Understanding Students with Asperger’s Syndrome

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The author’s research is dedicated to the memory of Gladys R. Williams (1927-2003). As the grandmother of Sean Fine, Williams recognized his uniqueness and special abilities; her encouragement and diligence were guiding lights in our pursuit for answers.

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Series Editor, Donovan R. Walling
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What Is Asperger’s Syndrome?

Schools must educate children with disabilities in the least restrictive environment. That is the law, and it has been law for more than 20 years. However, regular classroom teachers still find themselves unprepared for many of the special education students who come to their classrooms.

The child with Asperger’s syndrome requires modifications in the classroom environment, instructional process, and teacher expectations if he or she is going to succeed in school. These accommodations, in turn, depend on teacher training and support from school administrators.

First described by Viennese pediatrician Hans Asperger in 1944, Asperger’s syndrome is categorized as a pervasive developmental disorder or as an autistic spectrum disorder in the mildest and highest functioning end of the spectrum. Asperger’s syndrome is distinguished by abnormalities in three developmental areas: social behavior, communicative language, and obsessive temperamental behavior. Deficiencies in social interaction and nonverbal communication, clumsiness in articula-
tion and gross motor skills, and repetitiveness in actions and thoughts are characteristic of the eccentric behaviors demonstrated by the Asperger’s syndrome child.

The Asperger’s syndrome child has difficulty understanding human relationships and acceptable social behaviors, which often makes the child a social outcast. However, the intelligence of the Asperger’s syndrome child is normal to exceptional, and rote memorization skills are exceptional. Other symptoms may include:

- Difficulties with transitions and a preference for sameness.
- Preoccupation with subjects that interest the child.
- Difficulty interpreting nonverbal body language and establishing appropriate body space.
- Over-sensitivity of the auditory, olfactory, optical, and digestive systems (Kirby 2001).

Asperger’s syndrome affects between 20 and 25 out of every 10,000 children, which makes it more common than autism, which occurs in approximately 4 out of every 10,000 children. According to the Asperger’s Coalition of the United States (2001), this disorder has a higher incidence than do multiple sclerosis, Down’s syndrome, and cystic fibrosis. In addition, the diagnosis figures for Asperger’s syndrome continue to rise, mostly because of improved diagnostic tools, heightened awareness, and increased training of professionals. Recent studies suggest that other factors that may cause the increased incidence of Asperger’s syndrome include older maternal age at pregnancy, growing transient populations, contraction of exotic infections.
during pregnancy and infancy, and environmental toxins that may affect brain development or cause metabolic abnormalities.

Asperger’s syndrome is more common in males than in females. Ozbayrak (1996e) cites a male to female ratio of four to one. However, as understanding of the disorder increases, scientists have identified the disorder in females who are able to disguise inadequate social skills more easily than can males (Attwood 2000).

Genetic correlations reveal that one parent, most frequently the father, exhibits the traits of Asperger’s syndrome or, at minimum, such temperamental traits as acute and narrow interests, habitual and rigid mannerisms, social ineptness, and tentativeness (Bauer 1996). A Yale University study of 99 families revealed that 46% of children with the disorder had a positive family history of Asperger’s syndrome in first-degree relatives (Attwood 2000).

The Diagnostic and Statistical Manual of Mental Disorders (DSM-4) states the criteria that must be present for a diagnosis of Asperger’s syndrome:

A. Qualitative impairment in social interaction, as shown by a minimum of two of the following:
   1. Significant impairment in use of nonverbal behavior, such as social interaction gestures, facial expression, eye-to-eye contact, and body postures.
   2. Inability to form and maintain developmentally appropriate relationships with peers.
   3. Failure to spontaneously seek out others for interactions, such as sharing interests, achievements, and so forth.
4. Difficulty with social or emotional reciprocity.

B. Repetitive and restricted stereotyped patterns of behaviors, activities, and interests, as shown by at least one of the following:

1. Significant preoccupation with one or more stereotyped and restricted interests whose focus or intensity makes it abnormal.
2. Significant manifestation of nonfunctional routines or inflexible adherence to rituals.
3. Repetitive and stereotyped motor movements such as complex whole-body movements, or hand or finger flapping or twisting.
4. Significant and persistent preoccupations with parts of objects.

