The World Through The Eyes of Asperger Syndrome

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No two children with autism

• Are alike…..- just as no other two children are alike.

• This presentation is merely suggestions to help navigate the world.
Answer these questions?

• I find social situations confusing.
• I find it hard to make small talk.
• I did not enjoy imaginative story-writing at school.
• I am good at picking up details and facts.
• I find it hard to work out what other people are thinking and feeling.
• I can focus on certain things for very long periods.
• People often say I was rude even when this was not intended.
• I have unusually strong, narrow interests.
• I do certain things in an inflexible, repetitive way.
• I have always had difficulty making friends.
What does it look like to us?

- It’s lifelong syndrome of unknown origin that usually shows up around 18 months to 3 years.
- Generally thought to be a form of autism, it is characterized by
  - normal or above-normal intelligence,
  - social awkwardness,
  - verbal rigidity and,
  - a fixation with an obscure topic that can be learned by rote.
- People with Asperger have a hard time relating to other people.
- Can and do go on for hours about their obsession — Civil War battles, lighting fixtures, members of Congress, train engines.
Many people incorrectly use these terms:
(These are not politically correct- do not use)

• Geek Syndrome
• Little Professors
• Aspie
Autism

• Named by Leo Kanner and Hans Asperger, who simultaneously discovered a unique group of children (one in the US and one in Vienna) they both named them autism from the Greek word for self, autòs –
  – because the children in their care seemed to withdraw into iron-walled universes of their own.
Comparing Autism and Asperger Syndrome
What Autism Syndrome can look like when child is young

- Poor eye contact
- Doesn't seem to know how to play with toys
- Excessively lines up toys or other objects
- Is attached to one particular toy or object
- Doesn't smile
- At times seems to be hearing impaired
What can Asperger Syndrome look like?

• Not interested in playing with other children
• Preoccupation with things that seem beyond their age level.
• Walk up and down stairs always leading with the same feet.
• Unafraid of things they should fear.
• Rigidity to where objects should be.
• Attracted to shows like Jeopardy and Wheel of Fortune
• Watch same movie over and over again.
• Little or no eye contact
• Fascinated with numbers and letters
What can Autism sound like?

- The child doesn’t point, make baby babble or gestures by one year of age.
- Usually the child doesn’t speak one word by 16 months of age (However, some have language and lose it around 2 years of age.)
- Does not combine two words by 2 years of age
- Does not respond to name when called
- Loses language or social skills
What can Asperger Syndrome sound like?

- Talks in a flat affect
  - Voice and tone modulation – failure to make voice interesting to listener because they lack the concept of the listener as interested

- Doesn’t understand why other people’s voices go up and down.

- Yelling means nothing to them and only frustrates them.

- Echolaic speech
What does it feel like?

- Hypersensitive to sounds:
  - Imagine chairs sliding on the floor, keys clicking, someone chewing, a fly buzzing outside the window all coming at you at one time.

- Has a routine and feels lost if the routine is changed.

- Hypersensitive to touch.

- Hypersensitive to light.

- Takes language literally:
  - If a police officer says “Freeze” the person with autism thinks: That’s silly….winter starts December 21st. This is October 17th. It’s not freezing.

- Thinks in pictures
What causes it?

There are as many theories about what causes autism as there are different versions of “A Christmas Carol”. The best guess is that autism is a genetic disorder which is triggered by something relatively new in our environment. What that may be is a mystery.
Parents have to be very careful because there are many unscrupulous people who prey on parents looking for a cure and will try to sell them quackery. Make sure interventions are research based.
Terminology

Autistic Syndrome (Autism)

Non-Autistic PDDS
- Asperger's Syndrome
- Pervasive Developmental Disorder NOS
- Fragile X Syndrome
- Rett's Syndrome
- Childhood Disintegrative Disorder
What is a syndrome?

• Autistic spectrum disorders constitute a syndrome.
  – This means that affected individuals will not have all the associated signs and symptoms.
  – No two autistic children are alike any more than no two “regular” children are alike.
  – There is a continuum of the syndrome meaning a wide range of symptoms.
CDC

- Went from 1 in 2500 to 1 in 1000 to 1 in 88 over the past decade.

