Classroom Strategies for Students with Asperger Syndrome

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Abstract

Teachers of today are very likely to encounter students with a variety of developmental disabilities. One of these disabilities is Asperger Syndrome (AS). Secondary school educators should be particularly aware of the subtleties of this disability. The dual tensions of adolescence and the students’ own recognition of his/her disability may lead to overwhelming stressors that they are not equipped to work through. AS is not well understood and confusion regarding typical AS behaviors can frustrate the teacher, compromising educational goals and putting AS students at risk for failure. This paper synthesizes peer reviewed articles, leading to a broad view of AS and how to address it within the secondary school classroom.

Keywords: Asperger’s syndrome, secondary education, teaching strategies, behavior strategies
Asperger Syndrome (AS) needs to be placed in three contexts – the medical, the familial, and the social. These three areas stand out as the forces that influence the experiences and outcomes of students with AS. This paper will be concerned with how these contexts shape the academic experiences of students with AS. By revealing this, the educator is more apt to provide a tailored environment through understanding these contexts. The resultant strategies are often effective for all students in a general education setting.

The medical profession views AS as a behavioral affliction. Diagnosing AS is very difficult as it is based on behavior and not physical symptoms and abnormalities. “It is easy to misdiagnose this condition because the oddities in behavior are nebulous and often difficult to describe in words. No universal agreement exists on the characteristics of AS” (Barnhill, 2001, p. 260). “Asperger Syndrome (AS) is a developmental disability that is defined by impairments in social relationships and verbal and nonverbal communication and by restrictive, repetitive patterns of behavior, interests, and activities. Individuals with AS lack appropriate social skills, have a limited ability to take part in reciprocal communication, and do not seem to understand the unwritten rules of communication and conduct. They perceive the world differently from everybody else. In addition, data indicates that approximately half of the population of individuals with AS are not referred to doctors or psychologists during their school years, despite the problems recognized by teachers. For these reasons, AS may remain completely undiagnosed well into adulthood” (Barnhill, 2001, p. 260). Students can often fake through a variety of situations and their disability often goes unnoticed—especially if they are high functioning. These students manage to keep their suffering hidden.

AS is often not diagnosed until adolescence and often has characteristics of other psychiatric conditions. “During the high school years, obsessive-compulsive behaviors were
reported frequently by parents. The obsession over a particular girl was just one dramatic example. One boy obsessed on junk food, and his entire day started revolving around when he would be able to get his next snack and what is was going to be. One of the boys obsessed over his health to the point that it was almost disabling. This boy could not be near anyone who had a cold or other symptoms of illness. If he read about a health problem, he would quickly acquire it himself. He was concerned that his parents would have to put him in a mental institution despite constant reassurances to the contrary. Four of the five boys followed through high school were on medication to control the obsessions. All felt it helped enormously” (Church et al., 1999, p. 18). AS exists on a spectrum with varying levels of debilitating behaviors. “Teenagers faced increasing anxiety, obsessive-compulsive tendencies, behavioral challenges, and ever-changing social skill deficiencies. These age-related areas of difficulty need to be targeted for intervention” (Church et al., 1999, p. 19).

Social skills difficulties are always present in AS and were rated by parents as the clearest and most challenging problem. Teenage boys with AS have difficulty reading social cues when meeting girls. “They did not know how to approach girls appropriately or how to start conversations. One boy told his mother. “I’m going to school and kissing Jessica today.” His mother replied that she thought they should be introduced first” (Church, 1999, p. 18).

The most critical intervention is the initial medical evaluation. Medical treatment provides recognition of the disorder to the student and family and educational resources can be called on. Armed with a diagnosis, other interventions can materialize.

