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Getting to Know the Child with Asperger Syndrome

Asperger syndrome (AS) is a disorder characterized by social skill deficits and display of repetitive behaviors. This article explores the diagnostic components of AS and describes the major school-related issues for children who have the disorder. Specific interventions that school counselors can implement to help increase these students' academic and social success are discussed.

In some ways, Tom is a typical 9-year-old student. He started talking at age 1 and was using sentences by age 2. He is advanced at math but struggles in language arts. He has a fascination with trains and gives long, detailed descriptions of how engines work. But, in other ways, he is just different. He seems more interested in playing with things rather than with people. When he is with people, Tom often misreads social cues, almost like he cannot understand nonverbal behavior. He expresses emotions, but often not in appropriate ways or times. Sharing and taking turns is extremely difficult for him. Make-believe games are nearly impossible; he does not seem to understand the "rules" of these types of activities. In physical activities, he seems clumsy and has an unusual stance, sometimes walking or running on his toes. Teachers often remark that he is just different or a bit odd.

The child in the above example has Asperger syndrome (AS) and might be referred to his school counselor because of academic and social skill difficulties. Students with AS often require behavioral, social, and academic assistance in order to be successful in school. The ASCA National Model® (American School Counselor Association, 2005) indicates that school counselors are advocates, leaders, and collaborators in the school. Furthermore, the ASCA National Model states that school counselors must be able to work with all types of students. School counselors can use the skills outlined by ASCA to effectively help their students with

Asperger syndrome, as well as the parents and teachers of these children.

Recently, there has been increased interest related to AS. A pervasive developmental disorder, AS is characterized by deficits in social interaction and display of repetitive behaviors (American Psychiatric Association [APA], 2000). AS is a relatively new diagnosis, having only been included in the APA's *Diagnostic and Statistical Manual of Mental Disorders (DSM)* in its most recent editions. Currently, the estimates of prevalence rates for AS range from 3.6 to 7.1 per 10,000 children, with a male to female ratio of 2.3 to 1 (Stoddart, 2005). While children with the symptomatology of AS have been in schools for quite some time, only recently have these students begun receiving a formal diagnosis and treatment. The quick ascent in the number of students with this diagnosis suggests that school counselors must become aware of not only the diagnosis, but also how to work with the large number of students who display the characteristics of AS. The purpose of this article is to describe the common issues in children with AS and to provide techniques and ideas for working with these students, their teachers, and their parents.

DIAGNOSIS

Although AS was not included in the *DSM* until 1994, it was first identified in the 1940s by Hans Asperger (Myles & Simpson, 2001). Asperger syndrome is included within the spectrum of autism disorders, but there are differences between AS and traditional autism (APA, 2000). The criteria for a diagnosis of Asperger syndrome include social impairment; behavior that is patterned, repetitive, and focused; and the absence of language or cognitive delays. Autistic disorder also includes social impairment and patterned behavior, but must additionally have symptoms of language, cognitive, or other developmental delays (APA). So, although AS has some common features with autism, it does not include impaired cognitive ability or problems with

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language development.

When parents become concerned about their child's development, a psychologist or mental health counselor may make the diagnosis of AS. Additionally, parents should have their family physician rule out other health conditions that may be confused with AS. It also is possible for a student to be evaluated by a school-based team including a school psychologist and possibly an autism specialist. Parents may elect to have the evaluation by school-based personnel or seek an outside evaluation at their own expense. Most AS experts, however, recommend evaluations by a physician and a non-school clinician to determine additional services that might be useful in assisting the child with AS. These services may include physical and occupational therapy and long-term counseling. While a diagnosis may be made as early as age 3, it is possible for children not to be diagnosed until they are in school (Autism Society of America, 2007).

In some cases, the school counselor may initiate the evaluation referral due to classroom observations or reports from teachers (Schnurr, 2005). Characteristics such as unusual nonverbal behaviors, atypical speech patterns, and poor social skills may raise concerns for school counselors, who are generally aware of typical developmental levels of the children with whom they work. For example, students with AS often exhibit underdeveloped social skills and difficulties with peers, as well as difficulty with creative writing assignments. The school counselor may be the first professional to recognize the behaviors as markers of developmental problems.