C. Clinically significant social, occupations, or other functioning impairment.

D. Absence of a clinically significant general language delay.

E. Absence of a clinically significant delay in cognitive development or in development of age-appropriate adaptive behavior (other than social interaction), self-help skills, and childhood curiosity about the environment.

F. Failure to meet diagnostic criteria for schizophrenia or other types of pervasive developmental disorders.

Swedish physician Christopher Gillberg has elaborated on the criteria of the DSM-4 to propose six more specific criteria. Although not all of the behaviors must be demonstrated, behaviors in each of the six criteria must be evident for diagnosis:
1. Egocentric behavior in social interaction that is evident in at least two of the following behaviors:
   • Inability for or lack of desire for peer interaction.
   • Deficient understanding of social cues.
   • Inappropriate social and emotional behavior.

2. All-absorbing interests and fixations that include a minimum of one of the following characteristics:
   • Exclusion of other interests.
   • Repetitive adherence.
   • Rote behavior.

3. Repetitive routines and interests imposed on either one's self or others.

4. Speech and language difficulties, including a minimum of three of the following:
   • Possible delayed early development.
   • Expressive language, peculiar vocal intonation.
   • Weak comprehension skills, including misunderstanding of literal and implied meanings.

5. Nonverbal communication deficits in at least one of the following:
   • Limited use of body gestures.
   • Awkward body language.
   • Restricted or inappropriate facial expressions.
   • Odd gaze.

6. Motor clumsiness that is evident in neurodevelopment examination.

Asperger's syndrome has some similarities to autism. These include difficulties with social relationships, de-
icient verbal and nonverbal communication skills, and obsessive, repetitive behaviors, interests, and routines.

Most researchers emphasize that the severity of the disturbance in the Asperger’s syndrome child is less than that in autistic children, particularly for the social and language deficits. In addition, the symptoms of Asperger’s syndrome do not occur until after the child is three years old, as opposed to occurring in infancy among autistic children. Typically, the Asperger’s syndrome child is intelligent and shows evidence of talent in a specific area; verbal IQ is higher than performance IQ, the reverse of autism. In contrast to the autistic child, the Asperger’s syndrome child has a desire to be socially accepted and is frustrated by his inability to interact successfully.

Language development in the Asperger’s syndrome child is coherent through the age of four, though pretentious and repetitive speech in a monotone voice is common. An overly formal and robotic language pattern, referred to as pedantic speech, is a characteristic of the Asperger’s child’s oral language style. While language development is typical, the complications arise as a result of an impairment in social interaction. Rote language skills are extremely well developed, but speech volume, intonation, inflection, and rate often are atypical. Conversational language skills are deficient, and language comprehension is at a concrete level; consequently the Asperger’s syndrome child frequently misunderstands humor. Cognitive ability often is described as eccentric, characterized by obsession with complex topics. A full spectrum intelligence quotient often reveals disparity in verbal and performance abil-
ity, compounded by possible learning disabilities and the absence of common sense.

An Asperger’s syndrome diagnosis requires evidence of social interaction deficiencies and observable repetitive patterns of disturbing behavior that interfere with the individual’s ability to function in social settings. Diagnosis of Asperger’s syndrome aids parents and educators in understanding the nature of a child’s academic and social difficulties, enabling the student to receive available educational and community services.
Implications for Instruction

Teachers must address the comprehensive needs of their students and must provide the appropriate emotional, social, and academic support. The first step for teachers is to acknowledge that Asperger's syndrome is a developmental disorder that influences the behavior of students. Unfortunately, theory and practice are not always congruent. For example, students often are held accountable for crises situations, which is unfair to the student with Asperger's syndrome. Educators should become knowledgeable about Asperger's syndrome research and develop an understanding of the needs of these students.

Asperger's syndrome students are extremely sensitive to change and thrive on environmental uniformity. Thus their learning environments should be safe and conventional. Teachers should reduce the number of transitions the student must make and should provide for routineness. The teacher should prevent surprises for the student by advising the student of any changes to customary activities and schedules. Less familiar or unstructured settings, including the cafeteria and gym-
nasium, may aggravate the conflict for the socially inept student. In addition, assemblies, pep rallies, or unstructured recess periods may cause frustration and anxiety.

