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Asperger's Syndrome Professional Development Session

Why should classroom teachers be informed?

PROBLEM

An estimated 400,000 families are affected by Asperger's syndrome and the incidence appears to be increasing (Dowshen, 2008)—we are and most likely will continue to see an increase in the number of students with Asperger's syndrome in our classrooms!

What is Asperger's syndrome (AS)?

DESCRIPTION

Asperger's Syndrome...

- Is an “autism spectrum disorder, one of a distinct group of neurological conditions characterized by a greater or lesser degree of impairment in language and communication skills, as well as repetitive or restrictive patterns of thought and behavior” (“Asperger Syndrome Fact,” 2009)

Symptoms of AS

- Lorna Wing (the first person to use the term “Asperger’s Syndrome” in 1981) describes the main symptoms of AS as:
 - Lack of empathy
 - Naïve, inappropriate, one-sided interaction
 - Little or no ability to form friendships
 - Pedantic, repetitive speech
 - Poor, non-verbal communication
 - Intense absorption in certain subjects
 - Clumsy and ill-coordinated movements and odd postures

(Attwood, 1998)

Causes of AS

- **NOT** caused by inadequate parenting or psychological or physical trauma
- We know from research studies that AS is due to a dysfunction of specific structures and systems in the brain
- The brain is 'wired' differently, not defectively
- Associated with a dysfunction of the 'social brain'
- For most people with AS, the reason is due to genetic factors
- Correlation with difficult pregnancy or birth:
 - Pregnancy complications (for mother), as well as peri-natal or birth complications

Causes of AS Continued

- Babies who are small for gestational age
- Mothers who are older when child is born
- Pre-term and post-maturely babies
- Brain and head circumference that grew at a faster rate than would be expected in the first few months after birth
- Presently cannot state with any amount of certainty the specific cause, but there is scientific research to support the presented ideas as possible

Diagnosis of AS

- Diagnosis is on the **INCREASE**
- Diagnosis is **COMPLICATED**
- As of 2007 there were at least 8 diagnostic screening questionnaires used (Attwood, 2007)
 - Each with different criteria (“Asperger Syndrome Fact,” 2009)
 - THERE IS **NO CONSENSUS!**
- Some doctors do not believe AS is a separate and distinct disorder—instead, they call it high-functioning autism, HFA (“Asperger Syndrome Fact,” 2009)
- Emphasis is placed on SOCIAL development (Dowshen, 2008)

Treatment of AS

- No typical treatment—behavior patterns and problems differ widely from child to child
- The earlier the intervention, the better
- Forms of treatment that prove to be effective:
 - Parent education and training
 - Educational interventions
 - Social skills training
 - Speech / language therapy
 - Occupational or physical therapy
 - Cognitive behavioral therapy
 - Medication

(“Asperger’s Syndrome Fact,” 2009 and Dowshen, 2008)

AS vs. Autism

Problem Areas	Asperger's Syndrome	Autism
Semantic problems (literal verbal / written language)	-	+
Early verbal language delays	-	+
Pragmatic language ("What's the real purpose of this conversation?")	+	+
Theory of mind; Relatedness; Empathy	+	+
Eye contact problems	+	+
Restricted / stereotyped range of interests	+	+
Appears uninterested in making friends	+	+
Pretend or symbolic play problems	+	+
Spatial problems	+	Varies
Gross and fine motor problems	+	+

(Kutscher, 2006)

AS vs. Autism Continued

- Children with AS have a “greater degree of intellectual ability, with greater social and adaptive behavior skills and communication skills” than those who have high functioning autism (Attwood, 2007)
- They are more the same than different
- They are both on the same seamless continuum and there will always be children who are in the diagnosis ‘grey area’ (Attwood, 1998)
- Practical approach—use the diagnosis that will provided services necessary (Attwood, 1998)

What else should a classroom teacher know?

