

Macomb Intermediate School District;
Compliments of the Integrating Mental Health in Schools Federal Grant



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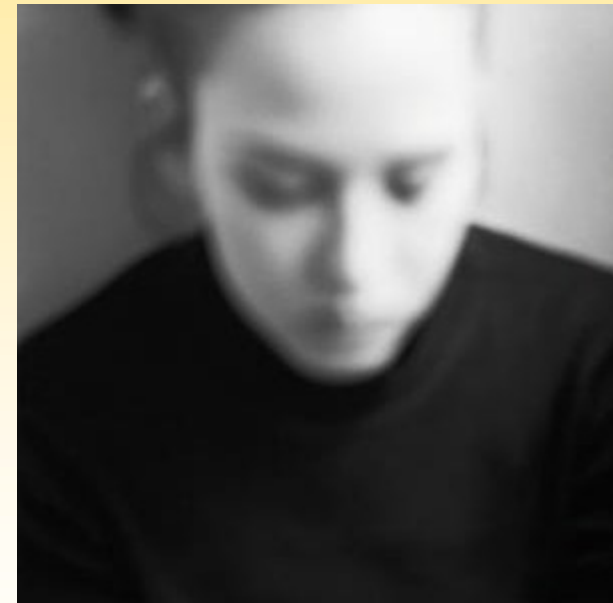
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*An Information Booklet for
Macomb Intermediate School District Educators*

Quick Facts: Asperger Syndrome



This fact booklet is intended to enhance understanding of school personnel about the mental health issues that may be encountered in students. The information included is not exhaustive and should never be used to formulate a diagnosis. Mental health diagnoses should be made only by a trained mental health professional after a thorough evaluation.

What is Asperger Syndrome (AS)?

Asperger Syndrome (AS) is a neurological disorder that is marked by difficulties in communication, social interactions, and the presence of repetitious or rigid routines and/or limited interests. The cause of AS is unknown, but research has shown that AS has a genetic component. Individuals with AS typically have average to above average intellectual abilities.



Children with AS may have a preoccupation with one particular interest that tends to be the focus of conversations and free play. This area of special interest may persist into adulthood or may change over time with one preoccupation replacing another. Children with AS may also display an inflexible adherence to specific routines or rituals.

Children with AS have varying patterns of language development. While some children have clear language delays, others achieve language milestones within appropriate timeframes. They may speak in an overly formal manner or have unusual patterns in their volume, intonation, or rate of speech. Children with AS may have a vast vocabulary and sound like “little professors,” but often have impaired language comprehension. They often have difficulties with conversation skills, including problems with turn-taking, a tendency to limit conversations to special interests, and sustaining the “give and take” of conversations. They also have difficulties with nonverbal communication, including the restricted use of gestures, inappropriate or limited facial expressions, and adjusting to social proximity.



While some children with AS do not display a desire to interact with



peers, many children with AS have interests in social interactions and want to have friendships. However, these children often lack the social skills necessary to interact with peers and may display socially and emotionally inappropriate responses. As a result, they typically fail to develop age-appropriate peer relationships.



Getting Linked

Macomb County Community Mental Health

<http://macombcountymi.gov/communitymentalhealth/>

Access Center: 586.948.0222

Macomb County Crisis Center

<http://www.macombcountymi.gov/volunteer/center.htm>

24/7 Crisis Line: 586.307.9100

CARE of Southeastern Michigan

<http://www.careofmacomb.com/>

Main Office: 586.541.CARE (2273)

Child/Adolescent Psychiatric Hospitals

Harbor Oaks Hospital

35031 23 Mile Road
New Baltimore, MI 48047
(586) 725-5777

Henry Ford Kingswood Hospital

10300 West Eight Mile Road
Ferndale, MI 48220
Phone: (248) 398-3200
must be medically cleared through another hospital's ER prior to admission)

Havenwyck Hospital

1525 University Drive
Auburn Hills, MI 48326
248-373-9200 (Main Line),
1-800-401-2727 (Toll-Free),
248-377-8160 (TTY)
(must be medically cleared through another hospital's ER prior to admission)

Asperger Syndrome Resources

School Psychiatry Program
Massachusetts General Hospital
www.schoolpsychiatry.org

Nat'l. Alliance on Mental Illness
www.nami.org

SAMHSA
www.mentalhealthsamhsa.gov

Autism Support Daily
www.autismsupportdaily.com

Asperger Syndrome Information & Support
www.udel.edu/bkirby/asperger

Autism Speaks
www.autismspeaks.org

National Institute of Mental Health
www.nimh.nih.gov



Cultural Considerations

Asperger Syndrome is a disorder that occurs across all ethnic, racial, socio-economic, and educational levels. There are gender differences in the rate of Asperger Syndrome; it is 3-4 times more common in boys than girls. Asperger Syndrome has a genetic component: families with one child with Asperger Syndrome are at a greater risk to have another child with the same disorder.