Students with Asperger's syndrome can react to unexpected events and unfamiliar surroundings with verbal outbursts, tantrums, and self-inflicted physical harm. Some simple ways to prevent these potential crises include providing the student with ear plugs for high-volume activities, excusing the student from unstructured events, and assigning an adult buddy to shadow the student. In addition, teachers need to learn the specific behaviors that precede an emotional-social meltdown of the Asperger's student, including pacing, singing, or a dazed look. When the teacher notices that the student is becoming anxious, the teacher should help the child to a time-out area that provides solitude and offers the anxious student an opportunity to recover.

Successful classroom achievement for the Asperger's student depends on strict external structure, persistent teacher feedback, guided direction, and individualized assignments. Classwork and homework requirements may need to be customized to compensate for weak concentration skills, deficient handwriting abilities, and extreme disorganization.

Seating the child in the front of the classroom will facilitate eye-to-eye contact and direct questioning, which may assist in offsetting attention deficiencies. However, Asperger’s students also show a preference for open, quiet areas where inappropriate behaviors may be less noticed. In any case, teachers should take special care in not placing a student with social deficiencies in close proximity to aggressive or bullying students.
Pairing the Asperger's syndrome student with a peer buddy who may have a calming effect and offer assistance in transitioning also is beneficial. Asperger's Syndrome Coalition spokeswoman Rosalyn Lord recommends securing a Special Support Assistant to aid the Asperger's syndrome child in the classroom and other social settings (ABC News 2000).

Group assignments promote anxiety in the student with Asperger's syndrome, and teachers of these students should take certain precautions. First, teachers should avoid letting the students self-select the group they will join and should place the socially deficient student with peers who are compassionate. Instruction in the skills for cooperative learning should precede assignments that require students to work collaboratively. Specific task assignments are recommended in group settings where the Asperger's syndrome student may be ignored and excluded.

Creating a learning environment using a proactive approach to behavior development requires teaching precise behaviors expected for compliance with classroom rules. First the teacher should establish the rules essential to promote learning and specifically identify the rules necessary for the safety, well-being, self-esteem, and success of all students. Next, the teacher should recognize the strengths and weaknesses of the Asperger's syndrome student, paying particular attention to the student's personal and environmental challenges and resources. Then the teacher should develop a plan to teach positive behavior, using methods that correspond to the student's learning style and needs. The typical
method is to teach the behavior, develop cues for the behavior, practice the behavior, and reinforce good behavior. The teacher needs to maintain records of the student’s changes in behavior, both positive and negative, in order to determine effective strategies and for use in the student’s Individual Education Plan.

Creating a consistent, predictable, organized environment is essential for the Asperger’s syndrome student’s academic and behavioral success. Major life changes, including transitions between primary and secondary schools, provoke increased anxiety in these students. Thus they need an individualized plan for these transitions that includes the parents’ informal analysis of a child’s strengths and weaknesses. Throughout fifth grade, the teacher should emphasize direct instruction on organization skills, focusing on independent behaviors. A portfolio of work samples and a psychological profile of the student will help the middle school educators to develop a program suitable for the student.

Teachers should keep in mind that college and graduate school are very real options for most high-functioning Asperger’s syndrome students. The Asperger’s syndrome adult’s preoccupation in a specific area of interest often is viewed as perseverance, and it contributes to productivity (Bauer 1996). However, social interaction deficits remain throughout adulthood; and frequently adult social and emotional needs, specifically in relationships, may be difficult. Consequently, mental health problems, including depression and anxiety, are common in the Asperger’s syndrome adult.
Social Interaction

Asperger’s syndrome children often are victimized by school bullies because of the Asperger’s syndrome child’s deficient social skills and inexperience in social settings. Thus schools need to shelter the Asperger’s syndrome child from harassment and mockery while also helping the child’s peers to learn tolerance and patience. Educators should accentuate the academic skills of the Asperger’s student, teach the student social skills, implement a buddy system using peer models, and encourage the student’s active involvement in activities.

Difficulty in understanding and interpreting social situations creates stress and anxiety for the Asperger’s syndrome student. If they are to offer guidance to these students, educators must be aware of those situations that give the student the most problems, including:

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 what they say.
5. Understanding the hidden curriculum, that is, those complex social rules that often are not taught directly (Myles and Simpson 2001, p. 6).

Because social skills training may not ensure appropriate actions in all settings, the use of interpretative strategies should be used to assist students in their per-
ceptions of and reactions to stressful situations. These strategies include cartooning, SOCCSS, social autopsies, and others.