When clinicians attempt to diagnose AS, they look for specific types of behaviors that are found in children with AS. As social difficulties are a core condition for a *DSM* diagnosis of AS, these symptoms are considered first. Typically, children with AS lack an understanding of social cues, which may lead to difficulty understanding the purpose of social interactions. Children with AS also may display inappropriate actions such as lack of attention to body language or personal space (APA, 2000; Griffin, Griffin, Fitch, Albera, & Gingras, 2006). For example, they will sometimes smile when talking about something sad or make people uncomfortable by standing too close to them. Furthermore, students with AS may misread or be unaware of nonverbal behaviors such as eye contact or expressions of discomfort by peers.

Second, clinicians assessing children for AS examine cognitive and academic functioning. While most children with AS demonstrate average or above intelligence, they often struggle in classrooms due to their literal thinking and poor problem-solving skills. Often, students with AS have difficulty generalizing ideas and have a limited range of interests, preferring

to focus on a single task for long periods of time (Barnhill, 2001a). Students with AS may demonstrate these symptoms in class; they focus on subjects of interest and often want to continue these subjects even when the teacher tells them it is time to switch to another topic. Additionally, during reading and English, they may have trouble identifying themes in stories or be unable to recognize the feelings of a character in a book because their thinking is concrete and the tasks involve thinking about abstract concepts.

Children with AS typically have sensory difficulties as well. This may be demonstrated through repetitive behavior, self-stimulation, or sensitivity to tastes or noises (Griffin et al., 2006). Fine and gross motor skill deficits also are characteristics of AS (Williams, 2001). Fine motor skills such as writing and coordinated movement may be affected and gross motor deficits may include clumsiness or stiff gaits (Griffin et al.). Sensory difficulties may be demonstrated by general clumsiness, toe-walking, and extreme sensitivity to food textures.

It is vital to rule out other potential diagnoses before determining whether a child has AS. As discussed previously, AS is part of the autism spectrum and may be mistaken for autism; examination of cognitive and language ability can help distinguish AS from autism. The inattention of children with AS often leads to misdiagnosis as attention deficit hyperactivity disorder (ADHD). AS and ADHD can be differentiated by assessing whether the child is unable to focus, as is the case with ADHD, or whether the child is in his or her own internal world (Schnurr, 2005). A child with AS may examine a book on astronomy for hours at a time without distraction, while a child with ADHD would find it difficult to focus on anything without being side-tracked. Finally, AS is sometimes confused with obsessive-compulsive disorder (OCD) due to the intense focus on stereotyped behaviors or limited subjects. Distinction can be made based on the source of the obsessions; a child with AS will focus on something representing a special interest while a child with OCD often focuses on a fear or prevention of something negative (Schnurr). Professionals working with children who have AS need to know it is possible for the child to have one or more comorbid diagnoses.

WORKING WITH SCHOOL-AGED CHILDREN WITH AS

Given the difficulties in social skill development for children with AS, school counselors must work with students, parents, and school staff to help with these issues. Some of the more common concerns arising in school-aged children with AS occur in the areas of

classroom behavior, academics, social networking, and transitional issues. Within the delivery component of the ASCA National Model (2005), school counselors can provide individual counseling, system support, and consultation to help students with AS be successful during their K-12 career.

When working with children who have AS, school counselors must know what services the student is receiving both in and out of school. Collaboration with mental health professionals in the community will strengthen any services provided in the school. For example, many children with AS benefit from long-term counseling focusing on social skill development or family issues. Additionally, school counselors must work in conjunction with special education teachers to determine what modifications and other services will help the student. Students with AS may have either a 504 plan or an Individualized Education Program (IEP), depending on how well they do in a regular classroom setting. An IEP is created when there is a need for specialized instruction beyond the modifications provided by a 504 plan (Baumel, 2002). School counselors often serve as the bridge between the family, community service providers, and the school through collaboration and coordination of services.

