This paper is a synthesis of a number of documents relating to the educational issues confronting children with Asperger's syndrome, autism, or a Pervasive Developmental Disorder Not Otherwise Specified (PDDNOS) in the autism spectrum. It is designed to provide teacher information and is equally useful for caretakers of children with the condition. Topics covered include the definition of Asperger's syndrome, characteristics of students with Asperger's syndrome, learning structures that will help children with Asperger's syndrome successfully achieve in the classroom, and strategies to use with parents of children with Asperger's syndrome. Recommended classroom techniques include: (1) structuring the physical environment to facilitate learning and minimize frustration; (2) considering isolating the student for short periods to teach new concepts or build on pre-existing knowledge in a distraction free setting; (3) providing a predictable environment and routine with preparation for any changes; (4) stating clearly what is expected; (5) breaking tasks up into manageable segments and training the student to schedule and plan; (6) presenting new concepts in a concrete manner; (7) using activity-based learning where possible; (8) using visual prompts as appropriate; and (9) having written instructions and including visual cues. (CR)
Asperger's Syndrome - Educational Management Issues

Prepared by Susan Jackel B.Ed.
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Introduction

This paper is a synthesis of a number of documents relating to the educational issues confronting children with Asperger's Syndrome, Autism or a Pervasive Developmental Disorder Not Otherwise Specified (PDDNOS) in the Autism spectrum. It is written as a document for teacher information and is equally useful for anyone who cares for children with the condition.

Definition

Asperger's Syndrome is a pervasive developmental disorder which falls typically within the high functioning area of the Autism spectrum. Gillberg (1988) stated the criteria as follows:

1. Severe impairment in reciprocal social interaction and play OR unsociability with peers OR socially inappropriate behaviour such as coldness, stiffness, bluntness, egocentricity and play acting.
2. Circumscribed interests to the exclusion of other interests. These often involve rote memory.
3. Routines. (A certain way of doing something)
4. Delayed language development. Formal pedantic language. (Precise and peculiar use of language)
   Concrete misinterpretations. (What does 'pull up you socks' mean?) Staccato speech.
5. Poor non-verbal expression.

Carruthers noted that these children were characterised by a number of elements:

- Poor or absent capacity to use or understand facial expression, gesture, tone, pause or body language
- Slow development of speech without the usual approximations
- Use of speech to gain gratification or impart information and rarely for communicative intent
- Lack of interest in pleasing people (eg teachers and parents) and unresponsive to the usual subtle cues
- of displeasure such as head shaking etc
- Consistent unawareness of non-verbal feedback (including consequences of actions)
- Competence with expressive speech and number often masks poor comprehension
- Literal interpretations of speech
- Competent with puzzles
- Holistic approach to tasks and does not cope with approximations
- Lack of spontaneity in exploring new situations
- More interested in books and factual information
- Precocious visual and auditory memory
- Clumsy and unco-ordinated
- Cope well in a structured predictable environment with clear and simple rules stated in concrete terms - they will follow the rules to the letter
- Very egocentric
- Learn from direct instruction, not intuitive perception
- Abnormal eye contact - either avoidance or prolonged intense gaze

Areas of Difficulty
The following issues are extracted from Smallwood 1995 (Managing Students with Autism and Asperger's Syndrome in the School Environment).

The school environment is a complex, constantly changing and often unpredictable. Students are required to cope with changing stimuli; varying behavioural expectations; complex social interaction with adults, peers and students of other age levels; the academic challenges of each day; their own mood and state of health and are expected to behave appropriately at all times. This can be a challenge for neurologically typical children but for those with learning and social disabilities, it can, unless properly managed be almost insurmountable.

Children diagnosed with Asperger's Syndrome may not be able to understand or express their emotions, understand what is expected of them or be able to apply the rules learned at other times and in other situations to the situation with which they are faced.

These students are often of average or above average intelligence and as they mature, they become aware of their difference and want to fit in but don't know how to. This can lead to intense frustration which may either result in outbursts of verbal and/or physical violence or withdrawal into themselves. The quiet, well behaved student is often the most at risk because the problem issues are unseen and thus unaddressed.

The student may have a "reputation that preceeds them" for both students and staff. Older students may have low self esteem and an expectation of failure both academically and behaviourally.

The main characteristics of Asperger's Syndrome which hinder both academic and social progress are:

1. Social Skills
2. Communication Skills
3. Cognitive Skills
4. Physiological Deficits

The first two are the most critical for the higher functioning student.

An effective program will among many things, recognise the students' strengths and build on them to give them a feeling of achievement and thus improve their confidence. It will also recognise the problem areas and provide strategies to deal with behaviours, strategies to teach both academic and social concepts which start with the concrete and move to the abstract at student pace. Overall the program will not just teach 'academic fact' but teach strategies and skills that will assist future academic learning, social interaction and the development of the students self control and self discipline.

