to recognize the need to dissemble emotions in social situations. *Journal of Speech, Language, Hearing Research*, 50, 798-811.
- Happe, F.G.E. (1994). An advance test of theory of mind: Understanding story character's thoughts and feelings by able autistic, mentally handicapped, and normal children and adults. *Journal of Autism and Developmental Disorders*, 24:2, 129-153.
- Kaland, N. et al (2001). A new 'advanced' test of theory of mind: evidence from children and adolescents with Asperger syndrome. *Journal of Child Language and Psychiatry*, 43, 517-528.
- Liddle, B., & Nettle, D. (2006). Higher-order theory of mind and social competence in school-age children. *Journal of Cultural and Evolutionary Psychology*, 4, 231-246.
- Miller, S.A. (2009). Children's understanding of second-order mental states. *Psychological Bulletin*, 135, 749-773.
- O'Hare, A.E., Bremner, L, Nash, M, Happe, F., & Pettigrew, L. (2009). A clinical assessment tool for advanced theory of mind performance in 5 to 12 year olds. *Journal of Autism & Developmental Disorders*, 39, 916-928.
- Pons, R. Harris, P., & de Rosnay, M. (2004). Emotion comprehension between 3-11 years : Developmental periods and hierarchical organization. *European Journal of Developmental Psychology*, 1, 127-152.
- Shamay-Tsoory, S., Tibi-Elhanany, Y., & Aharon-Peretz, J. (2007). The ventromedial prefrontal cortex is involved in understanding affective but no cognitive theory of mind stories. *Social neuroscience*, 1, 149-166.
- Wellman, H.M. & Liu, D. (2004). Scaling of theory-of-mind tasks. *Child Development*, 75, 523-541.
- White, S.J., Coniston, D., Rogers, R., & Frith, U. (2011). Developing the Frith-Happe animations: A quick and objective test of Theory of Mind for adults with autism. *Austism Research*, 4, 149-154. (animations available at: <http://sites.google.com/site/utafrith/research>)

You can take the adult version of the "Mind in the Eyes Test" at these websites:

glennrowe.net/BaronCohen/Faces/EyesTest.aspx and
www.questionwritertracker.com/quiz/61/Z4MK3TKB.htm
<http://www.romankrznic.com/outrospection/2010/01/30/359>

Child's version of "Mind in the Eyes Test" and faux pas test available at:

http://www.autismresearchcentre.com/arc_tests

Download "Yoni" slides used by Samay-Tsoory for assessment of cognitive and affective ToM

<http://sans.haifa.ac.il/downloads.html>

Videos for the "Reading the Mind in Videos" can be downloaded from this site:

http://www.autismresearchcentre.com/arc_tests

Standardized Tests

Bowers, L., Husingh, R., & LaGiudice, C. (2008). *Social Language Development Test Elementary*. East Moline, IL: Linguisystems.

Bowers, L., Husingh, R., & LaGiudice, C., (2010). *Social Language Development Test Adolescent*. East Moline, IL: Linguisystems.

Wiig, E. (2008). *Social emotional evaluation*. Greenville, SC: Super Duper.

Wiig, E., & Secord, W. (1989). *Test of Language Competence, Expanded Edition*. San Antonio, TX: Pearson.