**FACTS, STATISTICS,
INCIDENCE**

AS Timeline

- In **1944**, an pediatrician from Austria, Hans Asperger, observed children who had trouble socially integrating (he called the condition “autistic psychopathy”)
- Asperger’s observations were not widely known until **1981**, when an English doctor, Lorna Wing, published several case studies with children showing similar symptoms as those described by Asperger, she called it “Asperger’s syndrome”
- AS became a distinct disease and diagnosis in **1992**, when it was included in the World Health Organization’s diagnostic manual
- AS was added to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) in **1994**
(“Asperger Syndrome Fact,” 2006)

Points of Interest

- The incidence is not well known—published rates vary from 2 in 10,000 to 1 in 250 (“Asperger Syndrome Fact,” 2009 and Attwood, 2007)
 - There are MULTIPLE diagnostic tools in use because there is no consensus on criteria
- Asperger’s affects more boys than girls—there’s a 4 to 1 ratio (Mosteller, 2008)
- Currently, we only detect and diagnosis 50% of children who actually have AS (Attwood, 2007)
- A clear diagnosis of AS is not usually made until children are school age—on average, 11.13 years of age (Silverman and Weinfeld, 2007)

What are the implications for the classroom teacher?

IMPLICATIONS

Children with Asperger's syndrome have varying degrees of ability (Pollack and Russo, 2009)—there is not cookie-cutter version of Asperger's syndrome—we **MUST** have a full toolbox to choose from!

Issues in the Classroom

- Problems with social interactions
- Very focused areas of interest and expertise
- Need for predictability (ROUTINES)
- Problems with language
- Problems with abstract reasoning
- Problems with sensory
- Problems with anxiety, depression and emotional regulation
- Problems with attention and organization
- Problems with motor issues including written production
- Problems with ritualistic, repetitive, or rigid behavior

(Silverman and Weinfeld, 2007)

Social Interactions

- Ability to recognize emotions through observation, unable to make good judgment about what to do with data gathered from observations
- Sometimes relate well to adults, tend to have greater difficulty relating to peers
- Often times, these struggles are more evident during unstructured time (transitions, lunch, recess, etc.)
- Social problems outside the classroom can (and most likely will) have and affect on academics
- Often “victimized, or bullied, by classmates or older children” (Blacher and Lauderdale, 2008)

Social Interactions Toolbox

- Protect students from bullying and teasing
- Educate other students about AS and about the child's unique strengths and challenges
- Utilize strengths and interests in cooperative learning
- Teach theory of mind—learning to understand the perspectives, feelings, and thoughts of others
- Teach students how to read and react to nonverbal social cues
- Teach students how to participate in conversations
- Teach students to identify and understand emotions

(Silverman and Weinfeld, 2007)

Focused Areas of Interest and Expertise

- Students with AS have very focused areas of interest and expertise
- They develop tremendous knowledge and expertise about their topic of expertise
- Strong desire to read, hear, or view additional information and information they already know
- Anxious to tell others what they know—can be seen as disruptive in the classroom

Focused Areas of Interest and Expertise Toolbox

- Provided a specific time of the day for focus on the area of interest
- Help students develop their area of interest and relate it to future employment
- Use the special area of interest as a bridge to other topics
- Use the area of interest as a way to facilitate social interaction
- Use the student's area of interest to help regulate behavior

Predictability

- Any change in routine may be unsettling and upsetting to a student with AS
- Need predictability and structure (STRUCTURE UP!)
- Applies with:
 - Time
 - Rules / consequences
 - Location
 - Who will be doing what

Predictability Toolbox

- Provide clear rules and consequences
- Provide clear physical structure in the classroom
- Provide a clear physical schedule in the classroom
- Prepare for changes and transitions
- Provide structure for unstructured time
- Provide instruction about the hidden curriculum

Language

- No significant delay in development of language
- Issues with the subtleties of language
 - Example: “This homework assignment will be a piece of cake for you!”—the AS student will expect dessert

Language Toolbox

- Avoid or carefully explain ambiguous language (idioms, metaphors, and figures of speech)
- Avoid or explain the use of sarcasm or jokes with double meaning
- Avoid or explain the use of nicknames
- Teach students how to find key words and concepts in directions and instructions

