Earlychildhood NEWS

Asperger's Syndrome: An Introduction for Educators

By Lynn Cohen, MSW

Ms. Kelly could see that all was not well with Aaron. The four-year-old walked with a strange lope, vaguely pigeon-toed, and slumped, as if wanting to fold in on himself. Even after a week of child care, he refused to make eye contact. When he did respond to questions, he spoke in a machine-like monotone.

While Aaron occasionally eyed the other children, he made no attempt to engage with them. In fact, Aaron seemed content to play with his toy dinosaur, a replica of a stegosaurus whose name, his mother laughingly told the staff, was "Amph." Whenever Ms. Kelly or another teacher attempted to get him to join the group, Aaron pulled away, as if physical contact and closeness burned his skin. But when, by the end of the second week, Aaron was no more engaged with the group than he was initially, Ms. Kelly firmly explained to him that he needed to participate in a game of musical chairs. As she gently removed Amph from Aaron's hands, he met her eyes with an expression of pain, confusion, even betrayal. Though Ms. Kelly tried to soothe him, Aaron's tantrum escalated. He appeared not to hear or even to be aware of other people trying to talk to him. Eventually, he was removed from the classroom.

Later that day, when Aaron's mother came to pick him up, Ms. Kelly discussed Aaron's behavior. "He can be stubborn," Aaron's mother agreed. "He won't learn manners," she said, describing how Aaron interrupted people in the midst of conversation with a monologue on his favorite topic, dinosaurs. Aaron's tantrums at home also disturbed and baffled his mother. Many times she couldn't figure out what they were about, but she had noticed that they occurred most frequently when they were leaving the house.

Based on this conversation, it was clear to Ms. Kelly that Aaron's problems were not confined to the center. When asked what his pediatrician had to say about Aaron's behavior, Aaron's mother confessed that he had recommended that her son see a psychiatrist, who could prescribe him medication to alleviate some of his problematic symptoms. "But I didn't want my son on drugs," she said. Nevertheless, Aaron's mother agreed to allow a psychologist to evaluate Aaron.

The psychologist administered a sophisticated and exhaustive series of psychological, neuropsychological, and educational tests. Fortunately for Aaron, his family, and his teachers, this psychologist had evaluated children whose behaviors were similar to Aaron's. With a verbal IQ of 140 and a full scale score of 122, Aaron did not fit the standard profile of a child with autism. Neither could he be categorized as "Oppositional-Defiant," or ADHD, or obsessive-compulsive, though he exhibited signs of each of these diagnoses. The psychologist concluded that Aaron was one of a growing number of children with Asperger's Syndrome.

Children With Asperger's Syndrome

Every teacher knows children like Aaron. They're "different," "strange," "eccentric." They don't fit in. They grow up to become the brainy kids, the computer "geeks," socially aloof and alone. Though it may not have felt so to his mother at the time, Aaron was lucky to have been diagnosed so swiftly. Many children with Asperger's Syndrome are initially misdiagnosed and thus treatment, however well-intentioned, is misguided and involves medication targeting one or more symptoms without taking the entire condition into account. Asperger's Syndrome (AS) is a neurologically based developmental disorder marked primarily by qualitative impairments in social interaction, communication, and behavior (Tanguay, Robertson, & Derrick, 1998). Named after Hans Asperger, an Austrian pediatrician who first identified the disorder in the 1940s, AS affects as many as one in 300 children. It is very rarely recognized before the age of three, and is thought to be far more common in males than females (Porter, 1996).

Asperger's Syndrome is considered by many mental health experts to belong to the spectrum of Pervasive Developmental Disorders (PDD), and is often used synonymously with "high functioning autism" (Williams, 1995). Other experts believe that the characteristics of AS are different enough from autism to warrant its own category of diagnosis. With a later onset, less severe social and communication impairments, and a higher verbal IQ than autism, the diagnosis of AS implies a more promising prognosis, and therefore affects both treatment modes and outcome. Whether the diagnosis ultimately exists in its own category or not, the numbers of people being diagnosed with AS—children and adults alike—is steadily ising (Autistic Association of New Zealand, 1998). "Asperger's Syndrome is such an inconsistently used term," says Fran Goldfarb, Director of Parent & Family Resources at the Center for Child Development at Children's Hospital-Los Angeles (personal communication, May 18, 1998). "The terminology, more than anything, tends to confuse people."

