

Identifying and Working with Elementary Asperger's Students in Rural America

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Abstract

Currently, somewhere in a rural American school sits an elementary-aged student who has been labeled by a teacher and his/her peers as the “Little Professor” according to the Asperger’s Syndrome Coalition of the United States. The onset of Asperger’s Syndrome is recognized and occurs later than what is typical of autism. A significant number of children are diagnosed after age three, with most diagnosed between the age of five and nine. Children with Asperger’s Syndrome generally do not have cognitive or language delay. Social deficits begin at the start of school and they fall just below the typical range. For students with Asperger’s Syndrome the result of these deficits is that they never fit in with their classmates. Thus Asperger’s Syndrome students slip through the cracks because they tend to be bright and quirky and these traits tend to isolate them from their classmates.

Asperger’s Syndrome is a life-long disorder and if it is identified at an early age and appropriate interventions are put in place at home and school, an AS child will have the opportunity to grow and mature and have a productive life as an adult. We as educators should consider the presence of Asperger’s Syndrome students in our classrooms as a true gift and not as a burden. These children have gifts, skills, and feelings that need to be nurtured and strengthened in our rural schools.

Identifying and Working with Elementary Asperger's Students in Rural America

Currently somewhere in a rural American school sits an elementary-aged student who has been labeled by school personnel and his/her peers as the “Little professor”. Interestingly enough, this label the “Little Professor” emanates originally from Hans Asperger in 1944. This child who has been labeled the Little Professor may in fact have Asperger’s Syndrome. According to the Asperger’s Syndrome Coalition of the United States, the onset of Asperger’s Syndrome (AS) occurs later than what is typical in Autism or at least recognized later. A large number of children are diagnosed after the age of three, with the most diagnosed between the age of five and nine (Dowshen, 2008). Children with AS generally do not have a cognitive or language delay. Many signs of their social deficits appear around the time they start school. The social deficits they have are just below the typical range, and cause them to never truly fit in. As AS students become older, their lack of social skills becomes more apparent as they are interacting and progressing with classmates in a small rural school setting. Thus AS students can slip between the cracks because they tend to be bright yet quirky and these characteristics tend to isolate them from their peers. No one attempts to understand them, or searches for an answer to why they behave the way

they do. They are pushed to the side by their classmates, and no one really takes the time to get to know them.

We as rural educators want to avoid what happened to Tim Page, music critic at the New York Times. In 1997 he was awarded the Pulitzer Prize for his work as the chief music critic at the Washington Post. Mr. Page grew up in a small town in northeastern Connecticut. According to Page (2009), “from early childhood, my memory was so acute and my wit so bleak that I was described as a genius by my parents, by neighbors, even, on occasion by the same teachers who handed me failing grades.” (p.2). For most of his life Page felt like an outcast. He was over-stimulated with selective topics of interest, and he was unsure socially amongst classmates and people. Finally, after a lifetime search, he was diagnosed at the age of 45 with AS, a syndrome that falls in the realm of autism spectrum disorders.

One must distinguish between autism and AS. In the New Yorker some years ago Oliver Sachs (1993) states that “people with AS can tell us of their experiences, their inner feelings and states, whereas those with classical autism cannot. With classical autism there is no “window” and we can only infer. With AS there is self-consciousness and at least some ability to be introspect and report”.

We need to identify and work with these children at an early age so that they may be at peace with themselves and understand what they face in life. Most educators agree that understanding and acceptance of one’s self is a powerful tool that enables students to move forward and succeed.

What is Asperger’s Syndrome?

“Asperger’s Syndrome (AS) is a type of pervasive disorder characterized by autistic social dysfunction; focused interests; and subtle communication deficits occurring in the presence of typical intelligence. There is no history of formal speech delay” (Ghaziuddin, 2005, p. 117). This disorder is named after a Viennese physician, Hans Asperger. In 1940, Hans Asperger described a set of behavior patterns apparent in some of his patients, mostly males. “Asperger noticed that although these boys had typical intelligence and language development, they had severely impaired social skills, were unable to communicate effectively with others, and had poor coordination” (Dowshen, 2008, p.2). In 1944, Asperger published a paper describing his observations with the young boys who exhibited autistic-like behaviors with marked deficiencies in social and communication skills. Though, it was not until 1994 that AS was added to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), where it was included as one of the pervasive developmental disorders. Only in the past 15 years has AS been recognized by professional educators and parents.