Learning Structures

The following framework is a synthesis of the practical aspects of the papers of Carruthers (undated), Skilbeck 1992 and Smallwood 1995.

Children diagnosed with Asperger's Syndrome require a mixture of the following structures to successfully achieve in the classroom. Behaviour is often an indicator of frustration and stress and the following can assist in their management and reduction. Often, these ideas are beneficial to all the students.

Physical

- Structure the physical environment to facilitate learning and minimise frustration (providing visual and physical order assists in focussing)
- Watch for peers who obviously or subtly annoy the student and position them away from the student
- Watch for peers who feedoff and feedback inappropriate behaviours and position them away from
the student - often the student will like these peers but the relationship is not necessarily the best for either student.

- Ensure that the child is in a position of least distraction from the source of the information to which the child must respond (i.e., up the front and away from visual and auditory "clutter").
- Consider isolating the student for short periods to teach new concepts or build on pre-existing knowledge in a distraction-free setting.
- Be aware that the student may be defensive of their person and/or personal space and plan for this if applicable.

**In Class Structure**

- Predicable environment and routine with preparation for any changes.
- Set behavioural limits and monitor to implement consequences or provide coping strategies.
- Brief, precise, concrete instructions and make sure that they understand - don't assume that repeating the instruction means that the student has understood.
- State clearly what is expected - be concrete and allow time for the student to process the information.
- Break tasks up into manageable segments and train the student to schedule and plan.
- Teach the student to ask for help and appropriate methods of doing so.

**Presentational Issues**

- Know and use the student's strengths.
- Present new concepts in a concrete manner.
- Use activity-based learning where possible.
- Use visual prompts as appropriate.
- Break work into small steps.
- Have written instructions for older primary students and include visual cues and mark clearly the things that need to be completed.
- Show examples of what is required.
- Keep black/whiteboard presentation as neat as possible.

**Teaching Issues**

- Do not do for the student what they can do for themselves.
- Don't expect the student to automatically generalise instructions.
- Use language to tie new situations to old learning.
- Don't rely on emotional appeals or presume that the student will want to please you.
- Concentrate on changing unacceptable behaviours and don't worry about those which are "simply" odd.
- Use the obsessive or preferred activity as a reward.
- Use opportunities which arise to teach the student about how other students feel and react when they are hurt or upset.
- Be absolutely consistent and don't give options if there are no options.

Carruthers goes on to say "Work closely with the parents and listen to them - they have already had much experience coping with the child" and "Don't judge atypical parenting as odd - it is often a coping reaction to the student's behaviour rather than the cause of the behaviour."

**Other Strategies to Support Development - Child Focused (Attwood May 1993)**

- Provide a formal "peer support network" or "mate/buddy" system for the safety of the child.
- Teach "safety phrases" such as "Are you pretending? or What do you mean? or Why should I do that?" to give the child a vocabulary of questions to help them gain information (they won't know how to do it naturally) so they can determine the nature of a situation and respond accordingly.
- Explicitly teach rules of social conduct so that the child does not constantly interrupt or interrupt with questions relevant 20 minutes ago.
Explain metaphors and avoid where possible (ie 'Frog in your throat')
Have a time out area for discipline when needed (it is important to enforce consequences and to ensure that the 'time out' isn't more attractive than the activity)
Have a strategy to employ when the child can't cope due to overstimulation or confusion
Explain the timetable to the secondary child so they understand the daily structure - a simple written timetable also helps primary age children and can benefit all the class

Other Strategies to Support Development - Parent Focused (Attwood May 1993)
- Provide the parents with a timetable to ensure that the child can be rehearsed for the following day and has the necessary equipment required for the days activities because they are not strong on organisational skills and need assistance in this area
- Have a Communication Book and use it daily to inform parents of successes and failures, ask for parental advice and receive information from parents (It is difficult for parents to find out what is happening at school but it is vital that they know so they can inform the Doctors and therapists of issues and receive and transmit advice from medicos to teachers)
- When an issue begins to surface, do not ignore it or think it too minor to mention to parents (parents prefer more information than less and often something minor points to a serious issue which has bearing on behaviour at home)

Other Comments

Children diagnoses with Asperger's Syndrome have a propensity to disrupt the class due to
- lack of ability to focus
- confusion
- literal interpretation of instructions
- inability to read social rules and cues
- overloading of the 'senses' (too much noise, visual stimulation or physical stimulation)
- lack of desire to 'please'
- inability to explain feelings plus other factors.

These children are rarely disruptive for the sake of it and are amenable to behaviour modification providing that clear and simple instructions are given and consequences are consistently applied if the inappropriate behaviour continues.

It is very important to keep the parents informed because that is their only way of knowing what is happening at school. This information is vital to the child's doctors to ensure that the management program is relevant and effective and that problems can be identified and managed quickly to minimise disruption to the child and fellow students.

LINKS

Back to Asperger's Syndrome Support Network Homepage
Back to Vicnet Disability Homepage
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