

Supporting a Student With Asperger's Syndrome: Perspectives From the Student, Sibling, and Non- Familial Tutor

By Meghan Gilbert, Dylan Gilbert,
and Amanda Carlson

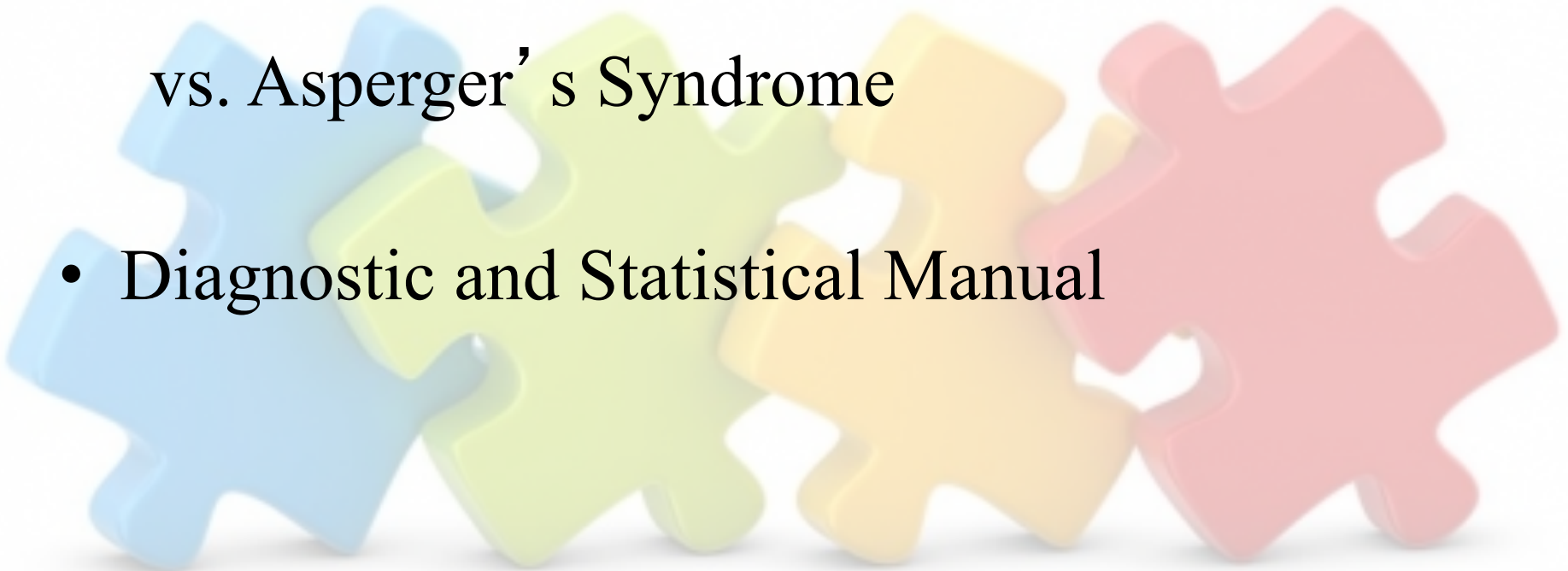


Diagnosis Change

- Autism Spectrum Disorder

vs. Asperger's Syndrome

- Diagnostic and Statistical Manual



Stereotypes Developed by the Media



Max Braverman
(Parenthood)



Adam Lanza (Sandy
Hook Shooting)



Sheldon Cooper (Big
Bang Theory)

Abed Nadir
(Community)