Cultural influences and beliefs may affect how the child is perceived by their parents, peers, and community. Cultural influences may impact a family's priorities for skills to target as part of the child's education and whether a family will seek or be receptive to certain interventions.



Common Signs and Symptoms of Asperger Syndrome

Impairments in social interaction

- Limited eye contact or socially inappropriate eye contact (staring)
- Difficulty reading social cues, facial expressions, and body language
- Difficulty determining proper body space
- Lack of social or emotional reciprocity
- Difficulty identifying and expressing feelings
- Lack of interactive play and spontaneous initiations with others
- Failure to develop peer relationships appropriate to developmental level

Impairments in language/communication

- Difficulties with rate of speech and volume
- Limited use of gestures and facial expression to communicate socially
- Limited use of non-literal language (metaphor, irony, humor)
- One-sided conversations dominated by their special interests
- Expansive vocabulary but limited language comprehension
- Perseverative or repetitive speech
- Difficulty following multi-step directives

Restricted, repetitive patterns of behavior, interests, activities

- Inflexible adherence to specific routines/rituals/schedules
- Intense, limited interests
- Preoccupation with parts of objects
- Intolerance to making mistakes
- Repetitive motor movements
- Noncompliance, aggressive episodes, tantrums, or outbursts

Impairments in motor skills

- Delays in acquisition of motor skills
- May be physically clumsy, poorly coordinated
- Odd gait or posture
- Difficulty pedaling a bike, catching a ball
- Deficits in fine-motor skills
- Deficits in visual-motor skills

Developmental Variations

Early Childhood (3-5 years old)

Asperger Syndrome is easily overlooked in early childhood. Though some children with AS may have early language and motor development delays, they often hit most of their developmental milestones within reasonable time periods. In fact, some children with AS have particularly strong early skill development in areas such as letter or number recognition or rote memorization of facts. Many young children with AS appear like other children, but have a socially awkward manner characterized by perseverative language and difficulty with spontaneous interactions. They may also have significant difficulties transitioning from one activity to another. Though children with AS may have immature social skills and peer interactions and are often viewed as “odd,” they frequently leave early childhood without being diagnosed with AS.



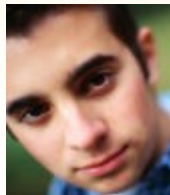
Middle Childhood (6-12 years old)

Children with AS may have difficulties performing motor skills such as pedaling a bike, catching a ball, or climbing on outdoor play equipment. Once in school, academic skills are often an area of relative strength though the child’s “obsessive” interests often intrude in the classroom setting and interfere with classroom functioning. In addition, children with AS are likely to show delays in important social developmental tasks such as making and keeping friends. They may show particular interest in one or a few children around them, but the depth of their interactions is often relatively superficial.



Adolescence (13-18 years old)

The adolescent years are difficult for children with AS. They have difficulties relating to peers and reading the complex social rules and cues that are associated with this age group. They are often misunderstood, making them targets for teasing and bullying. They may have some behavior challenges including withdrawal, noncompliance, and outbursts and are apt to struggle with less structured settings (cafeteria, PE) and organizational and study skills.



Educational Implications

Asperger Syndrome can have significant impacts on a student’s ability to function in school. Since this disorder is very individualized, the impact on an individual’s educational experience and progress can vary. Students with AS may struggle with language comprehension, nonverbal and verbal communication skills, social skills, prioritizing tasks and planning, organizational skills, multi step directives, language, fine and gross motor skills, self-regulation, and behavior management. Children with AS perform best with structured routines and schedules. Support should be provided around transitions and changes. Children with AS often require extra educational supports including the use of visual supports, breakdown of difficult tasks into steps, and frequent check ins during independent work or large projects. Educational programming should ensure that students acquire real-life skills and occupational development in addition to academic skills. In addition, generalization is difficult for children with AS. It may be necessary to modify classroom instruction to ensure that the student generalizes information to everyday situations. Consistency is also vital with children with AS and all school personnel should be familiar with the child’s style and needs. Children with AS may have decreased motivation to perform school related tasks and frequent reinforcement should be built into their educational programming.

Many students with AS have symptoms that impact school functioning pervasively and require a comprehensive, multi faceted, multi disciplinary intervention approach.





School and Classroom Strategies: Asperger Syndrome

This Quick Fact Sheet contains strategies designed to address potential symptoms of Asperger Syndrome and should be used in consultation and collaboration with your school's mental health personnel or as part of a larger intervention approach. These pages contain only a portion of many possible strategies available to address symptoms of Asperger Syndrome in the classroom. Strategies should always be individualized and implemented with careful consideration of the differences of each child and the context of their individual circumstances. Additionally, this information should never be used to formulate a diagnosis. Mental health diagnoses should be made only by a trained mental health professional after a thorough evaluation.

If you notice a significant change in mood in any child that lasts for more than a week or two, share your observations with the child's parent and/or guardian and with your school's mental health support team.