AS has a familial context that bears on the student. The single most important advocate for a student with AS is a parent. It is essential that the parents be well versed in AS—to understand and approach it as a disability and not as a behavioral deficit or problem of discipline.
The parent usually knows what works and what does not work for their child. Liza Little (2003) studied the perceptions of 404 mothers on the importance and usefulness of various resources and services for their children with AS. “The findings suggest that some children with these disorders are not accessing necessary and vital services because of problems with availability, a lack of education in teachers, and possible communication problems between families and school professionals” (Little, 2003, p. 265). However, it appears as if parents find self-advocacy problematic as so many parents rated educational advocates as the third most helpful resource behind smaller classes and aides in the classroom. Part of this may be a lack of understanding of how the aspects of this disorder manifest in the classroom.

The social world is the biggest challenge for students with AS. Teachers rarely have insight into how behavioral deficits in the social world affect students’ functioning. Research by Carrington, Templeton, and Papinczak (2003), “emphasizes personal reflections about friendship in order to improve our knowledge of the characteristics of teenagers with Asperger syndrome. Interpretative sociology provides a framework by which the researcher can enter a person’s world and meanings to get an inside perspective” (p. 212).

“Social dysfunction is perhaps the single most defining and handicapping feature of Asperger syndrome…Individuals with AS have difficulty grasping the subtleties of how people relate to each other and understanding the perceptions of others” (Carrington et al., p. 216). To cope with their social deficits, students with AS often use masquerading—a deceptive practice where descriptions of friendships (number of and quality) are largely fictional. The few friendships that are formed often end badly because a core characteristic of AS – cognitive inflexibility – does not allow for friends to bend rules. When rules are bent or broken, the friendship becomes untenable.
Strategies for the secondary school educator

It is within the medical, familial, and social contexts that the student with AS finds himself in today’s classrooms. The classroom context needs to understand and encompass these in order for the student to learn and thrive. The first step that requires awareness on the part of educators is the actual transition into high school. “Due to the high level of anxiety in individuals with AS, it is likely that many will be quite apprehensive about the anticipated transition. This anxiety, however, is not specific to students with AS. Research has suggested that most typical students experience some degree of anxiety regarding the transition process but students with AS will likely endure more pronounced levels of anxiety regarding the transition due to the significantly higher rates of psychological and emotional distress these students generally experience… Individuals with AS will most certainly experience anxiety regarding lockers, changing classes, and adjusting to many different teachers” (Adreon, D., and Stella, J., 2001 p. 268). These stressors add to and complicate the learning environments of students with AS.

Stephen Safran (2002) discusses structured teaching as a “general set of educational principles involving the establishment of routines, schedules, physical organization of material, visual boundaries defining space, and other individualized strategies designed to facilitate learning. These strategies based primarily on applied behavior analysis, emphasize individual assessment, consistency, and predictable events, clarifying expectations and instructions, understanding autism, and maximizing use of a student’s special interests” (p. 157). These principles require classroom strategies and practical implementation. Karen Williams (2001) delineated seven defining characteristics of AS and suggested broad strategies for addressing these symptoms in the classroom. The following table provides a summary of these characteristics and the key strategies to deal with each.
### Table 1: Asperger Syndrome Defining Characteristics and Broad Strategies

*Source: Williams (2001) Understanding the Student with Asperger Syndrome*

<table>
<thead>
<tr>
<th>AS Characteristic</th>
<th>Broad Strategy</th>
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<tr>
<td>Insistence on sameness</td>
<td>Predictable, safe environment. Consistent daily routine.</td>
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<td>Impairment in social interaction</td>
<td>Protect from bullying and teasing. Buddy system. Building social skills.</td>
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<tr>
<td>Restricted range of interests</td>
<td>Do not allow to perseveratively discuss isolated interests. Set aside time for this.</td>
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<td>Poor concentration</td>
<td>Provide regimented structure broken into small units. Encourage and provide continual refocus.</td>
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<tr>
<td>Poor motor coordination</td>
<td>Refer child to alternate physical education program that emphasizes physical fitness, not competition.</td>
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<tr>
<td>Academic difficulties</td>
<td>Highly individualized academic program.</td>
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<tr>
<td>Emotional vulnerability</td>
<td>Lower stress by consistency and teach coping skills when overwhelmed to prevent outbursts. Be patient and be aware of behavioral changes (depression).</td>
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Classroom seating is an area that deserves attention and analysis. “Any student with
Asperger’s is a made-to-order victim and should not be seated in close proximity to known
bullies or aggressive students. Instead, seat the student next to an understanding “peer buddy,”
who may potentially serve as a social translator for this child” (Safran, J.S., 2002, p. 62).
“One student with Asperger’s perceived groupwork to be his greatest challenge in high school
and has begged future teachers to pay careful attention to the makeup, structure and process of
groups. Avoid self-selection and carefully consider the nature and maturity of the students at the
table or in a group that includes the student” (Safran, J.S., 2002, p. 62).