Stereotypes

- No eye contact
- No emotions
- Not social
- No sense of humor



My World



Symptoms

- No eye contact
- No emotions

<http://www.youtube.com/watch?v=WzpOi2CUBMY>

- Not social
- No sense of humor



Learning Strategies

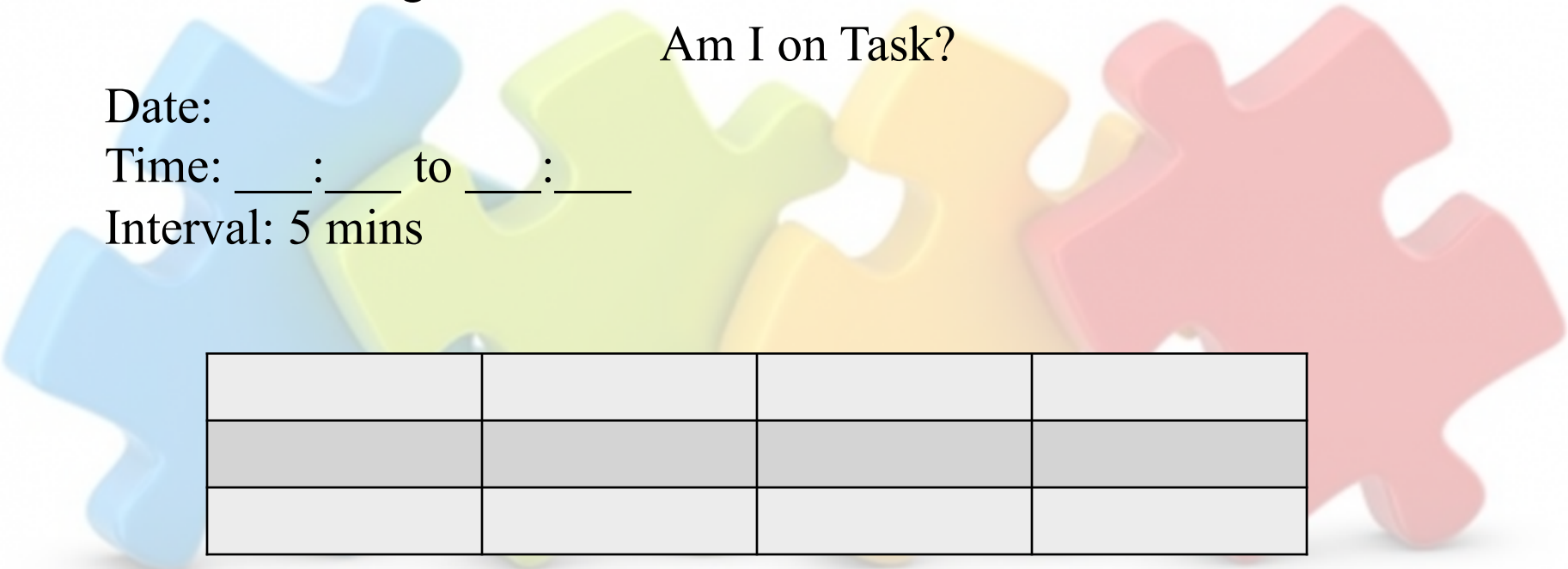
- Common Strategies
 - Self Management Skills

Am I on Task?

Date:

Time: ___:___ to ___:___

Interval: 5 mins



Learning Strategies

- Common Strategies

- Environment

- Drawing it out



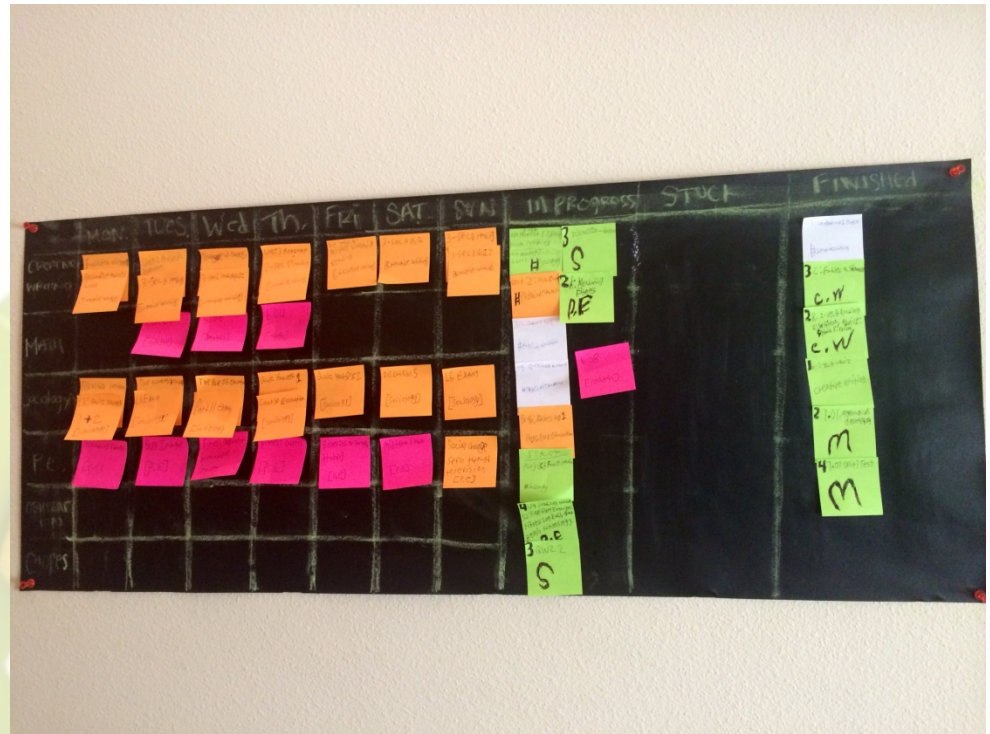
Learning Strategies

- Common Strategies

- Organization

- Color Coordination

- Schedule Layout



Learning Strategies

- Amanda's Strategies

- Writing Notes

- Affirmation

- Insistence on Sameness

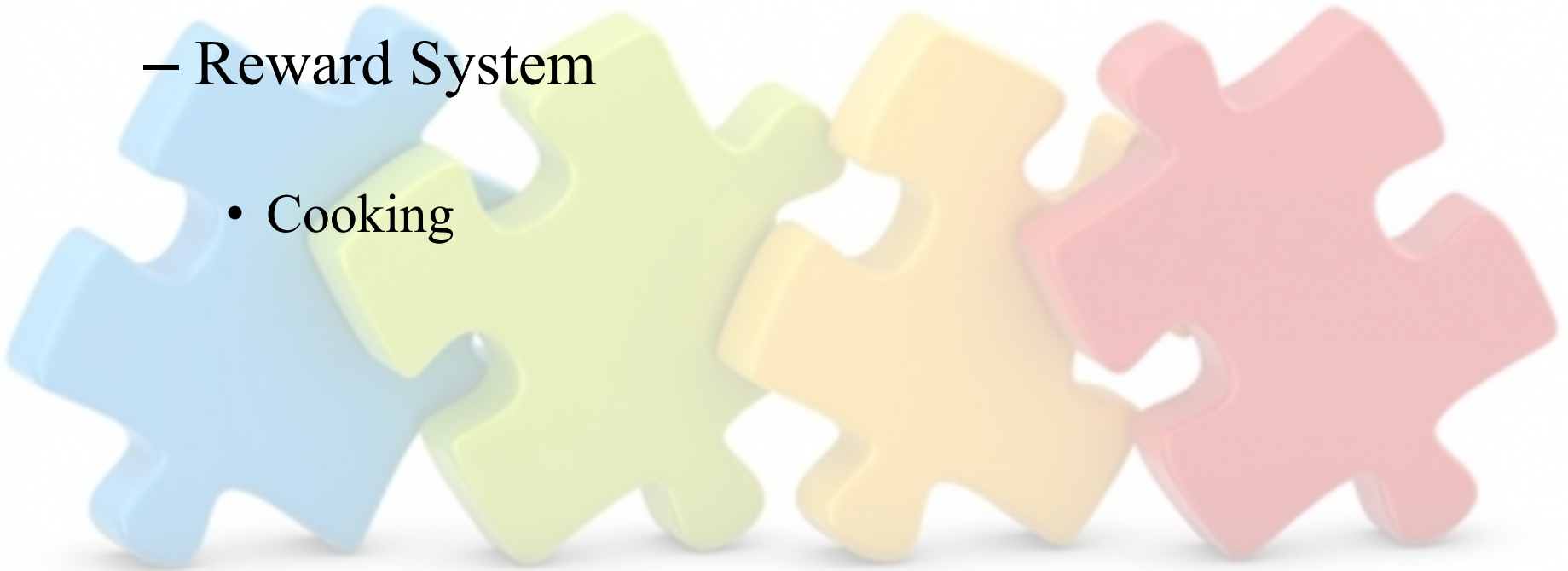


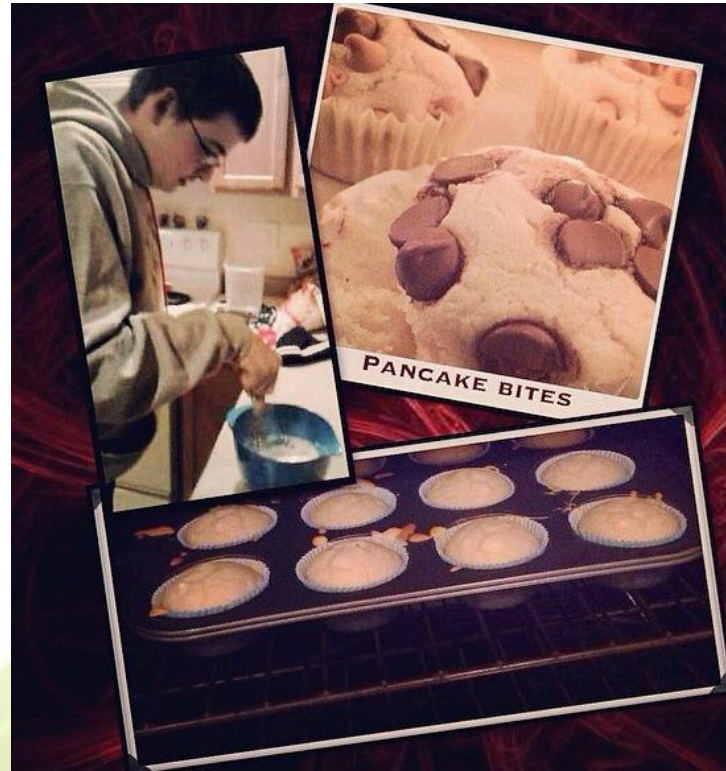
Learning Strategies

- Amanda's Strategies

- Reward System

- Cooking





Learning Strategies

- Meghan's Strategies

- Distance

- Headphones

- Writing it out

- Larger Reward System



Learning Strategies

- Dylan' s Perspective

- Likes

- Dislikes



Triggers

- Singing

- Laughing

- Words “Good Job”

- Touching



Coping Strategies

- Headphones
- Texting his “Safe Person”
- Going to a quiet place



Growth

- Academically
- Personally



Thank you for listening.

Are there any questions?



Want to hear more? Come visit us in the SURC Ballroom from 2:30 – 5:00

Learning strategies that demonstrate positive academic growth for a student with Asperger's Syndrome: A family's journey

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Abstract

Navigating the public school system can be detrimental to the mental health of a student with Asperger's Syndrome (AS). Support from other students, teachers, and administrators is limited for these students with AS, which escalates the student with Asperger's Syndrome stress and behaviors, creating a huge need for the use of coping skills and learning strategies. The end result is the student with AS feeling a need to continuously switch schools or even give up and withdraw. Parents tend to blame the school in general, and hope that a new school will have the empathy and understanding the student with AS needs. The poster demonstrates how the family chose to change from a traditional academic high school in exchange for a non-traditional online high school, and how they further implemented learning strategies based on current research methodology and external support systems to positively affect the student's academic growth and development. The learning strategies that the family applied are illustrated from the point of view of the high school student with Asperger's Syndrome, his sister - who tutors and supports him, and also from his mom - who is his main support system and high school learning coach.