Classroom Behavior Issues

Atypical classroom behavior is an ongoing issue that must be addressed when working with children with AS. Children with AS often display poor eye contact, which can be construed in the classroom as inattention. These children also may develop unusual speech patterns; some may talk at inappropriate times while others may take longer than is typical to respond to a question or comment. In addition, children with AS may display repetitive behavior in the classroom (Jacobsen, 2005). Taken together, these behaviors can become distractions in a regular classroom setting.

A recent study found that by elementary school, some of the common repetitive behaviors seen in young children with AS had diminished while others had become more frequent (Church, Alisanski, & Amanullah, 2000). Some of the continuing behaviors included talking to themselves and pacing. In addition, students in the study preferred a set routine and often became upset when rules or behaviors were changed. By middle school, the students with AS still had difficulties when their routine was changed and often still exhibited repetitive behaviors such as pacing or rocking (Church et al.). A second study by Barnhill (2001b) found that repetitive and inappropriate behaviors were exhibited less often in the classroom than they were at home, though these behaviors were still evident at school.

Suggestions for addressing classroom behaviors:

School counselors can aid by educating teachers and parents on effective techniques to manage classroom behavior in children with AS. To foster positive behavior in the classroom, counselors can help teachers set up their rooms and develop seating charts that are most beneficial to students with AS. For example, a school counselor might talk with a student's parents and teachers about how to help the child stay focused. Students with AS often need to be in a desk at the front of the room where the teacher can subtly signal them when they are off task.

Anxiety in the classroom is common in children with AS (Brownell & Walther-Thomas, 2001). Counselors can collaborate with teachers and provide them with simple ways to help reduce these feelings. Allowing the student to use a stress ball or to stand up while doing work often helps children with AS to keep their focus while relieving anxiety (Brownell & Walther-Thomas). Having a daily schedule with minimal transitions is important for children with AS. Posting daily schedules on the board or on the students' desks can decrease anxiety by helping them know what to expect during the day (Brownell & Walther-Thomas; Bullard, 2004; Williams, 2001). Changing classes also can be very stressful for children with AS because of the volume of noise and people in the hallway. School counselors can help teachers make a slightly different schedule for children with AS. The amount of time these students have in the hallway and the specific time they change classes may need to be different from other students. A peer buddy to accompany the student with AS while changing classes may help reduce stress as well (Adreon & Stella, 2001).

School counselors can work with special education teachers and regular education teachers to create behavior plans in which the child's positive behavior is rewarded by having time to talk about a favorite subject, play computer games, or earn free time to leave the room (Bullard, 2004). Teachers need to be aware of options or accommodations they can make. For example, if a student with AS focuses on a particular topic, the school counselor might suggest letting the student look at a book on that subject or helping with transitions by talking about the subject as the student walks from room to room. These accommodations may have to be periodically changed as the student's behaviors change.

School counselors also can educate parents of children with AS about the benefits of having structure and predictability at home. Children with AS benefit from having set times for meals, homework, and bedtime (Myles & Simpson, 2001). School counselors should let parents know it is crucial for them to be actively involved in their child's educational planning. The counselor can educate parents about their rights and help parents serve as advocates to

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ensure their child's needs are being met (Brownell & Walther-Thomas, 2001). Finally, school counselors can facilitate priming, which is a technique designed to help children with AS know what to expect at school. In priming, children are exposed to materials at home before they are presented in the classroom. Priming is a purposeful and collaborative effort because teachers must give parents the materials ahead of time (Myles & Simpson). All of these techniques can improve students' behavior in the classroom and increase their overall success in school.

Academic Issues

Even though students with AS have average to above-average intelligence, several issues related to schoolwork are common. First, most children with AS receive speech and language services in schools, often for being hyperverbal or for lacking the ability to hold two-way conversations (Church et al., 2000). Students with AS may show great interest in some subjects while demonstrating strong resistance to others. In addition, they may refuse to do work that is outside of their interest areas (Jacobsen, 2005).