Cartooning. Asperger’s syndrome students often possess strong visual abilities that may be used to increase their understanding of the social environment. Cartooning, a technique frequently used by speech/language pathologists, is a comic strip format that uses simple figures and symbols, such as conversation and thought bubbles. The visual representation of conversation assists the Asperger’s syndrome student to interpret the social situation, appropriate interactions, and the exchange of ideas.

SOCCSS: The SOCCSS strategy (Situation, Options, Consequences, Choices, Strategies, Simulation) provides students with an opportunity to sequence problem situations involving interpersonal relationships and to analyze options based on consequences. Myles and Simpson describe the SOCCSS steps as follows:

1. **Situation.** When a social problem arises, the teacher helps the student to understand the situation by first identifying (a) who was involved, (b) what happened, (c) the date, day, and time of occurrence, and (d) reasons for the present situation.

2. **Options.** The student, with the assistance of the teacher, brainstorms several options for behavior. At this point, the teacher accepts all student responses and does not evaluate them. This step encourages the student to see more than
one perspective and to realize that any one situation presents several behavioral options.

3. **Consequences.** Then the student and teacher work together to evaluate each of the options generated. The teacher is a facilitator, helping the student to develop consequences for each option rather than dictating them.

4. **Choices.** The student selects the option or options that will have the most desirable consequences for him or her.

5. **Strategy.** Next the student and teacher develop an action plan to implement the selected option.

6. **Simulation.** Finally the student is given an opportunity to role-play the selected alternative. Simulation may be in the form of (a) role play, (b) visualization, (c) writing a plan, or (d) talking with a peer. (2001, p. 7)

**Social autopsies.** Developed in 1994 by Richard LaVoie to aid students with severe learning and social deficiencies, social autopsies help the student understand social mistakes. A social error is examined and assessed to discover the cause of the mistake, determine the damage, and create a plan to prevent its reoccurrence. An educator or caregiver works with the student in a non-punitive manner to autopsy the social blunder and to develop a prevention plan for similar situations in the future.

**Explaining the hidden curriculum.** Routines, social rules, tasks, and actions considered to be commonsense issues seldom are taught directly. A comprehensive list of hidden curriculum topics is impossible to generate;
however, Myles and Simpson (2001, p. 8) offer the following examples of hidden curriculum directives:

- Do not ask to be invited to someone's party.
- Do not tell classmates about all of the "skeletons in your parents' closets."
- Speak to teachers in a pleasant tone of voice because they will respond to you in a more positive manner. They also like it if you smile every once in a while.
- Do not correct someone's grammar when he or she is angry.
- Never break laws — no matter what your reason.
- When your teacher gives you a warning about your behavior and you continue the behavior, realize that you probably are going to get in trouble. If you stop the behavior immediately after the first warning, you will probably not get in trouble.
- Do not touch someone's hair even if you think it is pretty.
- Do not ask friends to do things that will get them in trouble.
- Understand that different teachers may have different rules for their classes.
- Do not draw violent scenes.
- Do not sit in a chair that someone else is sitting in — even if it is "your" chair.
- Do not argue with a policeman — even if you are right.
- Do not tell someone that his or her house is much dirtier than it should be.
• Do not tell someone you want to get to know better that he or she has bad breath.
• Do not try to do what actors do on television or the movies. These shows are not the same as real life.
• Do not pick flowers from someone’s garden without permission, even if they are beautiful and you want to give them to someone.

**The Power Card.** The Power Card is a visual aid that encourages appropriate behaviors by using a person’s special interests to help him or her make sense of social situations, routines, language, and the hidden curriculum. An educator or caregiver creates a brief script that describes a problem situation or targeted behavior and that offers a generalized solution based on the interests of the child. This information is put on a small card, similar in size to a business or trading card, along with a picture of the child’s special interest (Gagnon 2001).

When the child must deal with a problem situation, he or she may refer to the Power Card for reminders or for step-by-step instructions. For example, a child who has difficulty carrying on conversations with others might carry a Power Card with the following instructions:

1. Look at the person to whom you are speaking.
2. Answer and ask questions politely.
3. End the conversation positively and politely.