What is Asperger's Syndrome?

- According to the Center for Disease Control (CDC), Asperger's Syndrome can be identified by issues with non-verbal behaviors, and thus distinguishes itself by the adolescent's lack of eye contact, lack of facial expression, and peculiar body postures and social gestures ("CDC-Diagnostic Criteria").
- In the newest issue of the DSM-V, the diagnosis for Asperger's Syndrome was changed to Autism Spectrum Disorder. Since the student has yet to receive the new diagnosis, we used the title of Asperger's Syndrome. ("CDC-Diagnostic Criteria").

Community Partnerships/Resources

- Kittitas County Parent to Parent**
 - PIP programs offer emotional support and information about disabilities and community resources to parents of children with developmental disabilities, mental health issues, chronic health conditions or special needs.
- National Alliance on Mental Illness (NAMI)**
 - Mental health education, support, and advocacy
- Comprehensive Mental Health**
 - Support for anxiety
- Occupational Therapy at Kittitas Valley Healthcare**
 - Motor skill and aqua therapy
- Children's Village of Yakima**
 - Diagnosis and behavioral support
- Partnerships for Action, Training and Empowerment (PAVE)**
 - Support, education, and advocacy; voices, and informational resources to empower families and individuals with disabilities
- Gallery One Visual Arts Center**
 - Art exploration for teens with special needs - after school and summer camps
- Central Washington University**
 - Mentoring Tutoring
 - ABA specialist
 - Positive study environment
 - Library
 - Social activities: concerts, authors, educational speakers, movies, non-traditional student events, gym and swimming pool
 - Youth summer camps
- Ellensburg Younglife**
 - Summer camps
- Mercer Creek Church**
 - Middle school youth group/mission trips/mentors
- Insight School of WA**
 - Accredited online High School which caters to an individualized education and different learning styles and strategies
- Kittitas County Special Olympics**
 - Bowling and swimming