Development of Theory of Mind

Carol Westby

Age	Cognitive Theory of Mind	Affective Theory of Mind	
		Recognizing emotions	Using and manipulating emotions
Birth-6 months		Primary intersubjectivity	
		--Respond to emotional reactions of others	--Imitates expressions
6-8 months	--Responsive joint attention		--Display <i>joy, sadness, disgust, anger</i>
8-12 months	--Follow line of regard --Behavioral regulation; Initiate behavior request --Initiate joint attention on objects	Secondary Intersubjectivity	
		--Use emotional expression of caregivers as social reference for approach-avoidance	--Display emotions of <i>happy, mad, sad, surprised, disgusted, afraid</i>
13-17 months	--Understand physical relation between a person's line of sight and their behavior; one sees what one looks at		--Seek to change affect of another by direct contact --coordination/coregulation of interactions
18 months-2 years	--Sense of self --Engage in pretend --Recognize that different people may like different things	--Predict that receipt of broken toy will make child unhappy	--Emergent altruistic behavior --Emergence of sense of self --Use <i>words happy, sad, mad, scared</i> --Change doll's affect by bringing suitable object
3 years	--Understand that imaginary objects are different from real objects --Understand that people's actions can be determined by their desires, intentions, and thoughts --Understand that perceptual activity (seeing, being told) is in some way connected to knowing --Words like <i>remember, know, and think</i> appear in spontaneous speech --Understand that different people can see different things	--Match emotion words happy, sad, mad, afraid to photographic faces --Schematic facial recognition -- Know the situations that will provoke primary emotions (match emotion word to picture)	--Talk about causes and consequences of emotions (e.g., "Santa will be happy if I pee in the potty.") --Use object and "friend" to change affect --Display self-conscious emotions: <i>embarrassment, pride, shame, guilt</i>

4-5 years	<ul style="list-style-type: none"> --First order cognitive theory of mind --Pass false contents and false beliefs tasks --Can predict a person's actions on basis of a person's false beliefs --Understand not only what people see but also how it appears to them --Understand how access to information by seeing or hearing is causally related to knowledge and how knowledge and belief can be causally related to actions in the world (beliefs cause people to act in certain ways) --Recognize ambiguous figures 	<ul style="list-style-type: none"> -- First order affective theory of mind -- Identify character's feelings according to whether or not wishes are fulfilled 	<ul style="list-style-type: none"> --Object and friend used to comfort baby to make father happy --Can describe a personal situation in which they were happy, sad, mad, scared, surprised --Understand that emotions are caused by what someone thinks is the case, even if what they think conflicts with reality --Sense of self through time – episodic/ autobiographical memory
6-8 years	<ul style="list-style-type: none"> --Make appropriate judgments of situations in which one knows, remembers, forgets, or guesses Second order cognitive ToM --A believes that B believes X --A intends that B believe X 	<ul style="list-style-type: none"> Second order affective ToM --A believes that B feels --A believes that B feels --Can offer appropriate situations for emotions like jealousy, worry, pride, shame, guilt --Understand that one can have first one emotion and then a second emotion in response to a situation 	<ul style="list-style-type: none"> --Use words <i>proud, jealous, worried</i> --Develop strategies for regulating emotions
8-10 years	<ul style="list-style-type: none"> --Higher order theory of mind --Understanding of strategies to hide deceit and to detect deceit --Understand figurative language --Presentational lies (to make oneself look good in the eyes of others) 	<ul style="list-style-type: none"> --Understand that one can have two concurrent emotions of opposite type in response to a situation --Recognize/understand sarcasm --Recognize social faux pas 	<ul style="list-style-type: none"> --Emotional dissemblance (can hide emotions) --Can intentionally use facial expressions to mislead --Use of words <i>relieve</i> and <i>disappointed</i> emerge at preadolescence --Employ sarcasm

Interventions for Developing Theory of Mind
Carol Westby and Lee Robinson

To Develop this Level	Characteristics of those ready for this level	Intervention Objectives		
		Intrapersonal	Interpersonal Cognitive	Interpersonal Affective
Pre ToM/pre sense of self	-- not responsive readily to those around; no or limited referencing --limited initiation of interaction	--develop emotional sharing, referencing, coregulation --mutual regulation --develop motor imitation, affective imitation, and imitation with objects	--develop motor imitation and imitation with objects	--develop emotional sharing, referencing, coregulation --develop affective imitation
Sense of self/pretend/pre level 1 ToM	--responsive to those around; references; engages in turn taking --requesting behaviors --functional use of objects	--develop pretend behaviors --develop awareness of physical and psychological self; mutual regulation --develop autobiographical memory by self talk/parallel talk	--develop pretend skills --develop descriptive language skills	--identify primary non-social emotions in self and others; --identify emotions associated with situations
Level 1 Tom	--demonstrates an emergent sense of self --engages in pretend	--awareness of what one <i>knows, doesn't know, remember, forget</i> --child engages in reflection to develop autobiographical memory --identify nonsocial emotion in self --strategies to begin to regulate one's own behavior/emotions --cognitive flexibility – more than one way to do a task; cognitively reappraise situation	--develop vocabulary of sense verbs (see, hear, smell, taste, feel) mental state verbs (think, know, guess, etc) and emotions words --determine how others are cognitively appraising the situation	Infer persons'/characters' emotions from situations --predict persons' emotions/ behaviors in a situation --identify nonsocial emotions in others