Special instructional strategies for accommodating students with AS in general education
classrooms have emerged to assist teachers in lesson preparation and delivery (Marks, et al.,
2003, p. 51). A lesson plan should be presented in a controlled fashion, highlighting the most
important concepts. There are various tools suggested for highlighting the most important
concept including flash cards, summary sheets, and step by step detailed instructions for
assignments. Assignments should be broken down into manageable pieces. Students with AS are
visual learners and graphic organizers in template format appeal to their learning style.

Social issues in the classroom
“Children and youth with AS often have difficulty understanding social situations that can cause
stress and anxiety. Social situations that seem to be most problematic include: (1) Understanding
facial expressions and gestures, (2) Knowing how and when to use turn taking skills, including
focusing on the interests of others, (3) Interpreting nonliteral language such as idioms and
metaphors, (4) Recognizing that others’ intentions do not always match their verbalizations, and
(5) Understanding the hidden curriculum – those complex social rules that often are not directly
taught” (Myles & Simpson, 2003, p. 6). The table below outlines effective practices that mitigate these social deficits.

**Table 2: Effective Social Interventions for Students with Asperger Syndrome**


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<tr>
<th>Effective Social Intervention</th>
<th>Description</th>
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<tr>
<td>Cartooning</td>
<td>Visual characters and symbols that promote social understanding.</td>
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<tr>
<td>SOCCSS</td>
<td>Stands for Situation, Options, Consequences, Choices, Strategies, Simulation. This helps to put interpersonal relationships into a sequential form.</td>
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<tr>
<td>Social Autopsies</td>
<td>Social errors are examined in detail to prevent recurrence.</td>
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<tr>
<td>Explaining hidden curriculum</td>
<td>Common sense regarding social cues; never really taught.</td>
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<tr>
<td>Power card</td>
<td>Visual aid that helps to make sense of social situations as it appeals to the students’ special interest area.</td>
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<tr>
<td>Self-esteem building</td>
<td>Pointing out and nurturing positive characteristics of the student with AS.</td>
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<tr>
<td>SODA strategy</td>
<td>STOP-Observable-Deliberate-Act.</td>
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SODA is a social-behavioral learning strategy that guides social interactions. The four components are: (1) Stop, (2) Observe, (3) Deliberate, and (4) Act. This guides students with AS to replace their inflexible and ineffective social interaction rules with a set of rules that help them attend to relevant social cues (both verbal and nonverbal), ponder their meaning, and select an appropriate response during novel social interactions. Thus, SODA helps these youngsters successfully navigate new social situations” (Bock, 2001, p. 276).

A study suggested that the SODA strategy (albeit with only one subject) “may teach adolescents with AS who have learned how to understand the mental states of others to use metacognitive processes, or learning strategies, that facilitate social communication and social-behavioral problem solving” (Bock, 2007, pp. 263-264).