Behavioral Timeline

- Feb. 11, 1997**
 - Born two weeks early
 - Traumatic Birth
- April 6, 1998 (14 months)**
 - Rushed to hospital due to life threatening flu (1 week stay)
- Sept. 1998 (18 months)**
 - Started walking, but preferred crawling
- Sept. 1998-Feb. 1999 (1-2 yrs)**
 - Night Terrors
 - Motor Skill Delays More Prevalent
- 1999-2000 (2-3 yrs)**
 - Taught himself how to read
 - Fears of Crowds, Loud Noises, and Taste/obsessed with cars
- Feb. 2000 (3 yrs)**
 - Started to Withdraw/Isolate
- Sept. 2002 (5 yrs)**
 - Started School
 - Lack of Social Cue Skills
 - Asthma Scare - Almost Died
 - No Hand Eye Coordination
- Sept. 2003 (6 yrs)**
 - Lacked a Sense of Direction
 - Fearful of teachers
 - Obsession with Superheroes
 - No sense of danger
- Sept. 2004 (7yrs)**
 - Swimming Lessons
 - Would start to grasp a concept and then would forget it/almost drowned
 - Showing resistance to change
- Sept. 2005 (8 yrs)**
 - Anxiety increased
 - Started getting kicked out of class
 - Officially diagnosed, but school refused to recognize it.
- IEP implemented along with occupational therapy (OT)
- Sept. 2006 (9 yrs)**
 - Anxiety Increased
 - Asthma Attacks Increased
 - School still refused diagnosis and pulled his IEP
- Sept 2007-2009 (10-12 yrs)**
 - Parents Divorced
 - Asthma Attacks decreased
 - Anxiety in school increased
 - Started OT outside of school
 - Received IEP again in 8th grade
- Sept. 2010 (13 yrs)**
 - Starts High School
 - Bullied by Teachers and Administrators
 - Assaulted by Student
 - Developed fear of public bathrooms
- June 2011 (14 yrs)**
 - Withdrew him from local public education except for occ. therapy, and looked for an alternative route
- Sept. 2011 (14 yrs)**
 - Enrolled him in Insight School of WA (Online Alternative)
 - Reduced Course Load
 - Started Enjoying Classes
- Sept. 2012-2014 (15-17 yrs)**
 - Grades improving
 - Made Honor Roll
 - Developing Coping Strategies
 - Attending Extra Curricular Activities
- ABA: Interval Training
- Brought in a Tutor
- Started attending events on campus and socializing outside of home

Coping Strategies/Behavior Plan

- Triggers**
 - Repetitive sounds
 - Laughter
 - Tears from Social Media cell phone/computer
 - Asking a lot of questions or someone talking too fast
 - Being talked down
 - Being dismissed for ideas/thoughts
 - Told to move on when not ready to let go of a subject
 - Extreme notes, can be so ruminated in ash and paper
 - Large crowds
 - Included in any manner (to put on the back can be extreme)
 - Unknown and loud type animals
 - Someone standing or sitting too close in proximity
 - Loud noises
 - Laughing at his facial expressions or ideas (even if it is meant in encouragement)
 - Not enough time to process school work
 - Placement in classroom needs to be on outside of rows)
 - Not having a laptop due to motor skill issues
 - Crowded hallways
 - Not having a calculator
 - Shared personal space - such as public bathrooms, camp showers, etc
 - No alternative ways of feeling
- Coping Strategies:**
 - Putting on headphones and listening to music
 - Squeeze ball
 - Interval training/all-around breaks
 - Positive reinforcement
 - Cracking knuckles
 - Putting a dog
 - Healthy snack
 - Drink accessible
 - Robbing pants with thumb
 - Dancing/jumping
 - Quiet time
 - Video games
 - Online social groups
 - Swimming
 - Directions to assignments in alternate ways
 - Study guides provided at beginning of quarter/sometimes
 - Different strategies for achieving goals
 - Working alone or with healthy on group projects
 - Taking tests orally when possible
 - Quiet/sober late test taking environment
 - Able to use cues for increasing stress levels
 - School books via CD
 - Dragon Practically Speaking software
 - Put in note planner/computer
 - One on one time
 - Safe place to process when anxieties increase
 - Texting with safe person for cues for handling social situations
 - Carrying mini pocket book for identifying social cues

Interval Sheets (Example)

Am I on Task?

Date: _____

Time: _____ to _____

Interval: 5 mins

References

CDC - Diagnostic Criteria, Autism Spectrum Disorders - NCBDDD (a.d.) Centers for Disease Control and Prevention. Retrieved February 27, 2013, from <http://www.cdc.gov/ncbddd/autism/autism-dsm.html>



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