

Asperger Syndrome in a School Program

Anyone who knows many children and adults with Asperger Syndrome (AS) knows that every person's manifestation of the condition is very different. While they share significant social disability, some are very successful academically, some struggle with accomplishing work; some have intense intellectual interests that lead them to career paths, and others have intense interests that seem to have no practical use; some have a few friendships, others are desperately alone and lonely. Because Asperger Syndrome is an outcome of brain differences in combination with life experiences, no two individuals are exactly alike. Therefore, each student we encounter has different educational needs.

"Least restrictive placement" is an educational term that means that students should be provided with the proper level of support for success without placing them in unnecessarily restrictive environments. For students with Asperger Syndrome, we want to provide the level of support that is necessary to help them optimize their skills and strengths without removing them from typical school experiences, if possible. Some students need a protective environment, some need learning supports, while others need a little support developing their social skills in a regular education or mainstream setting. Matching the individual need to the level of support is critical to helping a child gain self esteem and independence.

What every family with a member with Asperger Syndrome needs to consider is how the following potential difficulties are being addressed in the school setting.

1. The development of basic social skills and social relationship abilities

School programs and community clinicians often provide social skills training. The quality and type of this training, however, is critical to progress. Many activities called social skills are not based in solid research. Just because someone provides a child with opportunities for social interaction does not make the activity a useful social skills development experience. Specific skills at the child's level of need coupled with opportunities for generalization outside of the formal training situation are necessary components for skill development to occur. Children with Asperger Syndrome typically have had great difficulty acquiring these skills that typical children simply pick up from their environment. Those with AS need specific help to perceive, acquire, and generalize basic social skills. Parents should always ask social skills trainers if they are utilizing proven, evidence-based techniques. If parents are not involved in the program, a vital link for generalizability is lost and families should be somewhat suspect of the program. Sometimes social skills programs are too simplistic, teaching only the basic instrumental skills such as eye contact and greeting. Helping individuals understand social norms and develop more sophisticated social cognition skills are critical for relationship development, which is really what we all want for them.

Parents can help. Although a parent may be overjoyed that there is any social skills opportunity, it is still necessary to be a critical consumer and request a detailed statement of philosophy and curriculum, whether it is a school or a private practitioner in the community. Secondly, even if basic social skills have been acquired, children with Asperger Syndrome may continue to experience difficulty developing authentic relationships. Their interests may be atypical or age inappropriate or they may have all their social overtures rejected by others. Supportive adults can have an important impact. Teachers and related service providers can facilitate interactions in the real life situations that school provides, particularly on the playground, at lunch, and in other unstructured situations.

Parents can also help by assisting their children find others with shared interests. Parents often ask what to do when their children are unable to make friends. Finding another who loves

Warhammer, entomology, or chess goes a long way toward starting a relationship. Parents and teachers can be creative in finding appropriate peers with similar interests through clubs, internet sites, or other personal resources. Putting random children together who share only the diagnosis of AS (and consequently poorly developed social skills) is far less effective than finding two children who are both fascinated by the same activity and can talk endlessly about it together. Even when an appropriate peer has been found, and the children seem to be a good match, adults should bear in mind that their facilitation of social interaction can help immensely, especially in the early stages of acquaintanceship.

2. Organizational problems within the context of good academic skills

Problems with disorganization are very common for students with AS and frequently have a negative impact on achievement. If a child has these problems, just asking him to just be more organized or providing negative consequences are ineffective and painful interventions. A neuropsychological evaluation can help us understand exactly what underlying skill deficits are causing these students to lose their initial academic advantage. A student who processes information more slowly than others, or who can't set priorities, or who doesn't understand the passage of time, or who overfocuses on details and never finishes work (and these are all fairly typical of individuals with AS) will have less and less success with academics over time and lose that important source of self esteem. If the underlying problems are identified and specified on an IEP, finding a way to support the student's organizational difficulties becomes an educational imperative, rather than a source of personal criticism. For an unclassified student, the specific recommendations of a neuropsychological evaluation can lead to more specified help and a less likely tendency to blame rather than support. Be ready to suggest a consultant who can educate teachers and other school staff in fundamental brain differences and how they manifest in this population. Many educators do not know this important information.