In addition to the above strategies, educators must help the child with Asperger’s syndrome to ameliorate the physical problems that hinder the child’s social interaction with peers. Generally, Asperger’s syndrome
children are clumsy, have stiff gaits and slow gross motor coordination, and suffer from fine-motor deficits that cause poor penmanship, slow clerical speed, and poor drawing ability. Occupational therapy with a sensory integration approach should be used to treat motor coordination difficulties. Williams (1995) recommends placement in adaptive physical education programs for students with severe gross-motor problems. For example, the child should be placed in health and fitness programs, rather than physical education programs that promote competitive sports; receive supplementary handwriting instruction to accommodate the fine-motor skill deficiencies; and be provided with extended time on tasks that require handwriting. Furthermore, community recreational programs that are sensitive to the special needs of the highly autistic child can aid the student’s physical, social, and emotional development.

**Academic Obstacles and Accommodations**

The above-average intelligence of Asperger’s syndrome students often masks their deficiencies in higher-order thinking skills, understanding abstract concepts, and problem-solving capabilities. Sophisticated speech patterns and extraordinary vocabularies misrepresent the abilities of the students to comprehend and process oral and written information.

Students with Asperger’s syndrome possess outstanding rote memories, a strength that should be used by the teacher. Success depends on individualized academic programs that provide rewarding, rather than
anxiety-provoking, learning experiences. However, simplified and expanded explanations are necessary when concentrating on abstract concepts. In addition, teacher expectations must be established at the beginning of the year because the Asperger's syndrome child may lack motivation to study topics that are not of interest.

The Asperger’s syndrome student requires academic modifications that promote structure and consistency and simultaneously address the multifaceted needs of students who share characteristics with both learning disabled and gifted students. In particular, the teacher should make modifications in priming, assignments, note-taking, graphic organizers, enrichment, and homework.

*Priming.* Priming is a preview strategy that familiarizes students with upcoming academic material, thus reducing the stress and anxiety associated with newly introduced units of study and increasing the success for mastery (Wilde, Koegel, and Koegel 1992). Priming consists of a brief 10- to 15-minute session for the purpose of introducing or describing topics, teaching materials, activities, or assignments before whole-class instruction. The student's routine should provide regular opportunities for priming in a nontaxing environment facilitated by a patient and encouraging educator.

*Classroom assignment modifications.* It may be necessary to reduce the amount of reading or handwritten assignments expected of the Asperger’s syndrome student because of the student’s inadequacies in reading com-
prehension and motor coordination. Highlighted textbooks and study guides will assist the student who has difficulty discerning relevant and irrelevant information or who reads slowly. Because handwriting may be an uncomfortable and grueling task for Asperger’s syndrome students, teachers should offer alternatives. Verbal assignments substituted for written essays, handwritten assignments replaced by typewritten assignments, multiple-choice tests as opposed to short-answer questions, and project-based learning instead of written reports are options that can compensate for deficient handwriting skills.

Note-taking. Because of their problems with motor skills and attention, Asperger’s syndrome students may need help with taking notes. Students may have difficulty simultaneously listening and writing. Portable word processors are an option for students who qualify for assistive technology; typing is a less demanding task and often promotes attentiveness. Teachers also can help these students by providing them with a complete outline of main and supporting ideas, a skeletal outline for the student to complete with supporting details, or a peer-constructed outline. In addition, teachers might allow students to use outlining software, such as Inspiration.

Graphic organizers. Graphic organizers are an effective instructional tool for highlighting principle concepts and displaying conceptual relationships. Graphic organizers arrange abstract information in a concrete form. They can be used before, during, or after reading or
instruction; and they can be used either as an organizer or to measure how well the student understood a concept. Semantic maps, analogous organizers, and timelines are three frequently used graphic organizers. Semantic maps use geometric shapes to enclose key words or concepts and arrows to connect related concept shapes. A comprehensive map illustrates deductive thinking, as a generalized idea is pictured in terms of specific details. An analogy graphic organizer defines the relationship between two concepts and their attributes. Timelines that act as benchmarks for completing tasks are beneficial for the student who may have difficulty budgeting time for long-term projects.

*Enrichment.* The superior intelligence of the majority of Asperger’s syndrome children requires differentiated instruction in the form of enrichment activities. It is not uncommon for highly functional Asperger’s syndrome students to master academic objectives earlier than do other students. Providing independent units of study, compacting and accelerating units of content, and encouraging in-depth analyses of topics are alternatives that should be offered to the academically gifted Asperger’s syndrome student.