Other practices include acting lessons as an “appropriate means of teaching children and youth about social and emotional issues to aid in self-awareness, self-calming, and self-management. During acting lessons children learn to express emotions verbally and non-verbally in specific situations. They also learn to interpret others’ emotions, feelings, and voices. Perhaps, more importantly, acting class participants engage in simulations and receive feedback from an instructor and peers regarding their performance” (Myles & Simpson, 2001, p. 283). Most critical are overriding practices that focus on building self-esteem. “The child needs assistance in developing a positive self-image. This is built, in part, by successful experiences. LaVoie (cited in Bieber, 1994) poignantly challenged teachers and parents to find the “island of competence” in the child, to stress it, and to celebrate it. Presenting multiple opportunities for a child to demonstrate his or her island of competence builds self-esteem” (Myles & Simpson, 2001, p. 283).
**Transition from high school**

Students with AS are at risk for poor outcomes upon graduation from high school. This may have to do with the lack of formative work experiences and limited involvement in meaningful part-time employment during high school. A research study (Carter, Trainor, Ditchman, & Owens, 2011) focused on offering intervention strategies to increase access to summer work experiences for youth with emotional or behavioral difficulties (EBD). Results were promising and point to exploring school-community partnerships to provide support for graduation to work transitions. Though the study focused on students with EBD, generalities can be assumed that students with AS may encounter similar gaps in meaningful part time employment.

Graduates from high school often have difficulties finding a satisfying path. This period of maturation is sometimes called floundering. “Unfortunately for students with disabilities, the floundering period often lasts for years, as documented since the mid-1980s by studies of post-school outcomes of students with disabilities.” (Test, Mazzoti, Mustian, Fowler, Kortering, & Kohler, 2009)

Research (Test, et al., 2009) that systematically reviewed secondary transition correlational literature to identify in-school predictors of improved post school employment outcomes for those students with disabilities demonstrated and expanded what is currently known about the efficacy of programs such as paid job experiences, vocational education, and transition programming. These evidence based predictors of post-school success were labeled as having a moderate level of causal inference. Those predictors termed moderate were the strongest results in this study. “According to the Institute for Educational Sciences (IES), the evidence provided by correlational research may only be established as a moderate
level of causal inference. Researchers then added a potential level of evidence to allow for recognizing research that may be promising, but has insufficient evidence to meet moderate levels” (Test et al., 2009, p. 164).

The results of this study “provide the field with a springboard for creating systems change by providing practitioners information about secondary transition program characteristics that have been empirically linked to improved post-school success for students with disabilities” (Test et al., 2009, p. 179).

**Conclusions, Implications, Limitations**

To encounter a student with Asperger syndrome for the first time is likely to be disarming to the new secondary school educator. The following excerpt (Bock, 2007, p. 258) contains elements of what may confront a teacher: “Bill, a middle school student, listens as his English teacher reads a section of *Huckleberry Finn* to the class. He occasionally interrupts her to share information about NASA, space, or space travel. She reminds him to listen as she reads. A few of his peers look at him and snicker. As the students leave class, they say goodbye to Ms. Jones or ask her if she will be at the football game that evening. Bill tells Ms. Jones when NASA is flying another spaceship to the International Space Station and then leaves the class.”

More telling is the description of actual experiences of students with AS as they perceive them. Students’ own words, thoughts, and perceptions are very good starting points for the educator to craft unique strategies and connect with students.

The following are excerpts from a speech to future educators by a high school junior with Asperger’s (Safran, J., 2002, p. 62):

“The invisible problem is the person with poor social skills, who maybe doesn’t stand out, but doesn’t fit in or is noticed only because he gets people annoyed.
This kid may be so afraid of rejection he doesn’t even recognize when people are trying to be nice and drives them away.

Kids’ social status is arrived at early, and there is little movement from that status throughout their school career. Kids’ reputations are arrived at early and once arrived at, almost never go away…. Without teachers’ help, these kids are lost.

Many kids are demeaned daily in class. Teachers give out multiple verbal warnings to the kids who are making fun of someone and then do nothing. A policy of zero tolerance for putdowns, verbal harassment, or teasing isn’t any good unless teachers enforce it.”