Abstract Reasoning

- AS students are (usually) able to complete tasks which involve memorization, however this may mask the fact that they may have difficulty with advance comprehension
- AS students may have trouble moving from the parts to the whole and making generalizations

Abstract Reasoning Toolbox

- Break down the goal of the lesson into its component parts and provide supports
- Utilize “naturalistic” instruction--accepting partial responses that are spontaneous, even if they are less complete
- Provide appropriate accommodations throughout instruction
- Provide adaptations to the way the lesson will be taught
- Provide explicit instruction to ensure understanding of the concept being taught
- Move from specifics to generalizations
- Provide alternate ways for students to demonstrate understanding that will allow for them to use their strengths

(Silverman and Weinfeld, 2007)

Sensory

- For students with AS, their environment may cause them to become anxious and / or withdrawn
- Sights, sounds, smells, touch, and taste

Sensory Toolbox

- Alter or change the environment to decrease factors to which the student may be hyper or hyposensitive
- Work proactively to prepare the student to deal with his / her issues around hyper and hyposensitivity
- Employ strategies that serve to help the students to calm themselves

Anxiety, Depression, & Emotion Regulation

- Teachers may notice signs of anxiety or depression as AS students anticipate, attempt to cope with, and then react to their problems in the classroom and school

Anxiety, Depression, & Emotion Regulation Toolbox

- Work to proactively minimize situations that will cause emotional problems
- Identify signs of stress and / or overstimulation early and intervene before the problem becomes overwhelming
- Allow and encourage students to employ techniques that will allow for self-calming and regaining emotional control
- Allow students to move to a special area in the classroom or building
- Help students to gain skills in monitoring and responding to their own behavior
- Teach students to prepare for stressful, overstimulating, and uncomfortable situations

(Silverman and Weinfeld, 2007)

Attention & Organization

- Although student with AS may be focused and organized when it comes to their areas of passion, they are likely to have problems with attention and organization in school

Attention & Organization Toolbox

- Use visual schedules
- Use proximity to and prompting from the teacher
- Structure work periods
- Structure the environment
- Teach students to monitor their own attention
- Utilize visual supports that aide with completion of assignments
- Support organization with rubrics, study guides, and outlines
- Provide classroom structures that support organization of materials
- Utilize technology
- Provide systematic supports for organizational help
- Structure time during the school day for organization of assignments and materials

(Silverman and Weinfeld, 2007)

Motor Issues

- Students with AS may have issues with fine and / or gross motor skills
- May interfere with physical education, recess, other activities involving movement, and self-care
- In the classroom—difficulty with written tasks (writing words or numbers)

Motor Issues Toolbox

- Provide support with and alternatives to physical education and recess
- Support in acquiring written language skills
- Provide tools that allow for the improvement of handwriting
- Provide alternatives that allow students to write more easily or circumvent writing
- Allow and encourage students to use technology as an alternative to handwriting

Ritualistic, Repetitive, or Rigid Behavior

- Routines or rituals done repetitively
 - Hand or finger flapping or twisting
 - Complex whole body movements
 - Persistent preoccupation with objects or parts of objects

Ritualistic, Repetitive, or Rigid Behavior Toolbox

- Develop a functional behavior analysis
- If possible, intervene before the behavior becomes a habit, distracting, or disruptive
- Respond to behaviors in a way that will help minimize the impact of the behavior and / or extinguish it

SUMMARY

The diagnosis of Asperger's syndrome is on the rise. We will be seeing more AS students in our classrooms. Be informed and come prepared with a toolbox of interventions and tools!

[In My Language \(YouTube Video\)](#)

(Interesting video of college student with autism)

Where can you get more information / help?

ADDITIONAL RESOURCES

Have Questions:?

- **Autism Society of America (ASA)**
 - <http://www.autism-society.org>
- **Autism Speaks**
 - <http://www.autismspeaks.org>
- **National Institute of Mental Health**
 - <http://www.nimh.nih.gov>

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