<p>Level 2 ToM and +</p>	<p>--identify primary emotions --pass ToM level 1 tasks</p>	<p>--strategies for learning; think alouds; questioning the author --goal-directed planning, problem solving --reflection on one's knowledge/emotions --self presentational skills</p>	<p>--develop multiple meanings for words --figurative language --sarcasm --recognize multiple factors in context that contribute to person's interpretation/ appraisal of situation</p>	<p>--develop vocabulary for secondary emotions --attend to multiple features in context to interpret emotions --figurative language --sarcasm --recognize complex, subtle emotions; nuances of emotions</p>
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Social Communication Rating Scale (Pre-ToM)

Student _____

Target behavior _____

1	Little or no understanding of desired behavior. Absence of skill, even with support.	Date: Example behavior and context:
2	Minimal understanding of desired behavior. Some emerging skill with limited range of application with maximum support.	Date: Example behavior and context:
3	Basic or moderate understanding of desired behavior. Can apply in some contexts with moderate support.	Date: Example behavior and context:
4	Moderate to strong understanding of desired behavior. Can apply in a range of contexts with minimal support. Requires additional experience.	Date: Example behavior and context:
5	Strong understanding of desired behavior. Competent demonstration of skill across contexts with little or no support.	Date: Example behavior and context:

Maximum support – can be environmental; manipulating toys and context

Social Communication Rating Scale (ToM present)

Student _____

Target behavior _____

1	Little or no understanding of desired behavior. Absence of skill, even with support. No awareness or self-monitoring.	Date: Example behavior and context:
2	Minimal understanding of desired behavior. Some emerging skill with limited range of application with maximum support. Awareness and self-monitoring must be explicitly taught.	Date: Example behavior and context:
3	Basic or moderate understanding of desired behavior. Can apply in some contexts with moderate support. Some awareness and self-monitoring behaviors displayed with supports and reminders.	Date: Example behavior and context:
4	Moderate to strong understanding of desired behavior. Can apply in a range of contexts with minimal support. Requires additional experience. Awareness and self-monitoring is more evident with some independence.	Date: Example behavior and context:
5	Strong understanding of desired behavior. Competent demonstration of skill across contexts with little or no support. Awareness and monitor; adjust own performance.	Date: Example behavior and context:

References

Interventions with ToM Components

Baron-Cohen Mind Reading and Transporters Computer Programs

Baron-Cohen, S.(2004). *Mind reading: The interactive guide to emotions*. Philadelphia: Jessica Kingsley.

The Transporters computer program available at: www.thetransporters.com

Baron-Cohen, S., Golan, O., & Ashwin, E. (2009). Can emotion recognition be taught to children with autism spectrum conditions? *Philos Trans R Soc Lond B Biol Sci.* 364, 3567–3574.

Williams, B., Gray, K.M., Tonge, B.J. (2012). Teaching emotion recognition skills to young children with autism: A randomised controlled trial of an emotion training programme. *Journal of Child Psychology & Psychiatry*, 53, 1268-1276.

Thomeer, M.L., Rodgers, J.D., Lopata, C., McDonald, C.A., Volker, M.A., Toomey, J.A., Smith, R.A.,Gullo, G. (2011). Open-trial pilot of mind reading and in vivo rehearsal for children with HFASD. *Focus on Autism & Other Developmental Disabilities*, 26, 153-161.

Developmental, Individual Difference, Relationship-based (DIR®/Floortime™) Model

Greenspan, S., & Wieder, S. (2009). *Engaging autism: Using the floortime approach to help children relate, communicate, and think*. Philadelphia: Da Capo Press.