General Comments About Asperger Syndrome Intervention

Effective education of students with AS requires a comprehensive multi-faceted, multi-disciplinary approach. One key to success for students with AS is a partnership between families, physicians, professionals, and schools. Schools play an essential role in these partnerships. By providing safe and supportive school environments, effective and responsive academic instruction, behavioral intervention, and class accommodations, schools can increase the opportunity for students with AS to achieve academic success and overall, independent, life-long well being. Within the context of a consistent, comprehensive support plan, schools should maintain high expectations for students with AS and must be patient, creative, flexible, and willing to try new or alternative approaches. Below are some possible strategies to

School and/or Classroom Strategies for Language/Communication

- Teach conversational skills with peers, including initiation, the ability to expand and elaborate on a range of different topics, shifting and ending topics appropriately, and turn-taking
- Teach the student to monitor their own speech styles including volume, rhythm, naturalness, and when/how to adjust their speech
- Teach nonverbal communication skills, including how to read facial expressions, body language, and other social cues
- Develop the student's ability to follow multi-step directives
- Limit the number of oral instructions and questions
- Model responses and practice skills with role plays; practice individually and in small groups
- Teach complex language, including metaphors and words with double meaning
- Teach the student to seek assistance/ask for help
- Teach the student to ask for an instruction to be repeated, simplified, or written down when they don't understand
- Support communication with visual supports
- Limit using socially challenging language (figures of speech, irony, etc)

School and/or Classroom Strategies for Off Task Behavior/Disorganization

- Establish clear expectations for behaviors in and out of the classroom
- Use frameworks for note taking, organizing, and categorizing
- Teach the student to use a planner, to prioritize, to use "to do" lists and checklists, and break down complex lessons into components
- Provide frequent feedback, redirection, and check-ins
- Show examples of what they have to do
- Ask the student direct questions to have them attend and contribute to the lesson
- Work out a nonverbal signal to cue the student back on task
- Use visual supports including schedules and calendars



School and/or Classroom Strategies for Developing Social Skills

- Teach social skills in an explicit and rote fashion with direct modeling, role playing, practicing, and lots of repetition
- Teach perspective taking skills
- Educate students about the difference between peer joking and bullying
- Develop an awareness of emotions, help teach the link between specific frustrating experiences and negative feelings in a concrete, cause-effect fashion
- Teach awareness of the impact of the student's actions on other people's feelings
- Teach leisure skills for unstructured times, including lunch, recess, study hall, etc.
- Teach the student how to interpret other people's social behavior including the meaning of eye contact, gaze, tone of voice, facial and hand gestures, non-literal communications
- Vocational training in high school should include interviewing skills, social requirements, what to do during work breaks/lunch, and how to interact with co-workers
- Social Stories can be used to share accurate information about a particular social event or situation and should include descriptive, perspective, and directive sentences

School and/or Classroom Strategies for Academic Support

- Provide clear, concise instructions
- Individualize teaching strategies to the student; assess the student's current level; use strengths/interests to plan instruction
- Use repetition and practice to teach skills
- Use visual supports, including daily pictorial/written schedules, visual sequences of lessons, written instructions for assignments, check-lists, charts, etc.
- Use contingent reinforcement to reward work completion, appropriate behaviors, etc.; figure out what motivates the student; use behavior-specific praise (i.e. "nice job keeping your hands to yourself")
- Seat the student in a location of the room with the least extraneous stimuli and near positive peer models
- Make sure you have the student's attention before giving instructions
- Break down complex skills into individual parts so that the student can learn the steps to complete the skill
- Use concrete situations to teach skills; offer added explanation and try to simplify when lesson concepts are abstract
- Take fine motor difficulties/writing speed into account when determining assignments/exams
- Consider oral examinations or permitting dictation during exams; allow extra time
- Homework expectations should be discussed; consider limiting homework assignments and scheduling a time for homework completion at school.
- Auditory processing may be limited, may need support around processing auditory and visual information simultaneously

School and/or Classroom Strategies for Managing Behaviors

- Consistency is vital across all teachers, situations, and settings; develop a list of problematic behaviors and specific guidelines for consistent responses to behaviors
- Teach the student how to cope with stress; create a list of concrete steps that can be followed when they become upset; make a visual support of the steps.
- Teach the student how to identify challenging situations and provide and practice pre-planned, rehearsed steps that they can take
- Conduct schedules/routines in a way that you can introduce and handle unexpected changes; with large transitions, expose child to new teachers, schools, etc. beforehand
- Supervise unstructured time; provide information about what the student should do during unstructured time
- Remain calm during interactions; speak clearly with concise directives; limit verbalizations, especially during escalation
- Phrase statements in the positive (use "Do" statements instead of "Don't")
- Use positive reinforcement to shape a desired behavior; provide praise and tell the student what they did right or well
- Avoid answering the same thing over again or pointing out that the question is being repeated if the student engages in perseveration; instead try to redirect student's attention, ignore the questions, or have the student write down the question/thought so they can refer to it later
- Identify periods where students are permitted to explore their special interests; students could earn these periods for reinforcement