3. Immature or inappropriate emotional expression

A fairly common result of having limited friendships is that emotional maturity is slow to develop and sometimes develops in an odd way, causing daily social pain. Emotional regulation is a developmental skill that arises as an interaction between one's basic brain mechanisms and the daily experiences with others. Children with AS often have differences in the neural circuitry responsible for emotional development. These differences may color their experiences in the world. Furthermore, through self isolation, limited numbers of relationships or peer rejection, the opportunity for social-emotional learning may be less than for typical children. These difficulties play out in school as immature social regulation, inability to modulate response to disappointment or frustration, or anger in response to any deviation from expectancy. Immature behavior further distances the student with AS from others, and may jeopardize the school placement. School personnel often have not been trained in specific techniques to support children having these problems. A behavior plan that is too simple tends to exacerbate rather than help a child who is losing emotional control because of complex brain related issues. A consultant, who is highly experienced in the emotional development of children and adolescents with AS, can be invaluable in helping a school develop a protocol to manage and support this kind of student. This may help a child maintain school placement and contribute to the development of more socially appropriate emotional regulation.

4. Isolation, anxiety, and depression

Often children with Asperger Syndrome retreat to the internet or a fantasy world to avoid social anguish. Families are often at a loss as to how to change these behaviors. Sometimes schools are punitive when students cannot attend, blaming the student for being manipulative or the parents for not exerting discipline. Students with AS who are showing excessive isolation should be evaluated for an anxiety or mood disorder. Changes from baseline functioning, such as an

increase in irritability or aggression should also be evaluated from a mental health perspective. Anxiety or mood disorders are treatable problems that require close cooperation between the school and the family. Schools need to try to help families find appropriate professionals, cooperate in treatment protocols, and investigate sources of fear and anxiety such as bullying or overwhelming situations. Families need to take potential anxiety and depression seriously, not view these issues as an inevitable part of AS, and seek appropriate treatment.

5. **Wide variations in development**

Students with AS characteristically exhibit wide disparities in basic abilities. Typical difficulties directly attributable to brain function include poor coordination, handwriting difficulties, slow processing, inattention, and extremes in academic ability. It is more difficult to be a person with widely varying abilities because expectancies are often unrealistic. Just because a student can solve any arithmetic problem mentally does not mean that he can keep order in long division. Just because a student can speak with erudition about history does not mean that writing mature compositions about history is possible. It is critical to understand strengths and weaknesses so that weaknesses can be identified and supported and, just as importantly, intellect can be challenged. Sometimes language or motor function can sabotage other skill areas. Consequently, even for older students, regular Speech and Language, Occupational Therapy, and Physical Therapy evaluations are critical to address unevenness of academic performance and to help develop important interventions to support ongoing academic progress.

Families need help making an honest appraisal of the specific strengths and challenges their children face and in determining if the student's school is willing and able to address these needs. We know from experience that children with Asperger Syndrome cannot develop these skills on their own. The earlier that appropriate interventions are in place the more likely it is that their independence potential is maximized and positive outcomes will be achieved. Possible school solutions include

1. engaging a consultant to educate the student's school and help with specific strategies
2. hiring a **trained** paraprofessional to work with the student
3. providing support services when needed: Speech and Language, OT, PT, resource room, AS-specific counseling
4. finding a special education school capable of providing the level of academic support and challenge needed
5. changing to a specialized setting for students with Asperger Syndrome that addresses all the above and provides a peer group and self advocacy model

A professional who is very familiar with the wide array of expression of the condition can help families make a professional assessment of a child's real needs and how they are currently being addressed. Each stage of development brings new challenges to all children. We need to be cognizant of the match between the student's needs and strengths and the current academic situation. A school that was able to provide a wonderful environment in third grade may not be able to address the new challenges that middle school brings. Therefore, an objective reappraisal of the student's maturity and the appropriateness of the educational situation is a critical part of academic and personal success from preschool through college.