It is important to remember that not all children with AS handle schoolwork in the same ways. One small study of middle and high school students with AS found that some of the students did better in smaller classes, some in regular classrooms, and some in alternative settings (Church et al., 2000). While all had difficulty in language arts, some did best in math while others did better in vocational courses. When children with AS experience a lack of academic success it is often a result of difficult behavior in the classroom rather than their cognitive abilities (Barnhill, 2001a).

Suggestions for addressing academic issues: Techniques specifically addressing academic issues are available to help children with AS. School counselors can help to make school feel less anxiety-producing and intimidating for students with AS by helping teachers and parents focus on what the child can do, rather than on what the child *cannot* do. This shift in focus can help engage the child and reduce feelings of being discouraged by school (Jacobsen, 2005). For example, when children with AS are willing to complete an English assignment, they then might be allowed to share something that is a strength for them in show-and-tell, giving an opportunity to shine in the classroom.

Highlighted texts and pretyped notes also are helpful to students with AS because these aids remove the need to determine what information is important and then struggle to write it down. To help students with poor motor development, counselors can encourage teachers to enlist a classmate to help take notes for the student with AS (Barnhill,

2001a). Allowing students to use word processors for notes and tests also may be helpful for children with AS because of their poor motor skills. Providing written notes and assignments, reducing assignments, and providing preferential seating may be useful accommodations as well.

In addition, tests should be modified if needed. Giving tests orally, allowing the student to use a computer to take the test, and providing multiple-choice options instead of essay questions are modifications that are easily made and that will decrease the student's anxiety (Myles & Simpson, 2001). Furthermore, extra time and private space for testing should be allowed for children with AS so they are not distracted by time restrictions or other students (Safran, 2005).

Social Networking Issues

Deficits in social interaction are central to the diagnosis of AS, and by definition all children with the disorder have at least moderate difficulties in this area. Students with AS have difficulty understanding social cues and often misread or overlook nonverbal messages. Specifically, they may interrupt conversations, be unable to adapt to different types of social interactions, and lack an understanding of sarcasm or subtle humor (Winter, 2003). It is especially difficult for students with AS to distinguish between formal and informal social events, so they often act the same way in both types of situations. This may mean being overly formal or extremely informal at inappropriate times (Griffin et al., 2006).

In one study of the social skills of children with AS, researchers showed participants multiple vignettes and asked them to comment on what occurred in each story (Carothers & Taylor, 2004). In comparison to the control group, the students with AS were less able to identify the type of conflict being displayed and recognized fewer social intention cues. Additionally, they were more likely to select an aggressive response strategy for dealing with the conflict than were their peers. This study reinforces the difficulties that students with AS have in social situations.

Suggestions for addressing social networking issues: Because social deficits are a primary component of AS, much of the focus for the school counselor should be on promoting social skill development. School counselors can provide both individual and group counseling to increase social comfort levels. Children with AS need to be familiar and comfortable with the counselor's office because it is a place where social skills can be taught, a place to learn appropriate classroom behavior, and a location to go calm down and talk if the child is becoming agitated (Bullard, 2004). School counselors can recommend that students with AS join a small social skills group,

where they can be taught to observe others and learn how to interact positively with their peers. It is important to remember that children with AS want to make friends but lack the skills needed to do so. Additionally, school counselors must be prepared for social skill development to be slow and difficult because the disorder directly interferes with these abilities.

School counselors and parents can work together to find a club or activity that allows children with AS to socialize with peers in a safe environment. Activities such as drama club, bicycle club, and Boy Scouts are beneficial activities because socialization takes a back seat to the activity itself and they are not competitive in nature (Brownell & Walther-Thomas, 2001). To help children with AS on their bus ride, school counselors can consult with teachers to help select a peer buddy to sit with the child and to make sure the bus driver allows preferential seating. School counselors can teach parents about social skill development by providing them with information on how to increase positive social interactions outside of school.