Pajareya K, Nopmaneejumruslers K. (2012). A one-year prospective follow-up study of a DIR/Floortime parent training intervention for pre-school children with autistic spectrum disorders. *Journal Medical Association of Thailand*, 95, 1184-1193.

Solomon, R., Necheles, J., Ferch, C., & Bruckman, D. (2007). Pilot study of a parent training program for young children with autism. *Autism*, 11, 205–224.

Early Start Denver Model

Rogers, S.J., Dawson, G., & Vismara, L. (2012). *An Early Start for your Child with Autism*. New York: Guilford Press.

Dawson, G., Rogers, S., Munson, J., Smith, M., Winter, J., Greenson, J. Et al. (2010). Randomized, controlled trial of an intervention for toddlers with autism: The early start Denver model. *Pediatrics*, 25, 17-23.

Hanen

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Joint Attention Symbolic Play and Engagement Regulation JASPER

Goods, K.S, Ishijima, E., Chang, Y.-C., & Kasari, C. (2013). Preschool based JASPER intervention in minimally verbal child with autism: Pilot RCT. *Journal of Autism and Developmental Disorders*, 43, 1050-1056.

Let's Face It Computer Program to Teach Facial Processing

<http://web.uvic.ca/~letsface/letsfaceit/> (games and manual with ideas for teaching emotions can be downloaded free)

Wolf, J.M., Tanaka, J.W., Klaiman, C., Cockburn, J. Herlihy, L., Brown, C., South, M., McPartland, J., Kaiser, M. D., Phillips, R. and Schultz, R. T. (2008). *Specific impairment of face processing abilities in children with autism spectrum disorder using the Let's Face It! Skills Battery*. *Autism Research*, 1, 329-40

Tanaka, J.W., Wolf, J. M., Klaiman, C., Koenig, K., Cockburn, J., Herlihy, L., Brown, C., Stahl, S., Kaiser, M.D., and Schultz, R.T. (2010). Using computerized games to teach face recognition skills to children with autism spectrum disorder: The Let's Face It! program. *Journal of Child Psychology & Psychiatry*, 51, 944-952.

Relationship Development Intervention (RDI)

Gutstein, S. & Sheely, R. (2002). *Relationship Development Intervention with Young Children: Social and Emotional Development Activities for Asperger's, Autism, PDD and NLD*. Jessica Kingsley Publications: London.

Gutstein, S. & Sheely, R. (2002). *Relationship Development Intervention with Children, Adolescents and Adults: A Comprehensive Program for Social and Emotional Development in Autism, PDD and NLD*. Jessica Kingsley Publications: London.

Gutstein, S.E., Burgess, A.F., & Montfort, K. (2007). Evaluation of the relationship development intervention program. *Autism*, 11, 397-411.

Social Communication Emotional Regulation Transactional Support SCERTS

Prizant, B.M., Miller, A., & Rubin, E. (2005). *SCERTS Manual: A comprehensive educational approach for young children with autism spectrum disorders*. Baltimore: Brookes.

Social Thinking

Winner, M.G. (2007). *Thinking about you, thinking about me*. Thinking Social Publishing.

Madrigal, S., Winner, M.G., & Knopp, K. (2008). *Superflex: A superhero social thinking curriculum*. Think Social.

Other Computer Programs/Apps with Research Base

Face Say

Hopkins, I., Gower, M., Perez, T., Smith, D.; Amthor, F., Casey Wimsatt, F., Biasini, F. (2011). Avatar assistant: Improving social skills in students with an ASD through a computer-based intervention. *Journal of Autism & Developmental Disorders*, 41, 1543-1555.

Children's Books on Bullying/Emotions/Trickery

Bullying

Brown, P. (2011). *You will be my friend*. New York: Little, Brown.

Hadithi, M. (2010). *Bumping buffalo*. Sydney, Australia: Hodder's Children's Books

Hadithi, M. (2010). *Running rhino*. Sydney, Australia: Hodder's Children's Books

Kroll, S. (2006). *Jungle bullies*. Tarrytown, NY: Marshall Cavendish.

Naulor, P.R. (1991). *King of the playground*. New York: Antheneum.