- 5 boys to every girl
- Identical Twins
- Family Hx- 1 in 20
DSM IV

- Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association- fourth edition:
  - Three Main Categories
    - Social Development
    - Communication
    - Activities and Interests
Criteria for Diagnosis:

• Qualitative impairment in social interaction, as manifested by at least two of the following:
  – 1) marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction;
  – 2) failure to develop peer relationships appropriate to developmental level;
  – 3) a lack of spontaneous seeking to share enjoyment, interests or achievements with other people (eg: by a lack of showing, bringing, or pointing out objects of interest to other people);
  – 4) lack of social or emotional reciprocity.
• Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:
  – 1) encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus;
  – 2) apparently inflexible adherence to specific, nonfunctional routines or rituals;
  – 3) stereotyped and repetitive motor mannerisms (eg: hand or finger flapping or twisting, or complex whole-body movements);
  – 4) persistent preoccupation with parts of objects
Criteria continued

• The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning.
Criteria Continued

• There is no clinically significant general delay in language (eg: single words used by age 2 years, communicative phrases used by age 3 years).
Criteria continued

• There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than social interaction), and curiosity about the environment in childhood.
Criteria Continued

• Criteria are not met for another specific Pervasive Developmental Disorder, or Schizophrenia.
Co-existing Disabilities

- In addition to Asperger's Disorder, many students with Asperger's will also exhibit tics, obsessive-compulsiveness, executive dysfunction, and ADHD, even though they may not be formally diagnosed with those disorders.
Tics

- Tics are distinguished by sudden, repetitive movements (motor tics) or sounds (phonic tics), that are frequently preceded by a premonitory feeling of an urge, anxiety, distress, or other sensory phenomena.
ADHD

- Difficulty attending to the proper thing
- Difficulty holding attention to something for an extended period of time
- Difficulty screening out other things in their environment
- High level of motor activity
- Inability to wait to work-impulsive
- Difficulty managing time on-task
Obsessive Compulsive Disorder

- repeated and unrelenting beliefs, impulses, or images
  - cause marked anxiety or distress
  - the beliefs, impulses, or images are not simply excessive worries about real-life problems
- the person endeavors to ignore or restrain such thoughts, impulses, or images, or to counterbalance them with some other thought or action
- the person recognizes that the beliefs, impulses, or images are a product of his or her own imagination
- recurring behaviors (e.g., hand washing, arranging, inspecting) or mental acts (e.g., praying, counting, reiterating words silently) that the person feels compelled to complete in response to an obsession, or concurrent to rules that must be applied inflexibly
- the behaviors or mental acts are intended to thwart or reduce grief or prevent some trepidations; though, these behaviors or mental acts either are not related in a rational way with what they are intended to neutralize or are noticeably extreme
Executive Dysfunction

- planning for the future
- the ability to inhibit or delay responding
- initiating behavior, and
- shifting between activities flexibly

How's this next decision going to effect me?
Andrew

- McDonald's
- Pen & Straw

How's this next decision going to effect me?
So, how do we teach?
Consistency
Schedules

• Use visual schedules for daily routines, and emphasize any changes in routine.
  – Consistent routine and structure alleviates stress for the student and the organization and consistency of your classroom environment is one of the major components in managing the student's deficits.

• As much as possible, try to adhere to a structured routine. Wherever possible alert the student to potential changes or transitions.
  – Prepare the student for any changes in routine. Students with Asperger's Disorder generally do not manage transitions well, additional verbal and visual cues may need to be employed in the classroom, as well as providing direct instruction in how to make a transition.
Palm Pilot

- Palm Pilots can be used as age appropriate schedules that don’t look juvenile- verbal and visual output for all learners.

- Can download PowerPoint social stories about upcoming events and the day with changes.

- Grants for Education (Non-Profit):
  - http://www.lib.msu.edu/harris23/grants/2educat.htm
My favorite palm pilot program


The adult does a task analysis and then puts the steps into the palm pilot with audio and visual output. You can decrease the need for adult prompts by using this device.

Book with article on using palm pilot for self-determination: http://tinyurl.com/SDpalmpilot
Social Interactions
Social Skills

- Foster social skills by direct instruction and teach the student how to interact through social stories, modeling and role-playing.
Social Skills

- If the student engages in perseverative questioning that interferes with classroom instruction, you can try instructing the student to write the question down and that you will meet with him after class to answer his question. If that doesn't work, talk with the student, state that his questions are creating a problem for his peers and for you, and ask him what he thinks would work to help him not ask so many questions during class. You may wish to incorporate a private visual signal.
Social Skills

• Be particularly sensitive to peer rejection and bullying. You may need to insure that there is added adult supervision in settings like the playground, in the cafeteria, on the school bus, and in the halls (if the students go from room to room on their own). Pre-plan with the student what she will say or do in particular situations if you expect that they will be difficult for her, then quickly review with her afterwards how her plan worked.