Two helpful social skill techniques are role playing and social stories. Role playing can be used to help children with AS rehearse and prepare for social situations. With guidance from the school counselor, peers, and parents, role playing can help these students determine the best course of action prior to facing a new and unsettling social situation. Social stories are short, detailed tales describing a social situation and outline socially appropriate responses (Gray Center, 2007). Social stories can be written to help prepare students for potentially stressful situations, such as a school assembly, being line leader, or completing math word problems. The story is read repeatedly prior to the situation to help reduce the anxiety associated with unexpected change or an anxiety-provoking event. A vital part of social stories is the inclusion of examples of how to respond appropriately to the situation, thereby providing the student with specific examples of how to behave.

Transitional Issues

Just as students with AS have difficulty with the small transitions of moving from one task to the next, they also have problems with life transitions. Moving from elementary to middle to high school can be difficult for all students, but especially so for children with AS. For these students, this time is characterized by a lack of adaptive skills and anxiety over moving to a new situation. For example, high school typically means moving between multiple classrooms, interacting with a larger number of students and teachers, and taking on additional personal responsibility. The emphasis on change and the increase of social interaction that occur in middle school provoke more anxiety in students with AS

than in their peers (Adreon & Stella, 2001). In addition to their own anxiety over the transition, negative responses of peers also can take their toll on these students (Jordan, 2005). Whereas the repetitive behaviors or misunderstanding of social cues of students with AS may have been ignored or accepted in the younger grades, these same behaviors may become a source for embarrassment or teasing in the upper grades (Safran, 2005). Overall, transitioning is difficult for students with AS because the act itself contradicts their need for routine and stability and forces them to rely on inadequate social skills.

Suggestions for addressing transition issues: Overall, the level of support must increase from elementary to middle school to prevent regression of behaviors and emotions (Adreon & Stella, 2001). Increasing support as the child grows older is contrary to what typically occurs in a school setting, so school staff and parents must be informed in advance about this need. With most of these suggestions comes the need to partner with special education teachers and support service personnel (e.g., speech therapists, occupational therapists). Opportunities to collaborate with other professionals can greatly benefit the student.

Although almost all students are anxious about their transition to middle or high school, children with AS are worried about more things, such as sports, meeting other students, changing classes, having a locker, and encountering stimuli in the hallway (Safran, 2005). All of these are stressful for children with AS, especially when they all happen at once. Therefore, transition planning beyond school tours is needed to help the child with AS to have a smoother transition. Planning for these transitions is not a single event, but rather a process (Adreon & Stella, 2001). As students with AS near the transition to middle school, school counselors can talk with them and their parents about the changes, organize meetings with the middle school counselor and their family, and discuss new ways for them to manage anxiety.

School counselors can collaborate with special education teachers to make sure the transition to a new school starts with the identification of supports needed and a plan to ensure these supports are in place before school starts (Adreon & Stella, 2001). The transition planning meeting needs to be held in the spring and teachers from both schools should be present. Initial goals during the first few weeks of class need to focus on alleviating stress and developing a specific schedule. Teachers and other school staff working with older children and adolescents may be less familiar with the AS diagnosis because the diagnosis is so new, so they may need training about the disorder before school starts. Training may include the definition of AS and its characteris-

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tics. Modifications and other strategies that the student needs should be determined during transition planning meetings (Adreon & Stella).

School counselors can ensure that orientation activities allow children with AS to become familiar with the layout of the school and meet their new teachers. Children with AS will need specific instructions and help learning the rules at their new school (Jordan, 2005). Providing children with access to the school counselor or a peer buddy to talk to can help them become less anxious about starting a new school as well. The child should meet his or her new school counselor and peer buddy before school starts to help increase familiarity and decrease anxiety (Adreon & Stella, 2001).

CONCLUSION

Being aware of how to recognize children with AS and understanding how to advocate for them can help them to succeed in the school setting. It is important to remember that working with students with AS can be frustrating for everyone involved. Teachers find these students difficult because, although they have the academic capacity to do their work, these students often resist certain subjects or make classroom management difficult. Parents may lack information on how to best help their child. Students with AS often display high levels of anxiety when faced with new challenges and resist changes to their routine. School counselors, who work with these teachers, parents, and students, should expect to feel frustrated and challenged by the problems presented. Through leadership, consultation, and collaboration, school counselors can help to foster success for this growing group of children in their schools. ■

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