Thomas, J. (2009). *Here comes the big, mean dust bunny!* New York: Simon & Shuster.

Emotions

Bang, M. (2004). *When Sophie gets angry – really, really angry...* New York: Scholastic.

Bennett, K. (2005). *Not Norman: A goldfish story*. Cambridge, MA: Candlewick Press.

Bourgeois, P. (1986). *Franklin in the dark*. New York: Scholastic.

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Cain, J. (2000). *The way I feel*. New York: Scholastic.

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- Cocca-Leffler, M. (2011). *Princess Kim and too much truth*. Park Ridge, IL: Albert Whitman.
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- Emberly, E., & Miranda, A. (1997). *Glad monster sad monster*. New York: Little Brown.
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- Henkes, K. (2000). *Wemberly worried*. New York: HarperCollins.
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- Mayer, M. (1988). *I just forgot*. New York: Random House.
- McCloud, C., & Martin, K. (2009). *Fill a bucket: A guide to daily happiness for young children*. Northville, MI: Ferne Press.
- Meller, E. (1991). *The rabbit who overcame fear*. Oakland, CA; Dharma Press.
- Munson, D. (2000). *Enemy pie*. San Francisco: Chronicle Books.
- Pearson, E. (2002). *Ordinary Mary's extraordinary deed*. Layton, UT: Gibbs Smith.
- Rath, T., & Reckmeyer, M. (2009). *How full is your bucket?* New York: Gallup Press.

- Rice, D. (2000). *Do animals have feelings too?* Dawn Publications: Nevada City, CA.
- Shannon, D. (1998). *No, David!* New York: Blue Sky Press.
- Teckentrup, B. (2008). *Grumpy cat*. New York: Scholastic.
- Thomas, J. (2007). *What will fat cat sit on?* Orlando, FL: Harcourt.
- Thomas, J. (2008). *A birthday for cow!* Orlando, FL: Harcourt.
- Thomas, J. (2008). *The doghouse*. Orlando, FL: Harcourt.
- Thomas, J. (2009). *Can you make a scary face?* New York: Simon & Schuster.
- Thomas, J. (2009). *Rhyming dust bunnies*. New York: Simon & Schuster.
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Perspective Taking

- Braun, E. (2011). *Trust me, Jack's beanstalk stinks!: The story of Jack and the beanstalk as told by the giant*. North Mankato, MN: Picture Window Books.
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Computer Programs on Emotions

Let's Face It! (web.uvic.ca/~letsface/letsfaceit/) Free set of research-based computer games to recognize faces and emotions

FaceSay Computer Computer Social Skills Games (home versiton \$79; school version \$245/5 students)

Language for Theory of Mind. Laureate Learning Systems, Winooski, VT.

Mind Reading (<http://www.jkp.com/>) You can explore over 412 emotions, seeing and hearing each one performed by six different people. There are also mini-stories to provide contexts. \$125

Model Me Kids DVDs & Software (<http://www.modelmekids-store.com/>)

The Transporters (www.thetransporters.com/)

iPad apps

ABA Flash Cards - Emotions FREE

AutismXpress FREE; AutismXpress Pro \$1.99

Avokiddo emotions \$2.99

Dusty D. Dawg Has Feelings Too FREE

Eye Contact Zoo; Look in My Eyes (Restaurant, Steam Train, Dinosaurs, Mechanic) \$2.99

Facing Up All Smiles FREE

Feelings Book \$14.99

Feel Electric! (developed by the Electric Company and the US Military) FREE

FirstWords: Feelings \$1.99

I Can Do Emotions \$2.99

I Was So Mad -- Little Critter book \$1.99

Kimochis Feeling Frenzy FREE

Learn Feelings for Preschool Kids \$0.99

Moody Me FREE

Odd Face Out FREE

Social Skill Builder (Free sample app; full programs \$89.99, e.g, My School Day, School Rules, Social Detective)

Smurks \$3.99

The Social Express \$89.99

Sosh \$39.99

The Monster at the End of This Book; Another Monster at the End of This Book \$4.99

Touch and Learn - Emotions FREE

Touch & Say FREE

Odd Face Out FREE

VolaFriends \$1.99