The most distinctive symptom of AS can be the child’s obsessive interest in a single topic or object. Children with AS want to know everything about their topic of interest, and only want to inform others about it. Their conversations become very limited due to their narrow interests, and they also have difficulty switching topics. Other characteristics of AS include repetitive routines; peculiarities in speech and language; problems with non-verbal communication; unusual sensitivity to certain lights, sounds, fabrics; and clumsy and uncoordinated motor movements. Children with AS usually have a history of developmental delays in motor skills such as pedaling

a bike, or catching a ball. They are often awkward and poorly coordinated with a walk that can appear stiff or bouncy (Myles, 2007).

Definition of Asperger's Syndrome (American Psychiatric Association 2000)

The new DSM-4 criteria for a diagnosis of AS, with much of their language carrying over from the diagnostic criteria for Autism include the presence of:

Qualitative impairment in social interaction involving some or all of the following: impaired use of nonverbal behaviors to regulate social interaction, failure to develop age-appropriate peer relationships, lack of spontaneous interest in sharing experiences with others, and lack of social or emotional reciprocity.

Restricted, repetitive, and stereotyped patterns of behavior, interests and activities involving: preoccupation with one or more stereotyped and restricted pattern of interest, inflexible adherence to specific nonfunctional routines or rituals, stereotyped or repetitive motor mannerisms, or preoccupation with parts of objects.

Gillberg (1998), a Swedish physician who has studied AS extensively has proposed six criteria for the diagnosis, elaborating upon the criteria set forth in DSM-4. His six criteria capture the unique style of these children and include:

Social impairment with extreme egocentricity, which may include:

- Inability to interact with peers
- Lack of desire to interact with peers
- Poor appreciation of social clues
- Socially and emotionally inappropriate responses

Limited interests and preoccupations, including:

- More rote than meaning
- Relatively exclusive of other interests
- Repetitive adherence

Repetitive routines or rituals that may be:

- Imposed on self, or
- Imposed on others

Speech and language peculiarities, such as:

- Delayed early development possible but not consistently seen – superficially perfect expressive language
- Odd prosody, peculiar voice characteristics
- Impaired comprehension including misinterpretation of literal and implied meanings.

Nonverbal communication problems, such as:

- Limited use of gesture
- Clumsy body language
- Limited or inappropriate facial expression
- Peculiar “stiff” gaze
- Difficulty adjusting physical proximity

Motor clumsiness

- May not be necessary part of the picture in all cases (p. 631)

These behaviors must interfere significantly with social as well as other areas of functioning. Furthermore, it should be noted that there must be no significant delay associated with general cognitive function, self-help/adaptive skills, interest in the environment, or overall language development.

Strategies to address the needs of AS students in a rural setting should be based on the student's strengths, such as intelligence, interests or memory to help them blend in and function as typically as possible. Teachers need to identify whether or not a special interest of an AS child is a problem or a talent because this interest can either be a roadblock or a pathway to social contact. Certainly this talent or interest can be utilized in the school setting. According to Atwood (2007) we should adhere to the following key points and strategies when dealing with an AS child's special interests:

- One of the characteristics that distinguishes between a hobby and a special interest that is of clinical significance is an atypicality in the intensity or focus of interest.
- Unusual or special interests can develop as early as age two to three years and may commence with a preoccupation with parts of objects such as spinning the wheels or toys cars, or manipulating electrical switches.
- The next stage may be a fixation on something neither human nor toy, or a fascination with a specific category of objects and the acquisition of as many examples as possible.
- A subsequent stage can be the collection of facts and figures about a specific topic
- Much of the knowledge associated with the interest is self-directed and self-taught.
- In the pre-teenage and teenage years the interests can evolve to include electronics and computers, fantasy literature, science fiction and sometimes a fascination with a particular person.
- There appear to be two main categories of interest: collections, and the acquisition of knowledge on a specific topic or concept.
- Some girls with Asperger's syndrome can develop a special interest in fiction rather than facts.
- Sometimes the special interest is animals but can be to such an intensity that the child acts being the animal.
- The special interest has several functions:
 - To overcome anxiety
 - To provide pleasure
 - To provide relaxation
 - To ensure greater predictability and certainty in life
 - To understand the physical world
 - To create an alternative world
 - To create a sense of identity
 - To occupy time, facilitate conversation and indicate intellectual ability
- Parents have to try to quench the almost insatiable thirst for access to this interest.
- The special interest can provide considerable information for the clinician.