I could not help but think of the incredible courage this high school junior must have mustered to make this speech. The future educators received a gift that day. These children are present in every middle school and high school and will require academic and social supports. Enforcement of anti-bullying programs is often called for. Most critical is advocacy from parents, teachers, administrators and PEERS. Recognition, understanding, and strategy are critical to successful outcomes for students with AS. The strategies outlined in Table 1 and Table 2 represent a starting point to craft classroom strategies for students with AS.

Even if aware and sensitive to the experiences of students on the autistic spectrum, teachers of today are confronted with a multitude of challenges and are often exasperated when encountering a student with AS. Throughout the long history of man’s quest for knowledge, unique individuals have stood out and have made lasting contributions to mankind, due in large part to their neurological “wiring” and ways of perceiving the world.

Future research may include interventions and post school outcomes, social intervention and academic success, and career/college counseling as it relates to skills inventory. Most interesting would be future research that focuses on unique intelligences (sometimes found in
students with ASD) and their authentic application. What comes to mind is the case of Temple Grandin. Her work with humane treatment of animals has been universally praised. She has said there is nothing closer to the ways she thinks than the world wide web and its structure of related links and associations. She has also claimed to know how animals feel and can sense their fear. She has contributed to the understanding of people with autism and has shared her rule system to guide her social interactions and behavior.

There are other views percolating in the socioeconomic arena that may impact the way AS is viewed in the educational arena. A recent article (November 5, 2012) in New York magazine entitled “Is Everyone on the Spectrum, Asperger’s: The Most Popular—and Flattering?—Diagnosis in Town,” calls into question the creeping pervasiveness of this generation’s most popular psychological condition. “The Aspie-pride movement—an extreme fringe of which goes so far as to argue for autistic supremacy—takes its intellectual framework partly from studies that have posited that autism is an evolutionary adaptation, enabling survival strategies including solitary foraging, and that a male in the ancestral environment might have benefited from being more systematic and less emphatic than others. Penny Spikins, an archaeologist at the University of York, recently published a paper suggesting that autistics were responsible for nothing less than the Stone Age tool revolution. Others, such a Juan Enriquez, a “futurist” at Harvard Business School, have argued that autism isn’t so much a vestige of the past as a glimpse of what’s to come: “the next evolutionary step” in an increasingly data-choked world.” (Wallace, 2012, p. 88) “The web is shaping our behavior in “what is broadly a more autistic direction,” argues behavioral economist Tyler Cowen, such as the way it lets us “pursue our identities and alliances based around very specific and articulable interests.” (Mobile phones, too: In the utilitarian, no-small talk idiom of texting, he sees an autistic style of communication)”
Temple Grandin has posited that if you get rid of all the autism genetics, there would be no Silicon Valley.

Asperger syndrome appeared in *DSM-IV*, published in 1994. It sprung from the PDD-NOS diagnosis in an attempt to gain more precision in diagnoses. *DSM-V* is folding AS back into the PDD-NOS catchall. “The publication of *DSM-IV* had unintended consequences. “We were glad that Asperger’s was included,” says psychologist Bryna Siegel, another working-group member, who directs clinical care at the autism clinic at the University of California, San Francisco, “but until the publication of *DSM-IV*, very few people had heard the term Asperger’s. And when it came out, a lot of clinicians let their fingers do the walking in *DSM*. There were fully trained practicing clinicians who really didn’t have any idea what Asperger’s was. Everybody with Asperger’s got diagnosed with Asperger’s, but a lot of other people got diagnosed with Asperger’s too.” Siegel estimates the false-positive assessments she has seen as over 50%. Her referrals clearly have psychological issues and she asserts that “A lot of kids are just delayed in development, slow to talk, or anxious, or hyperactive, and a lot of kids are just terribly parented” (Wallace, 2012, p. 23). Sometimes the children are just suffering from childhood. Teachers must be mindful of this over-diagnosis trend and take care not to let labels define students and possibly temper their individuality and frame their youth. Next May, the formal AS diagnosis is being removed from the new *DSM-V*. There may be a potential upside to those on and off the autistic spectrum and another possible avenue to conduct relevant research in the area of diagnostic labels and their bearing on student outcomes.