*Homework.* The structure of the school environment is most conducive to an Asperger’s syndrome student’s need for uniformity and organization. However, both the parent and the teacher should monitor assigned homework to ensure that the home environment promotes completion of homework assignments. Communication between the school and home, such as
homework telephone hotlines that may be called to retrieve assignments, will increase the likelihood that homework assignments are remembered, monitored, supported, and completed.

Effective communication skills must be exercised with the Asperger's syndrome student. Concise, concrete, descriptive language enhanced with illustrations assist students in visualizing abstract concepts. Effective communication strategies emphasize clarity and structure over open-ended investigations, mathematical and logical over unscientific investigations, and written communication over oral discussions. Processing skills are slower in Asperger's syndrome students; consequently, they frequently suffer from information overload when instruction exceeds 30 to 45 minutes.

**Behavior Management**

An obsession with an isolated area of interest is a typical behavior of the Asperger's syndrome child. Williams (1995) proposes that teachers impose restrictive guidelines regarding these intense fixations. Positive reinforcement to promote desired behavior, definite expectations for completing work, and expecting students to comply with teacher directives are effective behavior modification strategies. Teachers may attempt to capitalize on a child's area of fixation to expand the student's academic interests.

Because they lack the emotional resources to cope with daily circumstances, Asperger's syndrome students are easily stressed and overwhelmed. They are very critical of themselves and intolerant of their own mistakes.
They have low self-esteem, frequently suffer from depression, and react to frustrating circumstances with temper outbursts. Thus the classroom teacher needs to show consistency, firmness, compassion, and patience. The teacher also should be aware of behavioral changes, including increased disorganization, inattentiveness, isolation, fatigue, and crying, and should report these to mental health consultants. Teachers need to offer academic help in areas where the child shows deficiencies in order to prevent the child from suffering emotional overload. The education program also should include instruction in coping skills for stress management.

The ABCs of behavior management, a strategy employed when inappropriate behaviors emerge, consists of three elements: A represents the antecedent, what happens prior to the misbehavior. B represents the behavior, what is the appropriate and expected behavior. C represents the consequence, what happens after the inappropriate behavior. Once the appropriate behavior has been defined and the purpose of the inappropriate behavior analyzed, the teacher’s task is to teach an appropriate replacement behavior. Teaching an Asperger’s syndrome child a behavior requires a sequential process. Begin by obtaining the student’s undivided attention; tell and demonstrate to the student the appropriate behavior; provide time for the student to respond; apply the rules consistently and in a predictable environment; and avoid asking the student a series of long or “why” questions related to the new behavior.

In addition, it is beneficial to establish a safe-haven location for the student; and this haven should include
objects that comfort or relax the student. Provide a classroom location to serve as a personal locker for student belongings, establish boundaries for the student, desensitize the student to unavoidable situations or environments, assist the student in adapting to unfamiliar circumstances, inform the student of changes in routines, and give positive reinforcement when the student demonstrates appropriate behaviors.

**Teachers as Advocates**

Frequently mainstreamed in regular education classrooms, Asperger's syndrome students are commonly undiagnosed or misdiagnosed. Extensive vocabulary development often masks the lack of understanding in social language. Educators should act as advocates during the diagnosis period and throughout the student's years in school.

Asperger's syndrome children frequently are viewed as eccentric because of their combination of exceptional intellectual talent, high degree of functionality, and social ineptness. Their normal or above-average intelligence, supplemented by increased factual knowledge in areas of expertise, creates an expectation for success that spirals downward as a result of their neurologically based weaknesses. Because their emotional maturity trails behind their intelligence, teachers must implement direct teaching strategies in the academic and life-skill areas of socio-communication, reading and language comprehension, organization, and problem solving.
Legal Issues for Educating the Asperger’s Syndrome Student

Prior to the 1970s students with disabilities were denied many public education opportunities. However, in 1971 federal courts began ruling on the rights of disabled children; and by 1973 Congress began legislating special education inclusion in the regular education classroom. Section 504 of the Rehabilitation Act of 1973 addresses “the four major areas of need after public school — post-secondary education and training, employment, independent living, and access to recreation and leisure in the community” (Martin 2000, p. 23). In 1997 the Individuals with Disabilities Education Act (IDEA) imposed changes that still are in effect, including “dealing with identification, evaluation, the Individualized Education Program (IEP) plan, early childhood intervention, positive approaches to behavior problems, and training of regular education personnel” (Martin 2000, p. 23). The Positive Behavior Interventions, Strategies and Supports program, created by the 1997 IDEA amendments, radically affects Asperger’s syndrome children by requiring that:
The IEP team shall, in the case of a child whose behavior impedes his or her learning or that of others, consider, when appropriate, strategies, including positive behavioral interventions, strategies, and supports to address that behavior. (Martin 2001, p. 12)