• These are the students who can easily be bullied by others- teach self-advocacy.
Social Skills

• Arrange for the student to get speech and language services in school to help address the pragmatics of communication and conversational social skills. Provide small-group training in social skills.
Social Skills

- Movies have been very helpful in small group or individualized teaching of appropriate social behaviors.
- See JPBI
The Use of Video Priming to Reduce Disruptive Transition Behavior in Children with Autism

Laura Schreibman, Christina Whalen, and Aubyn C. Stahmer

This study investigated the use of video priming, or exposure, as a means for reducing or eliminating the disruptive behavior of children with autism in transition situations. Specifically, it was hypothesized that such disruptive behavior would be reduced if the children received prior priming to upcoming transitions. Three children with autism who demonstrated severely disruptive behavior during transitions viewed short videos of specific transition situations in which parents reported behavioral difficulties. A multiple-baseline design across participants showed that the implementation of the video priming procedure led to a reduction or elimination of the disruptive behavior. Further, behavior reductions generalized to new transition situations. The results are discussed in terms of the possible mechanisms responsible for treatment effects and the potential advantages of using video interventions with this population.
Teaching Daily Living Skills to Children with Autism through Instructional Video Modeling
Robin Shipley-Benamou, John R. Lutzker, Mitchell Taubman

Research on video modeling has typically utilized either competent peer models or self-models engaging in criterion performances. Although both methods have demonstrated utility in achieving skill acquisition, each has potential disadvantages. The current research utilized a multiple probe design across tasks and replicated across participants in order to demonstrate the efficacy of an instructional video modeling technique to teach functional living skills to three children with autism. Five tasks were selected. Prior to the development of each training video, task analyses were created. Videotapes were developed from the participant’s viewing perspective, that is, as the participant would be viewing the task. Instructional video modeling was effective in promoting skill acquisition across all three children and maintained during the post-video phase and a 1-month follow-up.
• Entire journal dedicated to using Video technology to teach children social skills.
Narrow Interests
Some people refer to "Rainman"……

• Use it to your advantage-
  – Herpetologist Kindergartner
    • Could talk for hours about reptiles and amphibians
    • No social skills with peers
    • Wanted to stay by me during recess

• Use their interest to teach social skills
  – Power Cards
    • Small cards they carry with social reminders
Poor Concentration Skills
Concentration

• Do not expect skills learned in one setting to generalize to another setting. Teach the skill and rehearse it in a variety of settings.
Concentration

- Remember that students with Asperger's Disorder are inclined to construe language very literally, so steer clear of slang or informal speech. Students with Asperger's Disorder may also have difficulty decoding tone of voice and facial expressions. Derisive statements such as, "Oh, that was great!" may inadvertently provide positive reinforcement of an inappropriate behavior. They also won’t understand the “evil eye” that works on their peers without Asperger’s.

If the student is engaging in something inappropriate, do not trouble yourself by asking them why they are engaging in that behavior they won’t know the answer. Tell them in plain, concise statements what they should do instead.
Concentration

• When presenting multi-step directions, pause between instructions on multi-step tasks and check for comprehension.
Concentration

- Because abstract thinking is challenging, incorporate visual cues and graphic organizers for written expression tasks.
Poor Motor Skills
Handwriting

- Because many students with Asperger's have handwriting deficits, allow extra time for handwritten work and explore the use of word processors.
- Provide their homework already written down if you want it done the next day.
- Try using the pen or pencil from www.penagain.com - it tends by those with Asperger Syndrome.
Poor Academic Skills
Go back to that Interest

• You can change most anything you are studying into a thematic topic on their interest.
  – Math – story problems using characters of interest.
  – Writing- story telling using characters of interest and building in skills desired.
  – Reading- read stories about interest topic and then branching out. If you liked that story…here’s another you’ll like.
  – Science- Usually their interest has some science base so this will be easy.
  – Social Studies- Depending on the topic- countries, etc. you can usually combine their interest with whatever you are teaching.
• For winter vacation I went to Paris, Rome, and London. (3) When we arrived in Paris, I saw the Eiffel Tower. We ate lunch at a small café right across from the Eiffel Tower. (2) In Rome we saw the coliseum. I could imagine the Roman soldiers marching down the streets of Rome. (2) In London we saw the changing of the guard at Buckingham Palace. We tried to make a guard laugh, but they really don’t laugh. (2) I saw so many wonderful sites when I went to Paris, Rome, and London for winter vacation. (8)
Emotionally Vulnerable
Bullying

• Bullying- can either be the victim or the aggressor.
• Be particularly sensitive to peer rejection and bullying. You may need to ensure that there is added adult supervision in settings like the commons area, in the cafeteria, on the school bus, and in the halls.
• Pre-plan with the student what he/she will say or do in particular situations if you expect that they will be difficult for him or her, then quickly review with her afterwards how his or her plan worked.
Making Behavior Changes
Behavior Change

- **Token Economies**
  - These work well because although they can’t understand what your motivation might be or what you are feeling - they understand their own motivation.
  - They can focus on a goal and work for that goal.