- A change of preoccupation to a morbid or macabre such as death can be indicative of a clinical depression and an interest in weapons, the martial arts and revenge a possible indication of bullying at school.
- The child or adult may collect information on a topic that is causing emotional distress or confusion, as a means of understanding a feeling or situation.
- The inability to control the amount of time devoted to the special interest can be indicative of the development of an Obsessive Compulsive Disorder.
- The problem may not be the activity itself but the duration and dominance over other activities. Some success can be achieved by limiting the time available using a clock or timer.
- Part of the controlled access program can be to allocate specific social or “quality” time to pursue the interest as a social activity.
- If the interest is potentially dangerous, illegal or likely to be misinterpreted, steps can be taken to terminate, or at least modify, the interest; although clinical experience suggests that this is not an easy task.
- Sometimes it is wiser to work *with* rather than *against* the motivation to engage in the special interest.
- The interest can be a source of enjoyment, knowledge, self-identity and self-esteem that can be constructively used by parents, teachers and therapists.
- Parents may consider private tuition to develop, in an adaptive way, those interests that could become a source of income or employment, such as a natural ability with computers.
- The special interest can be integrated within a Cognitive Behavior Therapy program to understand and manage emotions.
- The interest can be used to facilitate friendships with typical peers and people with Asperger’s syndrome who share the same interests.
- If a conversation includes talking about the special interest, the child or adult with Asperger’s syndrome usually has to learn the relevant cues and responses to ensure the conversation is reciprocal and inclusive.
- When one considers the attributes associated with the special interests, it is important to consider not only the benefits to the person with Asperger’s syndrome, but also the benefits to society. (p.199-200)

It is important for AS students to have the right curricular/social environment with the necessary support and understanding for them to succeed. And to help achieve this goal, an AS student’s special interests, their routines and play should be part of their school experience.

1. How can the rural educator help harness their special interests in a rural school setting?

One of the prime indicators of AS is an intense obsession with or interest in a particular object or topic that has no real relevance to the rest of the world. These obsessions of interests are solitary pursuits with no interest on the part of the AS student in sharing with others. These interests monopolize their time, thoughts and conversations. Yet these actions may be a strategy that allows the AS student to relax and seek joy and happiness. According to Ashley (2007), teachers who understand that special interests are a symptom of AS will be able to have the patience needed to manage the questions, interruptions, and lectures they are bound to experience.

To help with excessive talk and questions, teachers can:

- Set a specific time, the same day, each day that he can talk about his special interest.
- Interrupt talk about special interests with a reminder of when he can talk about it.
- Prompt the class that each child may ask a designated number of questions.
- Announce that extra questions can be written down to ask during free time.
- Time to talk about, read, or use the Internet to learn about his special interest can be used as reinforcement for completion of other assignments. (p. 151)

The next step is to help the AS student complete his school work. According to Ashley the following strategies can be followed:

- Set the expectation that all assignments, even outside her interest, are to be completed.
- Allow the interest to be incorporated into some assignments (e.g., selecting a book for a book report, choosing a science experiment, writing about the interest on a grammar and punctuation lesson).
- Incorporate the interest into as many lessons as possible (e.g., count the insects, write a story about insects, draw an insect after each spelling word).
- Use his interest to incorporate several subjects at a time. An interest in clocks can include the history of the clock, what was occurring in the world when the clock was invented, how different countries make clocks, which cultures use clocks and which do not, how many more clocks are sold in Japan than the USA. (p.152)

2. Do AS children need routines in their lives?

Many children with AS require the same routine every day, day in day out. It should be noted that with autistic behavior, a problem can occur immediately when a routine has been disturbed (e.g., a fire drill, a change in classroom routine, any disruption in their personal routines). With an AS child, when a change in routine occurs, his or her difficulty with this change may manifest itself in several ways after the change occurs. Although some children with AS can express their unease with change right away, others may internalize their discomfort with the change, and only later will difficulties arise. Routines help an AS child navigate his/her world in a set, highly predictable, yet comfortable way. We are all creatures of habit, yet most of us adapt when are routines are changed. An AS child relies on these routines to survive and finish the day in order to feel comfortable or at peace with him/herself.

3. Do schools need to establish routines that still allow flexibility?

Routines and flexibility can be magical combination for an AS child. One way for both the home and school to work on the flexibility piece would be to put in effect the following tips:

- Provide a consistent daily home and classroom schedule.
- Post a daily schedule on a wall at home and in the classroom
- Use a highlighter to note changes on the home and classroom schedule
- Communicate changes as soon as you know about them
- Indicate these changes on the home and school schedules immediately

- Pre-plan for change in small ways to increase and AS child's flexibility (Ashley, 2007, p. 156)

Routines that are too stringent and never ever change can inhibit an AS child's ability to play with others at home and in the classroom. Here again, balance and compromise must be executed together to provide an environment in which these AS children can grow to their full potential. According to Ashley (2007), the insistence on routine and sameness interferes with the AD child's play. Not all AD children engage in repetitive play patterns, but for those who do, it can be very disruptive in play. Play for most children is free-flowing with a give and take between playmates where they each play off the other's contribution. One of the most enjoyable aspects of play is the unpredictability and uniqueness that playmates bring to the play. The AD child, however, is disturbed by the free flow of play. She has a set routine in her mind and becomes frustrated when someone attempts to disrupt it. The more rigid and insistent the child is that the play goes exactly as she wants it the more social rejection she will experience.