According to Stephen Bauer, M.D., from the Developmental Unit of the Genessee Hospital in Rochester, NY, "For each case of more typical autism, [mainstream] schools can expect to encounter several children with a picture of AS" (1997). For this reason, teachers' awareness of this syndrome is increasingly critical, not only in order to conference effectively with parents around their children's educational needs, but to be able to work directly with these students on a daily basis. Children with AS can be tremendously challenging to teachers. The more education, empathy, and support the teacher brings to bear on this situation, the better the child and the classroom as a whole will fare.

Features of Asperger's Syndrome

Asperger's Syndrome is a disorder that affects a child's social, behavioral, speech/language, and physical abilities. The following are some common features of the disorder, divided by areas of strength and weaknesses, as compiled from articles by Ruth M. Ryan, M.D. (1992); Stephen Bauer, M.D., (1997); Amy Klin, Ph.D., (1994); Karen Williams (1995); the Diagnostic and Statistical Manual, fourth edition; the O.A.S.I.S. (On-line Asperger Syndrome Information and Support Home Page, updated 1998); the Asperger's Syndrome Support Network Homepage (updated in September 1996); and the Autistic Association of New Zealand, Inc. (1998).

Areas of Strength

Children diagnosed with Asperger's Syndrome

- Have excellent rote memory;
- Absorb information and facts easily;
- Have an average or above-average intelligence (IQ);
- Are usually verbally advanced;
- Are extremely gifted in specific areas such as math, science, music, and art;
- Are academically proficient in several subjects including reading, vocabulary, and memory skills;
- Have the ability to focus on an area of interest, albeit to the exclusion of other interests and activities;
- Are intensely curious about their particular areas of interest, albeit to the exclusion of other areas; and
- Can be absorbed into mainstream education with appropriate support services.

Areas of Difficulty

Although children with AS have many strengths, they also have areas of difficulty which make interaction with others and learning difficult. These areas are listed below.

In social situations, children with Asperger's Syndrome

- Play in solitaire or with much younger or older children;
- Exhibit a lack of empathy or ability to see others' point of view ;
- Demonstrate a lack of awareness of how their behavior affects others;
- Show absence of spontaneous interest in sharing experiences with others (they live in "their own world");
- Have inappropriate behavioral and emotional responses to social situations (i.e., laughing at something sad);
- Suffer impairment in non-verbal expression (limited facial expressions and social cues; limited use of gesture, and inability to judge appropriate social distances);
- Have limited and/or missing non-verbal communication; and
- Are often teased and bullied by peers because they cannot perceive that others are fooling or manipulating them.

Behaviorally, children with AS

- Exhibit restricted and repetitive, often bizarre patterns of behavior, interests, and activities (these routines or rituals may be imposed on self and/or on others);
- Display repetitive movements, mannerisms, and vocalizations;
- Develop unusually intense attachment to particular possessions;
- Lack the ability to explain motivations, feelings, or reactions;
- Show inflexibility and rigidity of routine (when they are met with a change in plan or with a surprise, even a pleasant one, they become extremely anxious and upset); and
- Lack the ability to tolerate frustration, often resulting in emotional outbursts.

Children with AS display speech and language difficulties by

- Speaking in peculiar voices (monotone, machine-like);
- Not understanding metaphor/simile, figurative language, and abstractions (everything needs to be very concrete); and
- Expressing difficulty in holding give-and-take conversations.

Physically, children with Asperger's Syndrome

- Are clumsy and ill-coordinated (unusual gait or stance);
- "Avoid and may become overwhelmed and confused by physical contact with others" (Cesaroni & Garber

- Avoid and may become overwhelmed and confused by phsical contact with others (Cesaroni & Garber, 1991);
- Have gross or fine motor impairment which may affect penmanship, keyboard manipulation, and drawing; and
- Utilize relatively little eye contact.

Students with Asperger's Syndrome can also have erratic and irregular results from educational and psychological testing. A child with autism or AS "may be a 'math whiz' in algebra, but not able to make simple change at a cash register." Or, he or she may have an astonishing memory for statistics or prose, but forget to bring his or her supplies to class day after day. "Uneven skills development is a hallmark of autism" (Moreno, & O'Neal, 1998).