- **Label Appropriate Behavior**
  - They don’t pick up on social nuances.
  - You will have to tell them the things they are doing well.
What Not to do!!!!
Cooperative Groups

- The child with AS will see this as a social situation and not a learning situation.
Assumptions

• It’s easy to assume they understand and have more control of their behavior because they appear extremely intelligent.
Noise

- Fingernails on the chalkboard to us....
  - Regular noises feel like that to the child with AS
Easily Upset

- Don’t feed the upset.
- Remain calm
- State the facts
- Help them work through a solution
Don’t be offended

- Children with AS do not understand reciprocal conversation.
  - Only talk about own interests
  - Limited or inconsistent eye contact
  - Not much flexibility in conversation styles
  - Do not understand non-verbal communication
  - Do not take “hints”
Don’t forget they:

• Have unusual speech characteristics
  – Usually described as “flat”
• Have unusual fear based or stress based reactions
  – Tear up a room
  – Tantrum
  – Reactions are not proportionate to the situation
  – Very easily upset
• Have a strong (can’t emphasize enough) desire for routine or sameness
• Have limited ability to form friendships
Do not Overestimate receptive language.

- Because they articulate people tend to assume that they have high receptive language.
  - Simplify language to as few words as possible
    - Break down and Build on concepts
  - Use:
    - Short sentences
    - Slow pace
Do NOT use

- Idioms
- metaphors,
- Irony
- sarcasm
Review
Teach

- Using visual supports
- Modify so they don’t look Special Ed - “Age Appropriate”
- Present information in written form
Communication

• Teach conversational skills using:
  – Social skill stories
  – Power Point social stories
  – Movies
  – Role playing
  – Comic Strips (conversation bubbles)

• Focus on:
  – Coping with uncertainty
  – Tendency to make irrelevant remarks
  – Tendency to only talk about one topic
  – Showing interest in other’s comments
  – Teaching what metaphors, idioms etc. are so when they hear them they might understand.
  – Teach them how to interrupt or leave a conversation.
  – Teach them how to ask questions when they don’t understand.
Weebles Wobble

• Practice:
  – Walking
  – Running
  – Throwing balls
  – Catching balls
  – Using a keyboard
  – Handwriting- just for the sake of handwriting- not during creative writing.
Sensory

• Techniques for overriding sensory input
  – Headphones with soft music
  – Control amount they are exposed to
  – Schedule breaks from stimulation especially before and after high stimulus activities.

• Comfortable clothes
  – Cut tags out of back
Medical

- Teach the child with AS to report feelings of discomfort
  - They don’t understand the importance of telling you their stomach hurts.
  - Appendicitis
Understand

- Sensory wise you may not understand or find inconceivable the sensory issues they are having.
  - Seams on socks
  - Shoelaces tied too tightly
  - Smells from clothing
  - Bees buzzing outside
Do

- Use social stories (PowerPoint are great)
- Comic Strip Conversations
- Role Plays
- Teach them to stop and think...how’s this next decision going to affect me?
- Help them see the other person’s perspective.
- Recognize their talents:
  - Auditory memory
  - Intelligence
- Teach them how to ask for help
Do

• Provide a consistent routine
• Control their access to their “special” interest
  – Get them to branch out
  – Schedule time for them to spend pursuing their “special” interest- use it as a reward
• Teach them self-talk
  – When the schedule changes unexpectedly they can use self-talk to tell themselves it will be okay and tomorrow things will be back to normal.
• Plan transitions to new situations- give them pictures, stories, situations that will help them be ready for the transition.
Social Skills Groups

• What to teach:
  – How to start a conversation
  – How to keep a conversation going
  – How to end a conversation
  – How to avoid social misunderstandings
  – How to read emotions in self and others
  – Visual cues for emotional thermometers

• Encourage friendships based on interests
• Limit the number of people in social activities to avoid overwhelming them.
Misrules

- Understand they have learned misrules when they do something you consider bizarre.
- Help them understand why that’s not appropriate and teach them a replacement behavior.
Famous People reportedly who have Asperger Syndrome
Great books for you to read:

- **the curious incident of the dog in the night-time** by Mark Haddon
- **Look Me In the Eye** by John Elder Robison
- **The Complete Guide to Asperger Syndrome** by Tony Attwood

- This will link you to Amazon.com for each of the books above. I have no connection with Amazon - it just happens to be where I purchase my own books.
• All of the information in this PowerPoint is taken from various sources throughout the years of working as a special education teacher and statewide consultant.
• Criteria for diagnosis is from the DSM-IV