The Individualized Education Plan (IEP) team must collaborate to exercise positive behavior interventions in order to induce preferred behaviors or to remove undesirable behaviors. All education personnel who interact with the Asperger’s syndrome child are required to abide by the IEP. Local school districts were required to implement the policies of the 1997 amendments by 1 July 1998. All education personnel who interact with an Asperger’s syndrome student are required to exercise necessary interventions and to abide by the Individual Education Plan developed for that student. Parents are advised to contact their state education agency to verify that the imposed policies are in place and that required training has been provided to all school personnel who interact with the Asperger’s syndrome child. School administrators and school board members are liable for the execution of the 1997 amendments as interpreted by the U.S. Supreme Court.

Failure of the school to educate the school staff and to implement the necessary practices is a direct violation of the 1997 Individuals with Disabilities Education Act (IDEA). Legally the school must educate their faculty and staff, and the school must embrace the philosophy that special needs students require individualized educational programs. The public education system must acknowledge its responsibility to satisfactorily
train educators in the knowledge and skills necessary to provide effective and proper schooling for the Asperger’s syndrome student.
Conclusion

Asperger’s syndrome is incurable. However, effective early interventions concentrating on the academic and social needs of the Asperger’s syndrome child are imperative and should continue throughout adolescence, when symptoms of depression and anxiety may develop. Social skills training, behavior modification, medication, and sensory sensitivity management are treatment options for Asperger’s syndrome. The high-functioning ability of the Asperger’s syndrome child allows verbally oriented interventions to be used to reinforce understanding of the disorder and to provide insight for coping skills. Psychopharmacological symptomatic treatments are available to address the disorder’s common behaviors, including anxiety, impulsivity, inattentiveness, irritability, hyperactivity, aggression, and preoccupations.

The academic potential of highly intelligent Asperger’s syndrome students is affected by inherent peculiarities in their social behavior, communicative abilities, and unpredictable obsessive behaviors. The absence of trained educators who are aware of the numerous and diverse characteristics associated with Asperger’s syndrome
jeopardizes a student’s opportunity to receive an appropriate education in the least restrictive environment.

As special needs students are mainstreamed into the regular education classroom, it is imperative that teachers act as advocates. To advocate for the child with Asperger’s syndrome requires knowledge of the disorder and expertise in addressing the related concerns.

Teachers, administrators, and support staff must have additional training to adequately address the needs of the student with Asperger’s syndrome. Education institutions are obligated to educate all school personnel who will interact with the Asperger’s syndrome child to accommodate for their special needs. Educators must realize that Asperger’s syndrome is an inherent developmental disorder that affects the social behavior of the student. An individualized education approach must be used to accommodate the education needs of the Asperger’s syndrome child.

Teachers also must be cognizant of the characteristics of Asperger’s syndrome, as there are many undiagnosed or misdiagnosed students in public school classrooms. As common characteristics are becoming more evident, so are the implications for educational intervention. School environments must be constructed to provide educational opportunities for the highly intelligent, often misunderstood Asperger’s syndrome student.
Resources


**Support Organizations**

Asperger Syndrome Education Network

(877) 362-8727

www.aspennj.org

Autism Alliance of Metro West

P.O. 2118

Natick, MA 01760

Phone: (508) 652-9900

Autism Society of America

7910 Woodmont Ave., #60

Bethesda, MD 20814

Phone: (301) 657-0881 or 1-800-3AUTISM

E-mail: info@autism-society.org

Website: www.autism-society.org

The H.E.L.P. Group

(877) 943-5747

www.thehelpgroup.org
MAAP Services for Autism and Asperger Syndrome
P.O. Box 524
Crown Point, IN 46307
Phone: (219) 662-1311
Fax: (219) 662-0638
E-mail: chart@netnitco

United Autism Alliance
Laura Romero, Development Manager
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