Sensory Overload

An additional, fundamental feature of Asperger's Syndrome is a hypersensitivity to external stimuli. People with AS may hear things more acutely than the average person, feel things more sharply, and smell things with exaggerated intensity. Thus they are often in a state of sensory overload. In her paper, "My Experiences with Visual Thinking, Sensory Problems and Communication Difficulties," Temple Grandlin (1996) describes her experiences with autism. "Sudden loud noises hurt my ears, like a dentist's drill hitting a nerve," she writes. "Being touched sent a...tidal wave of stimulation through my body. I wanted to feel the comforting feeling of being held, but the effect on my nervous system was overwhelming." She writes, "The fear [or anticipation] of a noise that hurts the ears is often the cause of many bad behaviors and tantrums." Her revelations make accessible and understandable what would otherwise be incomprehensible to most of us.

Suggestions for Early Childhood Professionals

For each of the areas of difficulty, Williams (1995) outlines ways for teachers to deal with the AS child in the mainstream classroom. (Another invaluable resource, written from the perspective of an adult person with Asperger's Syndrome, is the article by Temple Grandlin, Ph.D., "Teaching Tips for Children and Adults With Autism,"http://www.autism.org/asperger.html.) While there is not room here to enumerate them all, the following are some basic guidelines for helping teachers deal with the AS child in their classroom.

- Minimize transitions by anticipating and preparing the child for any change in routine or schedule and avoid surprises.
- Explain why. AS children do not have the intuitive ability to see that their behavior is insensitive or inappropriate. They need to be told why in very concrete terms.
- Help AS children develop self-consciousness around behavior that is socially insensitive or inappropriate by explaining the reaction their behavior elicits, why their behavior offended people, and why it would have been better to behave in a specifically defined alternative way in the future. Help them to "practice" this alternative way.
- Learn to differentiate between what the child can help and what he or she cannot help, behaviorally, emotionally, or socially. Speaking at length, regularly, with the parents is invaluable towards this end.
- The combination of firm expectations and flexibility is necessary with the AS child. Provide choices, but limit them. In addition, require that they follow the rules of the classroom, and learn to sense where their rigidity can and cannot be loosened.
- To the best of your ability, protect the child from bullying and teasing by peers. Aside from the obvious aim of avoiding hurt feelings, peer insensitivity can be an opportunity to teach and model empathy, even to do some role playing. AS children can also learn to "mimic" empathetic responses.
- Limit their tendency to perseverate on circumscribed areas of interest by designating a specific time during which they may discuss or ask questions about the topic. Likewise, use their interest area as a reward for completing assigned tasks.
- Be calm, predictable, and matter-of-fact in interactions with the child with AS, indicating compassion and patience. It will be "necessary to teach children [with AS] seemingly obvious things..." (Asperger, 1991).
- "Be positive. Be creative. Be flexible" (Moreno, & O'Neal, 1998).

Therapy, Medication, or Behavioral Modification?

No one knows better than professional educators that every child is an individual. Children with Asperger's Syndrome are no exception. Each one exhibits his or her own cluster of behaviors and traits, some of which may be more attributable to inherent personality characteristics than to a feature of the Asperger's disorder. Likewise, treatment for AS will be different with each child. Some will benefit from medication for problems having to do with attention, or anxiety, or obsessive-compulsive symptoms. Others do not seem to benefit from medication, but respond well to a supportive behavioral approach to their idiosyncratic ways of experiencing and dealing with the world. A therapist experienced in working with AS children and their families is invaluable. Teachers may find themselves in a position of having to refer the families for consultation to a mental health

professional. At times they may have to deal with a degree of family denial. Therefore, your role in recognizing and supporting the family in dealing with their child is crucial.

Conclusion

With the ever-increasing number of children in mainstream educational settings being diagnosed with Asperger's Syndrome, teachers and parents need to come together around the special academic, social, and emotional needs of the AS child. Parents are rightfully concerned that the bureaucracy of educational planning committees is not equipped to accommodate their children's unique needs. Cognitively and academically, these students are, if anything, advanced, making them ill-suited for most special education programs. On the other hand, the emotional and social challenges of the mainstream school setting can be extremely taxing for AS children and their teachers. Education and awareness are the first steps towards a sympathetic and effective program for these frequently gifted children with special emotional and social needs. What's singularly important to remember is that the AS child experiences the world in a high-volume way, uniquely and creatively. The more we can learn from them about patience, compassion, and empathy, the more we will all benefit.

Lynn Cohen has a Masters of Social Work from Simmons College and a Masters of Fine Arts in Creative Writing from Emerson College. She has written essays, articles, and reviews for the *Los Angeles Times Magazine*, *Amelia*, *Against the Current* and *The Boston Exchange*. She lives with her family in Los Angeles, where she is currently working on a novel.

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