The AD child who sticks to a rigid play routine also misses out on the joy of solitary play. Even when children play by themselves, their play is still free flowing, imaginative, and fun. The AD child's play in contrast tends to be routine and predictable and to the outside observer appears to be more of a task than play (p. 157).

An AS child's specific interest can be the driving force behind his/her play patterns. These play patterns may in fact be rigid and only apply to their specific way of playing. If the AS child plays with others, he will only want to stay with his interest. Parents and teachers should keep the following in mind in determining typical play patterns:

To help determine if your child's play is problematic, it helps to know what the development of typical play looks like. As young as infancy, babies begin to interact with one another. They imitate each other's sounds, and between one and two years they try to engage one another in playful interactions. By age two to two and a half, toddlers use words to initiate other to play. They also engage in complementary play where each one performs a task to help the other, such as when one holds a doll while the other feeds it. Around this same age, toddlers spend much of their time playing alone even if there are other children around. This solitary play is the most frequent type of play for three-to four-year-olds and occupies about one-third of the play of kindergarten children. Parallel play develops next, where toddlers play with the same toys and do not influence one another's play but may interact by exchanging toys and talking about one another's play. Cooperative play develops later, where toddlers and young children play in an interactive manner, playing towards the same goal, such as building a sandcastle or playing make-believe. (Ashley, 2007, p.158)

Parents and teachers will know whether or not their child is having play problems at home and school. The child will want to play alone. It will be easier on parents and teachers if parents and teachers do not force the issue of encouraging the AS child to play with others. However, play dates are important so that the AS child has the opportunity to share the fun of play with others. Play dates for an AS child should be brief, supervised and have a specific activity. These play dates need to be carefully planned to help stimulate the use of social skills at an early age.

4. How can the home environment and the school environment improve an AS child's play skills?

According to Ashley there are certain kinds of activities that can help an AS child's play skills, as well as their social skills. When children are involved in cooperative play, the likelihood of gaining social skills increased. They learn to share, take turns, get along, and empathize. Certain activities absolutely cannot be played unless there is cooperation. Choose games that require interaction. The most important point in choosing a game is that your child is interested in playing it. The following list is a small sample of games which require various levels of cooperation. (p.164)

Cooperative Games for Two	Cooperative Games for Groups
Hand-clapping games	Red Rover
Frisbee	Ring around the Rosie
Catch	Pickle
Handball	Ball games: kickball, softball, soccer
Simon Says	Four-square
Card games	Card games
Board games	Board games
Puzzles	Freeze tag
Hide-and-Seek	Duck Duck Goose
Tennis	Tug-of-War
Rock-Paper-Scissors	Team Scavenger Hunt
Badminton	Hot Potato
Hangman	Musical Chairs
Tetherball	Twister
Tic-Tac-Toe	Mystery puzzle
Chess, Checkers, Backgammon	Marco Polo

Children can also develop better social skills when they spend time with children who share their special interest. When AS children socialize with a group, the group tends to ignore and exclude them. This rejection and exclusion can contribute to their social ineptness and deprive AS students the opportunity to improve their social skills. Appropriate social situations for an AS child must be planned, initially, and then, over time, as the AS student becomes acclimated, and somewhat comfortable among his peers, more spontaneous group interaction is possible.

Reflections

John is a twelve year-old student with AS. He attends a small elementary school (44 children) on the east end of Long Island, New York. John has no history of behavioral problems and currently reads and performs math skills at the 4/5th grade level. His AS has been a lifelong disorder, and if it was not identified at an early age and if appropriate interventions were not put in place in the home environment, the likelihood of John succeeding in public schools would not have been possible. In addition, John is now more likely to have a better quality of life for himself as an adult.

John's school experiences are like many other students with AS. Regardless of the location of the school—rural or urban—all AS children should receive the help and guidance necessary to ensure their success in the educational system to help them meet life's challenges. We, as educators, should consider the presence of AS children in our schools a gift, not a burden. That child, labeled the "Little Professor" has certain gifts, skills and feelings that need to be nurtured and strengthened, and we must be there to help these students reach their fullest potential.

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